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77 METHADONE AS AN ADJUNCT: A SHORT QUALITATIVE CASE SERIES

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Background Methadone is a synthetic opioid agonist, NMDA-receptor-channel blocker and pre-synaptic blocker of serotonin and noradrenaline re-uptake. It has been used in a variety of settings, including palliative care. It is considered in the Palliative Care Formulary (Sixth Edition) as an alternative if other opioids have been tried. Methadone has the benefit of being suitable in renal and hepatic impairment, but has a variable half-life and should be used with caution in those predisposed to QT prolongation. The PCF6 outlines differing strategies for methadone opioid conversion, but there are no current guidelines and a paucity of literature regarding the use of methadone as an adjunct.

Aim The aim of this study was to review the use of Methadone as an adjunct for pain control in Palliative Medicine.

Method A retrospective qualitative case series across two sites of Severn Hospice (Shrewsbury and Telford). System One (electronic recording system) has been used to 'tag' patients prescribed methadone between July 2017 and July 2018. This generated a list of six patients in which methadone had been prescribed as an adjunct. The medical notes were reviewed retrospectively and posthumously. We qualitatively judged the effectiveness of adjunct methadone in managing pain in each case. We then assessed for any trends apparent.

Results Qualitative description of analgesia in these patients demonstrates that methadone has been used in addition to other high tier pain relief (such as subcutaneous continuous infusion of Oxycodone and oral Morphine Sulfate) with good effect. Good stable pain control has been achieved. The team were able to titrate down doses of other forms of pain relief as the Methadone dose was increased.

Conclusions

- We believe methadone has a place in complex pain, especially that of a neuropathic nature.
- Prescribing Methadone as an adjunct appeared to reduce the requirements of other opioids.
- If used cautiously Methadone appears to mitigate against opioid toxicity.

78 STRONG OPIOID SUBSTITUTION: A MULTI-SITE EVALUATION OF CLINICAL PRACTICE

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Background Strong opioid substitution to a different route or a different strong opioid is common in palliative care. Variation in practice had been noted across the region despite the availability of regional, national and international guidance.

Aim Within a regional palliative care audit program in the North West of England to;

1. Evaluate opioid substitution practice in hospice, hospital and community settings;
2. Update regional standards and guidelines for opioid substitution.

Methods

1. Systematic literature review;
2. Multi-site retrospective case note analysis.

Results 18 articles were identified to inform the update of the regional standards and guidelines.

285 patient records were analysed from 21 different sites. Patients had either undergone a change in route or a change to a different strong opioid.

In 93% of cases the reason for opioid substitution was documented. The commonest reasons were neurotoxicity (58%), oral route being inappropriate (34%), renal impairment (14%) and inadequate analgesia (12%).

In only 35% of cases was the rationale for the new dose documented (eg with a dose calculation or reference to a conversion table).

In 21% there was documentation of alternative measures tried prior to the opioid substitution (n=281). The commonest alternatives were: treating adverse effects with medications (43%), using co-analgesics (38%), checking for drug interactions (18%) and making a dose reduction (16%).

The opioid substitution was of clinical benefit (complete or partial) in 87% (n=52).

Conclusion This study showed that strong opioid substitution was of benefit in the majority of patients. However there is risk involved in any opioid substitution. Clear documentation is critical to justify clinical decision-making. It is currently not widespread practice to be documenting rationale for the new dose of the strong opioid. This is now recommended in the updated regional guidelines.

79 STRONG OPIOID SUBSTITUTION: A SURVEY OF HEALTHCARE PROFESSIONALS' PRACTICE

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Background Strong opioid substitution to a different route or different opioid is common in palliative care. The dose of the substituted opioid should be an individualised clinical judgement but accurately calculating the equianalgesic dose is a key step in safely prescribing the new opioid. Variations in professional practice had been noted across the region.

Aim Within a regional palliative care audit program in the North West of England to;

1. Evaluate the opioid substitution practice of healthcare professionals (HCPs) in hospice, hospital and community settings;
2. Update regional guidelines for opioid substitution.

Methods

1. Systematic literature review;
2. HCPs working in palliative care who prescribe or recommend medications.