Conclusion: Our experience confirms interest in and supports the need for multidisciplinary palliative care education at the comprehensive cancer centre.

1297 POSTER

Continuous intrathecal application of morphine in cancer pain

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Purpose: The main purpose of this study was to investigate the success of the intrathecal application of morphine in cancer pain via implantable pumps.

Patients and Methods: From 1988 to October 1998 the intrathecal opioid therapy via implantable pumps was administered to 101 patients. 42 patients were controlled by an independent anaesthetist, who was not involved in the therapy. The follow-up was 13 months. Evaluation was based on VAS (0–10), the use of drugs (0–10) and quality of life (0–10).

Results: The mean VAS value preoperatively was 9.6, after intrathecal opioid therapy 2.0 after a period of 13 months. Preoperatively all patients had received pain medication according to the WHO stage III. The mean value was 9.7 after intrathecal therapy 4.4. The quality of life (level of activity, emotional state, drug-related side effects and sleep behavior) showed a considerable improvement as far as 50% of our patients were concerned. Prior to pump implantation the mean value was 7.3 after intrathecal therapy 3.0. While preoperatively the severe side effects amounted to 81% in spite of comedication, postoperatively, these were only relevant in 14%. 21% of the patients had no side effects. The lowest dosage was 1 mg morphine/day, the highest 55 mg/day. In most patients a dosage increase or dosage adjustment was necessary.

Conclusion: Due to the improvement of the VAS, side effects and quality of life as well as the reduction in drug intake with a low incidence of complications, intrathecal opioid therapy has proven to be an efficient method for the treatment of cancer pain.

1298 POSTER

The luck of the draw - who gets admitted to palliative care ?

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Purpose: In the context of limited resources in health care it is imperative that access to services is appropriate to both patient need and the health care being provided. A survey of the criteria used to access palliative care services was used to evaluate how well these could be said to respond to the differing needs of patients.

Methods: A questionnaire was sent to all service providers listed in the UK Hospice Directory. Service providers were asked to state what criteria they used to enable access to their facility. Thematic word analysis was used to identify the access criteria used.

Results: 288 responses were received from a mailing of 557. These were representative of the range of services identified from the directory. None of the respondents had fixed criteria but access was specified as being for patients who were in the palliative or terminal phase of disease or having a life-limiting illness. Actual admission criteria were difficult to classify from the replies. Common themes which would make a patient eligible for admission were identified as a patient being in need of 1) pain control 2) other physical symptom management 3) psychological, emotional and spiritual support 4) respite care 5) rehabilitation 6) care and support during or after cancer treatment. In addition information and advice were available for health care professionals and the general public. There were no discernible distinctions between the criteria used by specialist palliative care service providers as opposed to other service providers. Differences in criteria appeared to be related to the type of facility and care available rather than differences in the level of expertise.

Conclusions: Access to palliative care services is not clearly defined. The criteria identify the symptoms that can be treated by a particular unit but give little indication of any means of prioritising patients with different care needs. Distinctions in the level of service provision are not obvious from this survey. If specialist palliative care providers are to meet the needs of patients with complex care needs access criteria need to be more clearly defined.

1299 POSTER

Results of a quality improving pilot project for dyspnea management at a palliative care unit

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Purpose: Being confronted with the problems in managing dyspnea in terminally ill patients at the palliative care unit "Gasthuis St. Camillus", the need of a consensus on an appropriate approach and follow up of dyspneic patients has risen.

Methods: Based on a quality improving model -"The Quality cycle"- a consensus procedure for daily management and follow-up of dyspnea in terminal patients has been worked out and evaluated. Literature was reviewed and a consensus procedure was worked out. The procedure was implemented during a test period in the daily care at the unit. During this test period, the intensity (using visual analogue scale) and the effects (using the specific STAS item of symptom control) of dyspnea were registered and evaluated in a descriptive prospective setup. Problems in implementation of the procedure were evaluated using a questionnaire, filled in by the nursing staff.

Results: 21 patients were included: 10 men; 11women. 19 patients had cancer, 15 of which with distant metastasis. Mean age was 72.4 year. Dyspnea diminishes during stay at the unit in most patients who are admitted with dyspnea or who develop dyspnea complaints during stay. In some patients dyspnea complaints increase in the last days before death. Despite new procedure these breathing problems, always accompanied by rales, seem to remain uncontrolable.

All nurses evaluated the procedure as clear, easy to use and covering all topics concerning breathing problems in terminal patients. Remarks were made that some topics should be more nuancated and that psychological factors -other than anxiety- should be included. Disadvantages reported were that the procedure was to laborious and that there was no place for the nurse's own contribution. According to the results of the nurses survey, it is usefull to integrate the procedure, with some adaptations, in the general nursing practice for terminal patients, especially for those with breathing problems.

Conclusions: Despite the small number of patients and the many interfering factors, results of this first evaluation of the new procedure seem promising, especially in terminal patients developping dyspnea

1300 POSTER

Lessons from setting up a multi-centre study to evaluate management of constipation in palliative care settings

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Purpose: The prevention and relief of constipation is a problem in palliative care. About 50% of patients admitted to British hospices cite constipation as a major concern. There has been little evaluation of the effectiveness of constipation management or assessment of the effect of constipation on the quality of life of patients with palliative care needs. A multi-centre study is underway to evaluate:- 1) how effectively constipation is managed in different palliative care settings; 2) any differences in perceptions of the effect constipation has on quality of life between the patient and his/her carers. This is the first study in which all of the Marie Curie Cancer Care palliative services are participating.

Methods: Self-administered questionnaires incorporating the Patient Assessment of Constipation (Frank, 1999), the Palliative Care Outcome Scale (Higginson 1998) and study-specific questions are completed by patients, their main family carer, and named nurse during a designated two week visit in each setting. Questionnaires are completed on day 1 and a week to ten days later. Patients are recruited from the Marie Curie Cancer Care specialist palliative care centres and palliative care community nursing services across the UK.

Results: Data collection is continuing.

Conclusions: Many of the lessons learnt in setting up this study are applicable to future multi-centre research in varied palliative care settings, and will be discussed. Although a strength of the study is that assessments are made in in-patient, day care, and community settings this has required complex administrative arrangements. The challenges of recruitment across the different care settings and of family carers and health care professionals in addition to patients will be presented. Ethical and practical difficulties of designing rigorous multi-cenre research in this setting will be detailed.