OPIOID THERAPY IN CHRONIC CANCER PAIN – ARE WE DOING THE RIGHT THING?

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Background People are surviving cancer for longer and are undergoing more lines of treatments. Their survival may be complicated by chronic pain for which they can be on long-term opioids. The pitfalls of chronic opioid use are well documented in non-cancer pain. At The Christie, there are increasing referrals to the Supportive Care Team (SCT) for patients with uncontrolled pain, on high doses of opioids experiencing significant adverse effects, whilst being actively treated for cancer.

Aims Assess the response in pain levels, side effects and ability to remain on treatment following opioid reduction, and adoption of a more targeted approach to pain control.

Method A retrospective case note review was conducted. Those included had been referred with worsening chronic pain as the predominant symptom, and an opioid reduction within the initial management plan. Data was collected with an audit tool at the initial and subsequent visit.

Results Nine case notes were reviewed. The mean opioid reduction was 35% (range 20%–100%). All patients reported a reduction in their self-rated pain score with 78% reporting at least an improvement of 2 points (out of 10). All those who felt constipated reported an improvement, and 83% who reported drowsiness felt it had resolved. At 89% of clinic visits a non-opioid medication was either started or titrated. Breakthrough opioid doses were altered in all (one excluded as no documentation) with 50% having a dose reduction (average 37.25%) and 62.5% starting trans-mucosal fentanyl. There were no delays in those on active treatment.

Conclusion Reducing overall opioid dose, treating breakthrough pain as a separate entity and optimising non-opioid medications improved both pain control and the adverse effects of opioids.

Early referral to the SCT can help optimise pain control, reduce side effects and allow patients to maintain their performance status to continue treatment.

THE ‘FORGOTTEN’ GENERATION: QUALITY OF LIFE IN MEN LIVING WITH DUCHENNE MUSCULAR DYSTROPHY

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Background Duchenne Muscular Dystrophy (DMD) is an x-linked, ultra-rare neuromuscular condition affecting 1 in 3600–6000 live male births. Life expectancy is increasing thanks to targeted intervention and advancing medical treatment. Longer survival and advancing age means a greater dependence on family, friends and the wider community, and increasing social and health care costs. However, little is known about quality of life (QoL) in adults with DMD.

Aim To investigate and explore quality of life in men living with DMD in the West of Scotland.

Methods This was a qualitative interview study using the ‘Schedule for the Evaluation of Individual Quality of life – Direct Weighting’ (SEIQoL-DW) tool, an interview based instrument which allows the assessment of elements that contribute to an individual’s QoL. Men over the age of 25 and living in the West of Scotland were identified and recruited through the Scottish Muscle Network – a multidisciplinary clinical network. The interviews were transcribed and analysed thematically applying descriptive labels to the data.

Results Six men were recruited and interviewed. A number of themes were characterised as key to good QoL: strong personal relationships providing support and advocacy; meaningful connection with the world through hobbies and online communities; being in control of physical and mental well-being, supported by knowledgeable and approachable health care professionals; continued independence through use of essential equipment both in and out of the adapted accessible home; and a positive, resilient attitude to life with a disability.

Conclusions Key improvements could improve QoL in this ‘forgotten’ group of adults: upskilling and support for all care givers; lifelong input from physiotherapy; timely access to psychological support; improved access to respite facilities; better co-ordinated holistic multidisciplinary care; and proactive advance care planning.
IMPLEMENTATION OF SERIOUS ILLNESS CARE PROGRAMME UK FOR PATIENTS WITH ADVANCED CANCER: FEASIBILITY STUDY

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Aim
To present interim results from the feasibility study

Methods
Data on the use and experience of the UK programme, from the perspective of clinicians and patients

Quantitative Data: Questionnaires:

- Clinicians – pre/post training:
  - confidence;
  - attitudes to care of the dying;
  - acceptability of serious illness care programme

- Patients – pre/post serious illness conversation:
  - Quality of clinical communication;
  - Quality of life;
  - Anxiety;
  - Depression.

Qualitative Data: In depth interviews:

- Clinicians: experience of the UK programme, education and training and engaging patients in serious illness conversations
- Patients: experience of engaging in serious illness conversations, including their acceptability of the approach

Results
Quantitative Data: Results will be presented to assess the feasibility and acceptability of the UK programme:

- Proportion of patients identified conversations and participation in study measures
- Illustrate any indicative improvements in communication and patient outcomes.

Qualitative Data: Thematic Analysis to explore perceptions and experience of the programme: results will highlight main themes, such as: Conversation Value; Holistic and Compassionate; Opening up conversations with family members; Breaking the ice; Timing of conversation and Prognosis.

Conclusion
Results from this study suggest these conversations promote shared decision making and individualised care planning, and espouse ‘holistic’ and ‘person centred’ care. Further research and evaluation is required to understand the effect of the UK programme on patient outcomes.

E ASSESSING THE IMPACT OF ENHANCED SUPPORTIVE CARE USING THE INTEGRATED PALLIATIVE CARE OUTCOME SCALE (IPOS) AT THE CHRISTIE NHS FOUNDATION TRUST

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Enhanced Supportive Care (ESC) is a new UK initiative that integrates supportive care within oncology. At its heart is better access to expertise in managing the adverse effects of cancer and cancer treatments to enhance the patient experience and reduce the need for hospital admission.

ESC is award winning and has been recognised nationally by NHS England.

The aim of this audit was to measure the impact of ESC using the Integrated Palliative Care Outcome Scale (IPOS). This is a validated tool that can be used in clinical audit, research and training to measure symptom burden.

Method
47 patients referred into the supportive care service, were randomly selected to complete the IPOS tool within 3 areas (inpatients, outpatients and trials unit) during May to October 2016. For all areas a baseline IPOS was completed prior to the initial assessment by supportive care. Subsequent IPOS were completed approximately 3 days later for inpatients. Outpatients and trial patients were reviewed at various time points depending on the timing of their follow up appointments. Outpatients had an average follow up of 41 days. Trial patients had an average follow up of 15 days.

Results
The overall IPOS score is the sum of the score of each of the 17 questions and can range from 0–68. A reduction in the IPOS score demonstrates an improvement in physical and psychological patient symptom burden. 16 inpatients completed the IPOS and demonstrated a 50% improvement in overall mean symptom score. 5 experimental cancer medicine patients completed the IPOS and demonstrated a 49% improvement in overall mean score. 26 oncology outpatients completed the IPOS and demonstrated a 2.5% deterioration in overall mean score, demonstrating a possible correlation between frequency of supportive care review and symptom burden.

UK AND IRISH HOSPICE AND SPECIALIST PALLIATIVE CARE UNIT EXPERIENCE OF ASSISTED VENTILATION IN MOTOR NEURONE DISEASE

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The aim of this audit was to describe the experience of assisted ventilation in Motor Neurone Disease in UK and Irish hospice and specialist palliative care units.