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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.

Results 18 articles were identified to inform the updated regional guidelines.

82 HCPs from 24 clinical sites completed an online survey of practice. 100% of respondents (n=78) reported Morphine is their oral strong opioid of choice. 95% (n=73) reported Morphine or Diamorphine is their parenteral strong opioid of choice.

Reported conversion ratios compared with equianalgesic ratios recommended by regional guidelines:

1. Morphine oral to Morphine subcutaneous: 95% use 2:1 (vs 2:1 recommended).
2. Morphine oral to Oxycodone oral: 67% use 2:1, 25% use 1.5:1 (vs 1.5:1 recommended).
3. Oxycodone oral to Oxycodone subcutaneous: 71% use 2:1, 26% use 1.5:1 (vs 1.5:1 recommended).
4. Morphine oral to Alfentanil subcutaneous: 59% use 30:1 (vs 30:1 recommended). 35% consult equianalgesic table or guidelines.

Conclusion When converting Morphine to Oxycodone or oral Oxycodone to subcutaneous Oxycodone the majority of HCPs used a 2:1 conversion ratio, rather than the 1.5:1 ratio recommended by regional, national and international guidance. This may lead to higher than recommended doses when converting Oxycodone to Morphine, subcutaneous Oxycodone to oral Oxycodone or Oxycodone to Alfentanil. Further work is required with stakeholders across the region to increase awareness of this.

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SYSTEMATIC LITERATURE REVIEW ON THE PSYCHOLOGICAL CONCERNS OF INDIAN WOMEN UNDERGOING BREAST CANCER TREATMENT

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Background Psychological symptoms are common in women diagnosed with breast cancer. The cancer care experiences of women varies across diverse cultural backgrounds. Given that breast cancer is becoming the most common cancer among women in India, recognition of psychological distress during treatment is important to enable the physician to offer support that is culturally sensitive.

Aims To determine the psychological concerns of Indian women in relation to breast cancer treatment.

Method Medline, Embase, CINAHL and PsychInfo were searched (to February 2017) using terms relating to Indian women with breast cancer and psychological concerns. The EBSCO host discovery science was searched for papers from Indian journals inaccessible from other databases. Two reviewers were involved in all stages of study selection against inclusion criteria. Any discrepancy was finalised after discussion with a third researcher. Included papers were appraised for their quality and data extracted using a standard proforma.

Results Out of 550 titles, 17 studies met the inclusion criteria. 13 were observational and four were qualitative studies. The observational studies found five psychological outcomes related to breast cancer and its treatment; anxiety/depression, quality

of life, concerns and coping, body image and stigma and information needs. Thematic synthesis of qualitative papers revealed four major themes; cultural context of disease experiences, information seeking, role of women and women's individual response to disease. Overall, a major cultural impact of Indian family life and the role of women, the role of religion and a particular impact of hair loss for these women within these contexts was seen in women living in India and elsewhere in the world.

Conclusion This literature review highlights the cultural impact on the experience of Indian women with breast cancer living in India and around the world; culture travels. This is important for clinicians looking after patients from diverse cultural backgrounds.

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INTEGRATED ONCOLOGY AND PALLIATIVE CARE: ANALYSIS OF MULTI PROFESSIONAL PREHAB INTERVENTION 'SUPPORT EVENT PROGRAMME' FOR PATIENTS WITH AN ADVANCED CANCER

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Background Early palliative care is recognised as an effective service for patients living with cancer. A new integrated palliative care service was developed in the outpatient clinics in September 2016. The palliative care needs of patients were assessed using the validated Integrated Palliative Outcome Scale (IPOS). 80% of patients reviewed through this service demonstrated significant psycho-social support needs e.g. anxiety, family worries, depression or financial concerns. We have created a multi-professional support event focusing on keeping active with ongoing cancer treatment, reducing anxiety and improving coping mechanisms.

Aims To pilot and evaluate the feasibility and effectiveness of the support event programme in order to inform a set of recommendations for developing and running future events.

Methods Prospective observational service evaluation of three events. Participant engagement and satisfaction were assessed using post event feedback immediately after the event and one month post event. Analysis was carried out using descriptive statistics and qualitative thematic analysis of the free text responses

Results Overall 121 patients with lung, renal and gynaecological cancers were invited to attend an event. Of those invited 19 patients/carers attended.

Feedback was received from 74% (14/19) of attendees. 94% participants rated the workshops as being 'very helpful' or 'helpful'. 100% rated the overall event positively: 'Exceptional' 79% or 'Excellent' 21%. One month post event feedback, positive experience recall of the event was maintained. Many attendees stated the events were helpful, useful and, comforting. Many stated that they got benefit from hearing and sharing other people's experience.

Conclusion/discussion The support event programme for people with advanced cancer appears effective in supporting patients and family in improving their well-being. Whilst the initial numbers were small attendees appreciated peer support and networking during the events.

There were also constructive suggestions of how to further improve the events that can be implemented.