Irish Association For Palliative Care

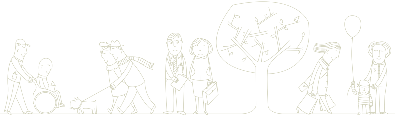
22nd Education and Research Seminar

Fás agus forbairt

growth and development

2nd February 2023

Irish Association For Palliative Care
A Collective Voice for Palliative Care in Ireland since 1993



Welcome

Dr. Claire Kruger

Welcome to the 22nd IAPC Annual Education and Research Seminar. This year I have the honor of taking over from Fiona Woods as Chair. It's been a wonderful experience working alongside all members of the forum and I hope I've lived up to the high standard Fiona has set.

This has been a year of change, both in the IAPC and within our forum. The IAPC is growing and now has a Pharmacists forum and Ethics forum to help develop interdisciplinary expertise in Palliative Care in Ireland. In the Education and Research forum we also have a number of new members. It has been so valuable to collaborate with new people and gain new perspectives. 2023 will also see the launch of the IAPC Nursing Forum which will strengthen the voice of Palliative Care in Ireland.

This has influenced our theme for this year's seminar, "Fas agus Forbairt". Growth and change. As research aims to grow an evidence base that changes practice, so we aim to grow and change so that we can better support our members. As part of this we're reviewing how we structure the seminar and we're looking towards increasing our focus on Quality Improvement. We're also hoping to be able to offer more workshops and events to members of the IAPC throughout the year.

I hope you enjoy this year's event and that you are as inspired as we are by the excellent work in Palliative Care Research which has been submitted from all over Ireland.

I would like to thank all the members of the Education and Research forum for their help in planning this year's seminar. I would also like to thank Fiona Woods, for staying on to provide advice and guidance, Jacinta Cuthbert, Cathy Herbert, and Stephen Cogan for all their hard work behind the scenes. I also want to thank Stacey Power as Vice Chair and Eleanor Courtney as Secretary for their invaluable support.

Dr. Claire Kruger
Chair IAPC Education and Research Forum

Prof. Mark Taubert

Topic: Advance and Future Care Planning in Wales

Prof. Mark Taubert
Consultant in Palliative Medicine and Honorary,
Prof. School of Medicine, Cardiff University

Prof. Mark Taubert is a palliative medicine hospital consultant and clinical director at Velindre University NHS Trust. His teaching and research activities at Cardiff University include advance care planning, acute palliative care, technology and new media and DNACPR decision making. He is the founder of TalkCPR.com and has a national lead role to improve public understanding on topics relevant to care in the last years of life and at the extreme ends of medicine. He has delivered a Ted Talk on subtleties in language that are relevant to modern healthcare delivery, and writes for international news outlets like the Washington Post, where his article was a top pick for 2019.

Mark took part in a BBC Horizon programme alongside the presenter Kevin Fong, and has also done extensive media work with television, theatre and radio. He has talked about medical topics at the Edinburgh Fringe Festival, at Hay Literary Festival and the Science Museum in London. He has also featured on two BBC Listening Projects, and has talked at Green Man Festival. A few years ago he wrote a public letter to the singer David Bowie, which discussed the importance of good palliative care. It went viral online and in global newsrooms and was read out by the likes of Benedict Cumberbatch and Jarvis Cocker.

Dr. Fiona Kiely

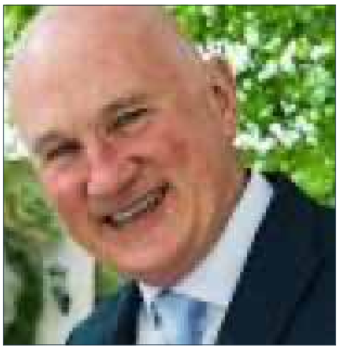
Topic: **Research: Past, Present and Future**

Dr. Fiona Kiely,

Consultant in Palliative Medicine at Marymount University Hospital and Hospice, Cork, Ireland and Senior Clinical Lecturer, University College Cork, Ireland

Winner of the 2011 Platform Presentation: End of Life Care

Fiona Kiely is a Consultant in Palliative Medicine at Marymount University Hospital and Hospice, Cork, Ireland and Senior Clinical Lecturer, University College Cork, Ireland. She is also currently studying for her PhD at the Division of Health Research, Lancaster University where her research is focused on experiences of immunotherapy in advanced cancers. She is a Principal Investigator in several funded research projects in areas such as complex communication, digital health and the application of artificial intelligence to support the delivery of specialist palliative care. Dr. Kiely currently directs the ASPIRE post-CSCST Fellowship “Telehealth in Palliative Medicine” in conjunction with the Institute of Medicine, Royal College of Physicians Ireland and funded by the HSE.



Topic:

Stop and Breathe

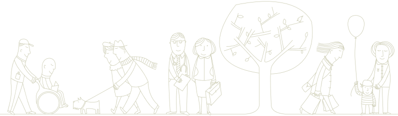
Bryan Nolan M.A .

Healthcare Chaplaincy DCU , Certified Healthcare Chaplain, End of Life and Grief and loss specialist, Training and facilitation expert.

Bryan Nolan M.A .Healthcare Chaplaincy DCU , Certified Healthcare Chaplain, End of Life and Grief and loss specialist, Training and facilitation expert. Formerly the Communications Manager and Training Manager with the Irish Hospice Foundation

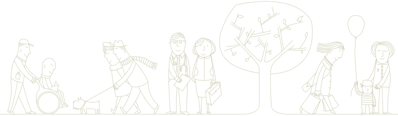
Currently I am a training and facilitation consultant specialising in Healthcare, a person-centred approach, Teamwork, Life Transitions, End of Life Care, advance care planning and having compassionate conversations. How to have ordinary conversation about extraordinary things.

Presentations

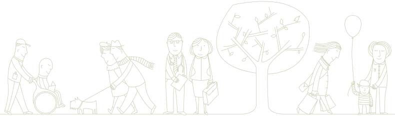


Programme

08:30 – 09:30	***Registration and Poster Viewing***	
09:30 – 09:45	***Opening and Welcome*** *Dr. Claire Kruger, Chairperson, Education and Research Forum*	
09:45 – 09:55	**PRESENTATION 1** *Dr. Bernadette Brady*	*Objective Assessment of Cancer-Related Fatigue, Cardiac Muscle and Autonomic Nervous System Function in a Palliative Population: A Feasibility Study* *followed by* ***QandA***
09:55 – 10:05	**PRESENTATION 2** *Ms. Sara Finnie*	*Physiotherapy for people with advanced cancer in specialist palliative care: Is everyone getting the opportunity to benefit?* *followed by* ***QandA***
10:05 – 10:15	**PRESENTATION 3** *Ms. Emir Murphy Dourieu*	*The impact of dry mouth in a palliative population* *followed by* ***QandA***
10:15 – 10:25	**PRESENTATION 4** *Ms. Rachel McCauley*	*Barriers to and facilitators for mutual support between patients and family caregivers in palliative care* *followed by* ***QandA***
10:25 – 10:35	**PRESENTATION 5** *Mr. Aidan O' Donoghue*	*The symptom experience of early satiety in advanced cancer* *followed by* ***QandA***
10:35 – 10:45	**PRESENTATION 6** *Dr. Thomas Cahill*	*Patient attitudes towards opioids in hospital, hospice and community palliative care: A cross sectional survey.* *followed by* ***QandA***
10:45 – 10:55	**PRESENTATION 7** *Dr. Jennifer Hayes*	*Treatment of haloperidol induced extrapyramidal side-effects with procyclidine precipitating hyoscine butylbromide-related antimuscarinic side-effects: a case report.* *followed by* ***QandA***
10:55 – 11:10	***Discussion and QandA***	



11:10 – 11:30	***Showcasing the work of the IAPC.***	*Breakout rooms:* *1. Pharmacy Forum* *2. Ethics Forum* *3. Nursing Forum*
11:30 – 12:05	***Comfort break and Poster Viewing***	
12:05 – 13:05	*Plenary Speaker: Prof. Mark Taubert, Consultant in Palliative Medicine and Honorary Prof. School of Medicine, Cardiff University* *Topic: Advance and Future Care Planning in Wales*	*followed by* ***QandA***
13:05 – 13:40	***Lunch Break and Poster Viewing***	
13:40 – 13:50	**PRESENTATION 8** *Dr. Cian Lannon*	*Antimicrobial Stewardship in End of Life Care* *followed by* ***QandA***
13:50 – 14:00	**PRESENTATION 9** *Dr. Hannah O'Brien*	*Hepatology Inpatient End-of-Life-Care Guideline for Patients with End-Stage Liver Disease: A Quality Improvement Project* *followed by* ***QandA***
14:00 – 14:10	**PRESENTATION 10** *Ms. Emma Stodart*	*Anticipatory Prescribing: Exploration of Practices Within Community Specialist Palliative Care Services plus Community Pharmacists' Involvement.* *followed by* ***QandA***
14:10 – 14:20	**PRESENTATION 11** *Dr. Kyle Taheny*	*Developing and Implementing a Policy for End-of-Life Diabetes Management in a Public Hospital in Ireland.* *followed by* ***QandA***
14:20 – 14:30	**PRESENTATION 12** *Dr. Daniel Soutar*	*An all island survey of palliative care doctors on seizure management in palliative care patients.* *followed by* ***QandA***
14:30 – 14:40	**PRESENTATION 12** *Dr. Julie Donnellan*	*Re-audit of Palliative Care Outcomes Collaboration Phase Definition in an In-Patient Hospice Setting*
14:40 – 15:05	***Discussion and QandA***	
15:05 – 15:25	*Bryan Nolan, Healthcare Chaplaincy DCU , Certified Healthcare Chaplain,* *End of Life and Grief and loss specialist, Training and facilitation expert.* *"Stop and Breathe"*	
15:25 – 15:35	***Announcement of Poster Winners*** *Dr. Stacey Power, Vice Chair, Education and Research Forum*	
15:35 – 15:50	*Dr. Fiona Kiely:* *Research: Past, Present and Future — Winner of the 2011 IAPC platform presentation*	
15:50 – 16:00	***Closing Remarks*** *Dr. Hannah Linane, Chair, IAPC*	
16:00 – 16:10	***Announcement of Platform Presentation Winners*** *Dr. Claire Kruger, Chairperson, Education and Research Forum* *Chairperson, Education and Research Forum*	



Presentation One **3**

Objective Assessment Of Cancer-Related Fatigue, Cardiac Muscle and Auronomic Nervous System Function in a Pallative Population: A Feasibility Study

Authors:
Dr. Bernadette Brady – Our Lady's Hospice and Care Services
Ms. Michelle Barrett – Our Lady's Hospice and Care Services
Dr. Gerard King – St. James Hospital
Mr. Rory Wilkinson – St. James Hospital
Dr. Ross Murphy – St. James Hospital
Prof. Declan Walsh – Levine Cancer Institute

Background: Cancer-related fatigue is a common symptom whose pathophysiology may involve dysfunction of cardiac muscle and autonomic nervous system (ANS).

Aim: Assess feasibility of objective measurement of fatigue, cardiac muscle and ANS function in a palliative population.

Methods: Consecutive participants with cancer recruited from palliative outpatient clinic. Fatigue measured subjectively (brief fatigue inventory [BFI]) and objectively (grip strength, timed-up-and-go [TUG], sit-to-stand [STS]).

A 2D transthoracic echocardiogram assessed cardiac function (systolic: ejection fraction [EF]; diastolic: isovolumic relaxation time [IVRT], LV filling velocities [E/A]. Myocardial strain analysed using EchoPAC software.

Heart rate variability (HRV) recorded for five minutes each of spontaneous and paced breathing. SDNN: standard deviation of RR intervals; RMSSD: Root mean square of successive differences. Active stand identified postural hypotension.

Participants completed an acceptability questionnaire.

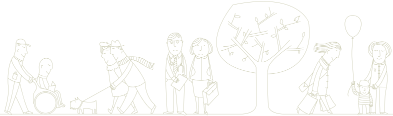
Results: 10 participants, 7 female. Mean age: 66 years (57-71)
Cancer types: Lung, colorectal, breast, gastric, ovarian. Metastatic disease: n=10
BFI ≥3 (indicating fatigue): n=7
Median (Range):
BFI 4.2 (0-8.9)
Grip strength (kg force) 18 (9-39)
TUG (s) 9 (7-23)
STS (no. in 30s) 10 (0-15)
Ejection fraction normal: 67.5%. Grade I diastolic dysfunction present (E/A 0.8, IVRT 96ms).
HRV reduced: SDNN and RMSSD very low: 21.3, 11.5ms spont; 27.2, 19.2ms paced, normal >50, >42 respectively
Strain significantly different (19.1, 24.3, p=0.02) in groups with/without fatigue.
BFI correlated with HRV, TUG with Strain (0.875, p=0.001), and HRV.

All found study acceptable. No participant withdrew. One participant each:
- unable to complete STS
- felt echo interfered with privacy
- found paced breathing 'bothersome'

Conclusions:

1. Objective assessment of fatigue, cardiac muscle and ANS feasible, acceptable and warranted in palliative populations
2. Majority of participants fatigued subjectively and objectively
3. Significant diastolic dysfunction and loss of HRV present
4. Correlations between subjective and objective fatigue, myocardial strain and HRV
5. These bedside tests can be used in palliative populations to guide symptom management

Biography: **Dr. Bernadette Brady** graduated from medicine in Trinity College Dublin in 2006. She has been working in palliative medicine since 2009 and is currently a consultant in Our Lady's Hospice and Care Services, Dublin. She has also spent time working in Uganda with Hospice Africa Uganda. She has postgraduate qualifications in Healthcare Ethics and Law (RCSI 2012), Clinical Education (University of Galway, 2016) and Medical Law (Kings Inns 2022). She completed a PhD in University College Dublin in 2022 with a thesis entitled Cardiac and Cardiovascular Autonomic Nervous System Function in Cancer-Related Fatigue.



Presentation Two 9

Physiotherapy for people with advanced cancer in specialist palliative care: Is everyone getting the opportunity to benefit?

Authors:
Ms. Sara Finnie – Royal College Of Surgeons
Ms. Fiona Cahill – St. Francis Hospice Dublin
Ms. Lisa McGirr – St. Francis Hospice Dublin
Dr. Helen Heery – Royal College Of Surgeons
Dr. Ailish Malone – Royal College Of Surgeons

Background: There is emerging evidence to support the role of physiotherapy within specialist palliative care (SPC) services, particularly in relation to physical function, fatigue, breathlessness and quality of life. However, these services appear to be underutilized.

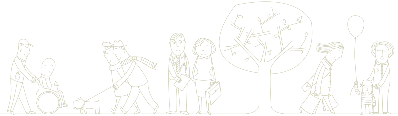
Objective: The aim of this study is to explore referral rates and profiles of patients with advanced cancer under the care of SPC service from July to December 2021 and identify any difference in characteristics of those referred to SPC community-based physiotherapy compared to those not.

Methodology: A retrospective case series was completed. Patient records were screened, and a comprehensive set of variables were identified for analysis. Variables included: referral to physiotherapy, primary diagnosis, metastatic disease, patient symptom profile and demographic information. Chi-squared analysis and logistic regression tests were used to explore associations between referral to physiotherapy and different variables.

Results: 677 patients died under the care of an Irish hospice over a 6-month period. Ninety-seven healthcare records of 46 males and 51 females were identified for data extraction. The median age was 77.1 years. The most prevalent cancer diagnoses were lung (24.7%), colorectal (11.3%) and upper GI (11.3%) cancer. Forty patients were referred for physiotherapy, representing a 41.24% referral rate. There was evidence that referral to physiotherapy was more likely for patients with primary lung cancer or bone metastases, and less likely for those with colorectal or gynaecological cancer. Sixty percent of patients with impaired mobility, 57.5% of patients with fatigue and 51.9% of patients with breathlessness were not referred to physiotherapy.

Conclusion: Despite an abundance of research indicating the effectiveness of physiotherapy for patients with advanced cancer, three in five people with advanced cancer were not referred to SPC physiotherapy. Patients who had symptoms amenable to physiotherapy were not more likely to be referred, suggesting significant unmet need.

Biography: **Sara Finnie** is a final year undergraduate Physiotherapy student in the Royal College of Surgeons in Ireland. Sara's interests include implementing rehabilitation programmes for patients with chronic diseases, particularly for people with advanced cancer. This project allowed her to understand the importance of specialist palliative care physiotherapy for patients with advanced cancer living in the community. The project was funded as part of the Social Science, Nursing, and Allied Health Summer Studentship 2022 offered by The Irish Cancer Society. Outside of college, Sara has a keen interest in reading and attending the gym.



Presentation Three 29

The impact of dry mouth in a palliative population

Authors:
Ms. Emir Murphy Dourieu – Kerry Specialist Palliative Care Service
Dr. Dominika Lisiecka – Munster Technological University
Dr. William Evans – Munster Technological University
Dr. Patricia Sheahan – Kerry Specialist Palliative Care Service
Dr. Margret Clifford – Kerry Specialist Palliative Care Service

Background: The impact of dry mouth in patients receiving palliative care is poorly understood. Prevalence of dry mouth increases due to polypharmacy, radiotherapy, and systemic conditions. Dry mouth can impact on swallowing, chewing, and speech.

Aims and objectives: The aim of this study is to understand the impact of dry mouth in a palliative population and to determine the significance of this symptom for speech and swallowing. Study objectives include understanding of the nature and severity of xerostomia (self-reported dry mouth), the relationship between xerostomia and oral dryness, and providing insight into assessment methods through patients' reported experiences.

Methods: Following a systematic review of the literature, a mixed-methods study was conducted consisting of xerostomia and oral dryness scales, a bother index questionnaire, and qualitative interviews with a purposive sample of people attending a palliative care unit. Findings were interpreted from a speech and language therapy perspective.

Results: Of the total of 40 participants, 82.5% self-rated xerostomia as moderate or severe. Oral dryness levels were rated as moderate in 62.5% with 12.5% at a severe level. A significant correlation between xerostomia and oral dryness scores was determined ($r_s = .424$, $p < 0.01$). Participants described the severe impact xerostomia has on their lives and the effect on speech was found to be of more significance to participants than any other area of impact, including swallowing.

Conclusions: Xerostomia is a silent burden for many patients receiving palliative care, and health care professionals need to be aware of its effects on speech. Findings suggest that patients are slow to report this condition and yet the perceived impact, in relation to their psychological well-being and oral comfort, is high. Assessment methods of xerostomia in palliative populations need careful consideration and future management needs to include clear roles, routines, and referral processes.

Biography: **Emir Murphy** Dourieu is a Clinical Specialist Speech and Language Therapist with over 30 years' experience. She has a special interest in dysphagia in both adults and children and has assisted with the training and development of dysphagia services in Ireland. She has spent the last 4 years working in the Kerry Specialist Palliative Care Service and completed a Masters this year with Munster Technological University on the subject of dry mouth in palliative patients.

Presentation Four 34

Barriers to and facilitators for mutual support between patients and family caregivers in palliative care

Authors:
Ms. Rachel McCauley – Trinity College Dublin
Dr. Regina McQuillian – St. Francis Hospice Dublin
Prof. Karen Ryan – St. Francis Hospice Dublin
Dr. Geraldine Foley – Trinity College Dublin

Background: There is evidence that patients and family caregivers in palliative care have capacity to be mutually supportive to each other. However, what facilitates or hinders mutual support between patients and family caregivers in palliative care had been unclear.

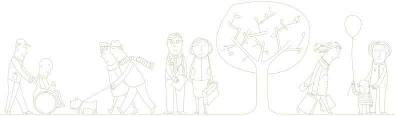
Aims and Objectives: To identify key barriers to and facilitators for mutual support between patients and family caregivers in palliative care.

Methods: Thirty qualitative interviews were conducted with patients with advanced illness (n=16) and their family caregivers (n=20) sampled from a large regional hospice. A semi-structured interview guide focused on mutual support between patients and family caregivers was used. Data were collected and analysed in line with grounded method and procedures. Interviews were member checked and data analysis was cross-checked among the research group.

Findings/Results: Mutually supportive relations between patients and family caregivers were facilitated by mutual and open disclosure between patients and family caregivers, strong pre-morbid relationships between the patient and family caregiver, family caregivers feeling competent in their caregiving role, family caregivers having decided themselves to take on a caregiving role, availability of support from the wider family to the patient and family caregiver, and by patients and family caregivers remaining positive for one another. Barriers to mutual support between patients and family caregivers included pre-morbid conflict between patients and family caregivers, patient concealment of physical symptoms from the family caregiver, family caregiver concealment of their own distress from the patient, conflict within the wider family, a perceived lack of support from the wider family leading to family caregiver burnout, and the financial strain of living with life-limiting illness.

Conclusions: Mutual support between patients with advanced illness and family caregivers in palliative care is shaped by multiple micro-level factors. The findings inform the practice of healthcare professionals in palliative care tasked with enabling relations between patients and family caregivers.

Biography: **Rachel McCauley** is a PhD student in the Discipline of Occupational Therapy, School of Medicine, Trinity College Dublin. She holds a BSc in Applied Psychology from Dun Laoghaire Institute of Art and Design, and a MSc in Health Psychology from the University of Galway. As part of her PhD, she has conducted a study focused on key processes underpinning mutual support between patients and family caregivers in palliative care.



Presentation Five 65

The symptom experience of early satiety in advanced cancer

Authors:
Mr. Aidan O'Donoghue - Our Lady's Hospice and Care Service
Dr. Suzanne Doye – Technological University Dublin
Prof. Declan Walsh – Levine Cancer Inistitute
Prof. Kevin Conlon – Trinity College Dublin

Background: Early satiety is present at all stages of cancer from treatment naïve to advanced cancer. Despite this, little is known about its characteristics or how patients with early satiety describe it.

Aims and Objectives: This study aimed to determine the symptom experience of those with early satiety using a previously piloted and revised symptom experience of early satiety (SEES) questionnaire.

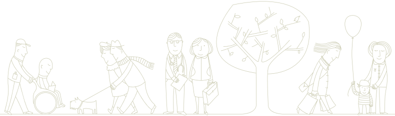
Methods: Hospice patients with advanced cancer were invited to participate. All were asked an open question about their symptoms. All completed the abridged patient generated subjective global assessment (abPG-SGA). Those who reported they "feel full quickly" in the abPG-SGA were given the SEES questionnaire.

Findings/Results: Twenty patients were recruited. Fourteen reported symptoms in the open question. All reported symptoms on the abPG-SGA. Early satiety was prevalent in 65%. None reported early satiety in the open question. Responses were rarely universal and showed variations. None were asked by healthcare professionals if they had early satiety. All reported it reduced food intake. Seven found it distressing and nine felt it affected their quality of life. Comments on early satiety included "Very distressing", "Mind turns to progression of disease and are things getting worse", "Suddenly your breathing is more difficult", "Feel anxious when it happens", "If I don't stop it causes pain" and "It's not worth eating".

Conclusions: Early satiety is common and highly impactful in advanced cancer. Individual experience of early satiety differs with the large variance in responses. Patients are not routinely screened for this symptom. They are also unlikely to report early satiety unless assessed with closed questions. Given the focus improving quality of life in palliative medicine, all patients should be screened for early satiety and should receive individualised management advice. Future research into management, with a focus on non-pharmaceutical methods should be a priority for this cohort.

Biography Aidan O' Donoghue qualified from Trinity College Dublin and Dublin institute of Technology with a BSc in Human Nutrition and Dietetics. He is a CORU registered dietitian who has worked in the areas of general medicine, gastroenterology and oncology. He has worked as a clinical tutor for Trinity College Dublin.

Aidan is currently undertaking a PhD with Trinity College Dublin in the School of Medicine. His PhD is investigating the symptom of early satiety in cancer patients receiving both palliative care and active treatment.



Presentation Six 68

Patient attitudes towards opioids in hospital, hospice and community palliative care: A cross sectional survey.

Authors: *Dr. Thomas Cahil – University Hospital Waterford*
Ms. Roisin Logan – University Hospital Waterford
Ms. Janet Tobin – University Hospital Waterford
Ms. Anna Landy – South Tipperary Community Palliative Care Team
Ms. Martina O'Meara - South Tipperary Community Palliative Care

Team: *Dr. Suzanne Ryan – University Hospital Waterford*
Dr. Áine Ní Laoire – University Hospital Waterford

Background: Opioids are high risk medications that are prescribed for symptom management in palliative care patients(PCPs). Previous literature has focused on physician attitudes rather than PCPs. Recent studies demonstrate increased opioid prescribing prevalence in Ireland over the last decade. Risks of both problematic opioid use and non-compliance have been reported but little is known about the impact of US opioid crisis on patient attitudes in Ireland. Uncovering patient attitudes can focus education programmes and improve safety, compliance and symptom management.

Aim:

- To investigate attitudes that PCPs have towards the use of strong opioids.
- To explore patient factors that may influence patients attitudes.
- To investigate if attitudes towards opioid are associated with overall distress.
- To identify patients preferences for addressing opioid education.

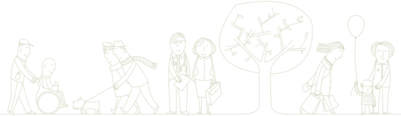
Methods: This observational study was conducted using a cross-sectional 17 item questionnaire of PCPs receiving specialist palliative care in a designated cancer centre hospital, hospice and home. Data was analysed using SPSS.

Results: 60 questionnaires completed (33 male, mean age 63). Place of care: hospital 47%, hospice 35%, home 18%. 30% were prescribed opioids > 3months. Reported fears identified were: sedation 51%, addiction 41.7%, side effects 53.3%, hastening death 58% and sign of worsening disease 58%. 36.7% feared opioids due to media coverage. Over 80% did not fear opioid misuse, abuse or diversion. Opioid fears were not associated with overall distress scores. 25% reported taking less opioid than prescribed, correlating with patients with third level education ($P<0.05$).

85% preferred consultation with a health care professional about opioids, over an information leaflet, online resources or support groups.

Conclusions: This study suggests there are significant levels of opioidphobia amongst PCPs in Ireland and highlights the need to adequately address these fears with patients while on opioids. Establishing patient attitudes can focus education programmes to improve knowledge, compliance, safety and symptom control.

Biography: **Thomas Cahill** is currently working as a first year Registrar in Palliative Medicine in University Hospital Waterford. He has a keen interest in research in Palliative medicine having previously had research presented at the IAPC at both a poster level (Overall winner of poster category at IAPC 2022) and oral platform level (commended presentation at IAPC 2021). Recently completed BST training on the South East Scheme. Graduate of UCD 2018.



Presentation Seven 71

Treatment of haloperidol induced extrapyramidal side-effects with procyclidine precipitating hyoscine butylbromide-related antimuscarinic side-effects: a case report

Authors: *Dr. Jennifer Hayes*

Background: Haloperidol is a D2, alpha 1-adrenergic with a half-life of 21 to 38 hours, which may extend to 21 days after chronic use. Extrapyramidal side effects (EPSE) occur in more than 10% of patients treated with haloperidol. EPSEs are frequently treated with procyclidine, a muscarinic acetylcholine receptor antagonist with a half-life of 12 hours.

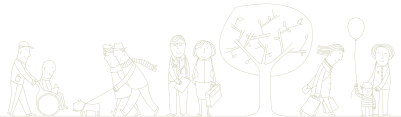
Case presentation: A 55-year-old gentleman with a background of metastatic rectal cancer complicated by sub-acute bowel obstruction was administered oxycodone, hyoscine butylbromide and haloperidol via continuous subcutaneous infusion (CSCI) for 4 weeks. The dose of haloperidol ranged from 1-3mg and was 1.5mg in the 48 hours prior to the onset of EPSE. He presented with akathisia, acute dystonia; involuntary movement of arms and legs and lip smacking. On examination there was increased rigidity. Symptoms resolved with three doses of procyclidine 5mg intravenously (IV) and thus diagnosis of EPSE was presumed. A syringe driver was recommenced with oxycodone and hyoscine butylbromide and within 60 minutes he became drowsy, confused and his face and neck became flushed

Management and outcome: Differential diagnoses included antimuscarinic side-effects, atypical haloperidol related EPSE, opioid-related serotonin syndrome and neuroleptic malignant syndrome. The new symptoms resolved following cessation of the CSCI and administration of IV fluids. The patient received no further doses of haloperidol or hyoscine butylbromide. He remained well for a number of weeks until he died peacefully on the inpatient unit. Of note, there was no adverse reaction to levomepromazine delivered via CSCI at end of life.

Discussion: This case illustrates how concurrent treatment with two or more antimuscarinic drugs may precipitate antimuscarinic side effects.

Conclusion: Multiple drugs used in palliative medicine have antimuscarinic activity and thus palliative care patients are at increased risk of antimuscarinic side-effects. EPSE does not preclude use of levomepromazine at end of life.

Biography: **Jennifer** previously completed graduate entry medicine and GP training. She is currently working in Milford Care Centre and on year one of palliative medicine HST.



Presentation Eight 73

Antimicrobial Stewardship in End of Life Care

Authors: *Dr. Cian Lannon – Dept of Palliative Medicine, Galway University Hospital*
Dr. Leona O'Reilly - Dept of Palliative Medicine, Galway University Hospital
Dr. Grace Kennedy – Dept of Palliative Medicine, Galway University Hospital
Prof. Catherine Fleming – Consultant, Dept of Infectious Diseases, Galway University Hospital
Prof. Dympna Waldron – Consultant, Dept of Palliative Medicine, Galway University Hospital

Background and rationale for audit: Antimicrobial stewardship involves promoting the judicious use of antimicrobials to prevent their overuse, thus reducing resistance and healthcare costs. Antimicrobial use in those approaching end of life presents additional potential harms involving repeated invasive procedures (intravenous cannulation) and confounding patient / family expectations. Despite this antimicrobials are often continued beyond this point, sometimes without a discussion or clear decision.

Aims:

- To identify the prevalence of antimicrobial use in patients recognised as entering end of life
- To review documentation regarding relevant decisions and discussions with relatives/ loved ones

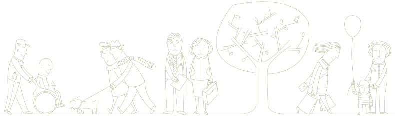
.

Standard: Local standards utilised in accordance with Galway Antimicrobial Prescribing Principles

Methodology: All patients referred to inpatient palliative care and recognised as entering end of life were included, by date of referral for cycle 1 (September 2021) and cycle 2 (June 2022). Any antimicrobial use at the point and after recognition of end of life and any documented decisions/discussions around this were recorded. Following the initial cycle we engaged in an education campaign, including a hospital-wide presentation and advice through our regular consult service to review and discuss antimicrobial use at end of life.

Conclusions, Recommendations and Action Plan: Results from our initial cycle (n=36) showed of those receiving antimicrobials at end of life, 42% were continued with nearly 1/3 (28%) of patients receiving antimicrobials until they died. This represents a significant burden of antimicrobial use of questionable efficacy at a difficult time for patients and their loved ones, and in just over half (58%) of cases was a decision on continuing antimicrobials recorded. Following our education campaign, our second cycle (n=30) showed 32% received antimicrobials during end of life but only 1 (4%) until death. Promisingly, 90% of cases had a documented decision, leading to better coordinated care as well as empowering and informing patients and their families.

Biography: **Cian Lannon** Palliative Care Registrar at Galway University Hospital



Presentation Nine 91

Hepatology Inpatient End-of-Life-Care Guideline for Patients with End-Stage Liver Disease: A Quality Improvement Project

Authors:
Dr. Hannah O'Brien - St. Vincent's University Hospital
Dr. Sara Naimimohassess – St. Vincent's University Hospital
Ms. Jennifer Dwyer – St. Vincent's University Hospital
Dr. Audrey Dillon – St. Vincent's University Hospital
Dr. Des McMahon – St. Vincent's University Hospital

Background: Patients with end-stage malignant and non-malignant liver disease have unique needs including physical, psychosocial and spiritual, in addition to complex medication pharmacokinetics and pharmacodynamics. The disease trajectory can be complicated by features of decompensated liver disease for example hepatic encephalopathy, co-existing or emergent renal disease and current or past drug and or alcohol dependence. Up to date guidelines are necessary to guide patient management and optimise patient comfort and safety as these patients approach end-of-life particularly in a tertiary referral care setting.

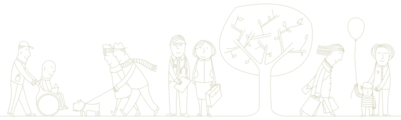
Aims: To improve symptom control and prescribing for patients at end-of-life with end-stage liver disease in a tertiary referral centre.

Methods: A multidisciplinary working group was established with Consultant and Specialist Registrar in Hepatology, Consultant and Specialist Registrar in Palliative Medicine and Senior Pharmacist with a special interest in Hepatology. Current practice was considered. A literature review was undertaken to inform best practice including national and international guidelines, pertinent studies and local practice. The guideline underwent multiple revisions with expert hepatology, pharmacy and palliative medicine input.

Results: A formal document was produced adopting a holistic approach to patient care with a consensus on medication guidance based on national and international guidelines, local availability of medications, medication familiarity and safety. Stakeholder feedback was obtained. The document will be available for doctors in the institution through the intranet. Formal feedback will be obtained after a specified time period and revisions made in accordance with hospital policy and relevant guidelines.

Conclusion: Special consideration of patients with end-stage liver disease with specific attention to medication prescribing at end-of-life is essential. Guidelines specific to this patient population will aid symptom management and decrease the risk of unwanted side effects while improving patient comfort and safety.

Biography: **Dr. Hannah O'Brien** is a Specialist Registrar in Palliative Medicine in the 3rd year of training and currently based in Our Lady of Lourdes Hospital Drogheda.



Presentation Ten 101

Anticipatory Prescribing: Exploration of Practices Within Community Specialist Palliative Care Services plus Community Pharmacists' Involvement.

Authors:
Ms. Emma Stodart – Milford Care Centre
Dr. Val O'Reilly - Milford Care Centre
Dr. Kevin Murphy – University College Cork

Introduction

Anticipatory prescribing (AP) is an important component of end-of-life care in the community. There are concerns about potential waste and safe disposal of unused medications.

Community pharmacists (CPs) play an important role in AP including supply, patient support and disposal of unused medications, but often have little specific education to support this role.

Aims

- To investigate the nature of AP and subsequent use of medications in patients receiving care from community specialist palliative care services (CSPCS).
- To explore anticipatory medications (AMs) kept by CPs along with their knowledge of and confidence counselling these medications, plus pharmacists' role in returns of unused medicines.

Methods:

The charts of 100 adult patients who died from May 1st, 2021 and received care from CSPCS were reviewed to assess AP practices including medications and quantities prescribed and unused.

An anonymous online survey was distributed in May 2022 to 650 CPs who were registered in three counties. The survey was open for three weeks.

Ethical approval was granted for both parts.

Results:

80% of patients had AP with at least one medication being used by 85%. The mean cost of subcutaneous medications was €57.48 and €90.92 including buccal midazolam.

Fifty-two (8%) pharmacists responded to the survey. A high proportion of pharmacists reported confidence in AM indications but with mixed knowledge. Most felt further education in AP and communication skills would be beneficial. All pharmacists accepted medication returns but with notable processing costs.

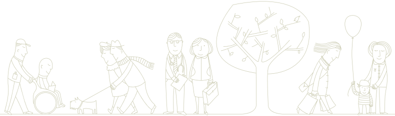
Conclusion:

AP is a cost-effective intervention that can facilitate patients remaining in their preferred place for end-of-life care. Investigating the timing between referral to CSPCS and AP would offer insight into specialist involvement.

An agreed lists of AMs. can enhance accessibility. CPs should continue to advance their knowledge of AMs. and communication skills to optimise their contribution to AP in the community.

Biography:

Emma Stodart completed her undergraduate pharmacy degree at University of Queensland, Australia and is undertaking a Masters in Clinical Pharmacy through University College Cork. She has worked in various clinical areas in hospitals in Australia and the UK, and as a community pharmacist in Australia and Ireland. Emma is currently working as a senior pharmacist at Milford Care Centre in Limerick.



Presentation Eleven 110

Developing and Implementing a Policy for End-of-Life Diabetes Management in a Public Hospital in Ireland.

Authors: *Dr. Kyle Taheny – Our Lady's Hospice and Care Service*
Prof. Mensud Hatunic – Mater Misericordiae University Hospital
Prof. Karen Ryan – St. Francis Hospice Dublin

Background: Diabetes mellitus is a chronic disease which can cause organ damage during a person's life due to high blood glucose levels. Its management aims to avoid short- and long-term complications, however, at the end of life these aims change, and the comfort of a patient takes priority.

Problem situation: While ample guidance exists for the management of many aspects of diabetes, there is currently no guidance specifically for end-of-life diabetes management in this acute, tertiary, public hospital.

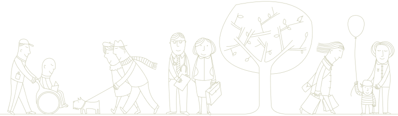
Aim: The project aims to improve the management of diabetes at the end of life by developing and implementing a policy to guide its management in the hospital, using a HSE change model.

Methods: A literature review was performed to ensure the policy is evidence-based. The HSE's People's Needs Defining Change model has been used throughout to guide the change project. A staff survey and retrospective chart review were completed to determine current local practices, identify areas for improvement, determine staff readiness to change and obtain baseline measures.

Results: The literature revealed a paucity of high-quality data on the subject, but key themes emerged: blood glucose targets, frequency of blood glucose monitoring, medication use and communication. The staff survey and chart review showed variability in the approach to end-of-life diabetes management within the organisation and a readiness to change. In collaboration with local experts, a policy was developed and using the key principles of the change model, was implemented. Several evaluation methods have been used to ensure the success of the project and promote sustainability.

Conclusions: This project provides a template for the implementation of a Palliative Care policy in an acute hospital setting using a HSE model for change and has the potential to be replicated in other settings.

Biography: **Dr. Kyle Taheny**, is a Palliative Care Registrar, currently working with Our Lady's Hospice and Care Services, having previously worked in St. Brigid's Hospice, Curragh and with the Palliative Care team in the Mater University Hospital and St. Francis Hospice. He graduated from NUIG in 2015, and completed his BST in Galway in 2020. He has recently completed a Masters in Healthcare Management through the RCSI and is aiming to pursue a career in Palliative medicine.



Presentation Twelve 121

An all island survey of palliative care doctors on seizure management in palliative care patients.

Authors: *Dr. Daniel Soutar – Northern Health and Social Care Trust*
Dr. Victoria Mallett – St. Francis Hospice
Dr. Carol Stone – Belfast Health and Social Care Trust
Dr. Norma O'Leary - Our Lady's Hospice Dublin
Dr. Michael Kinney – Belfast Health and Social Care Trust

Background: Evidence based guidelines are lacking for seizure management in patients with brain tumours receiving palliative care. No studies have assessed clinician practices and preferences on the island of Ireland.

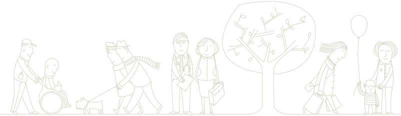
Aims and Objectives: To survey palliative care doctor's approaches to the management of brain tumour related seizure presentations, to include end of life scenarios.

Methods: A cross-sectional survey methodology was used. A group of epilepsy and palliative care medicine experts based in Belfast and Dublin developed the survey. Ethical approval was obtained from both Queen's University Belfast and St. Vincent's University Hospital, Dublin. The survey was disseminated by email to palliative care consultants and specialist registrars using regional representative groups and professional networks on three occasions over four weeks. Descriptive statistics were used in analysis.

Results: Fifty-nine of a possible 113 responses were obtained. We identified that 68% of respondents make anti-epileptic drug (AED) decisions at least once per month. Levetiracetam is the preferred first line agent used by 95% of respondents when the patient has longer than weeks to live. At the end of life midazolam is preferred first line (78%) with levetiracetam being the second most commonly used AED (20%). Clinicians self-rate confidence as high in managing seizures at the end of life, moderate in first seizure scenarios, and low when first line therapy fails. Clinicians treat status epilepticus with midazolam (81%), via various routes, or intravenous lorazepam (12%). There is high level of provision of home buccal midazolam rescue therapy. Virtually all respondents feel a clinical guideline would have utility.

Conclusion: These data suggest palliative professionals are in broad agreement about approaches used, but with some interesting variations in practice particularly in the management of status epilepticus. This could lay the foundation for a Delphi-survey to inform a consensus guideline.

Biography: **Dr. Daniel Soutar** is a Palliative Medicine Consultant in Antrim Area Hospital, Northern Ireland. Daniel graduated Medicine with distinction from Queen's University Belfast in 2011. After spending some time in Australia failing spectacularly to learn to surf and drinking too much good wine, Daniel returned to train as a Palliative Medicine specialist in Belfast where he lives with his wife and young daughter.



Presentation Thirteen 123

Re-audit of Palliative Care Outcomes Collaboration Phase Definition in an In-Patient Hospice Setting

Authors: *Dr. Julie Donnellan – Marymount University Hospital and Hospice*
Dr. Maria Walsh – Marymount University Hospital and Hospice
Dr. Sara Ruthledge – Marymount University Hospital and Hospice
Ms. Helen Leahy – Marymount University Hospital and Hospice
Dr. Marie Murphy – Marymount University Hospital and Hospice
Dr. Fiona Kiely – Marymount University Hospital and Hospice

Background: The Palliative Care Outcomes Collaboration (PCOC) aims to improve patient and family care through the use of a standard assessment framework. Each PCOC phase identifies a clinically meaningful period in a patient's condition and is based on a holistic assessment of the patient and family. The phases are categorised as stable, deteriorating, unstable, terminal and bereavement.

Aim: To assess compliance with the correct application of palliative care phase definitions during in-patient hospice admissions following educational interventions.

Standard: The validated PCOC 'Phase Definition' tool was used, with standard set at 100%.

Methodology: Using the PCOC phase definition audit tool, accuracy of phase definition was retrospectively assessed for patients admitted to the in-patient hospice. PCOC documentation collected on each patient along with their clinical notes were reviewed to assess assignation of the correct phase.

Conclusions: Recommendations and Action Plan

Adherence to correct phase definition was identified as an area for improvement. Recommendations included enhanced championship of PCOC at ward level to increase engagement and understanding of phase definitions across the multi-disciplinary team, along with ongoing educational sessions.

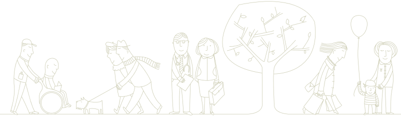
Enhanced roll-out of educational interventions for new and existing clinical staff was commenced in July 2022. Completion of online PCOC training sessions, including education on phase definition, was actively encouraged using positive feedback and email prompts. Introductory lectures were held for NCHDs as part of their induction to the in-patient unit. Visual displays of the phase definitions were facilitated in clinical areas, and senior clinical staff promoted the integration of PCOC into clinical handovers resulting in increased buy-in across all disciplines.

Results and Re-Audit of Implemented Recommendations: Initial audit data from 2021 found 61% of PCOC phases were correctly applied. Following interventions, accurate documentation of PCOC phases improved to 80%. Results highlight the impact and benefit of tailored educational interventions.

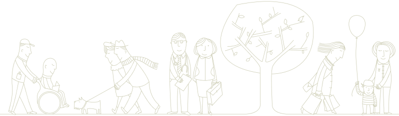
Biography: Dr. Julie Donnellan is palliative medicine registrar working in Marymount University Hospital and Hospice, Cork. She completed her Basic Specialist Training and became a member of the Royal College of Physicians of Ireland in 2022. Dr. Donnellan has an interest in complex symptom management.

Seminar Abstracts – Poster Presentations

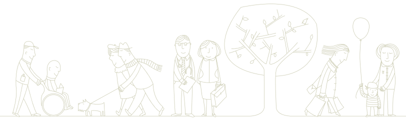
№	ID	Poster Title	Authors
		Clinical Audits	
1	2	*Discussion of Resuscitation Status during the First Week of Hospital Stay - A Service Review*	*Murphy*
2	42	*Can We maintain High Standards During a Pandemic? Reviewing Medication Record Keeping*	*Swanton, Suresh*
3	53	*An Audit on Venous Thromboprophylaxis Prescribing and Discontinuation in Palliative Care - What role could the Australia-modified Karnofsky Performance Scale play?*	*Nolan*
4	60	*Assessment and documentation of VTE prophylaxis in a specialist palliative care inpatient unit: a clinical audit*	*Azhar, Harnett, O'Riordan, Murtagh*
5	67	*Audit of referrals to a Specialist Inpatient Palliative Care Unit*	*Kruger*
6	90	*Venous Thromboembolism Prophylaxis and Anticoagulation Prescribing and Deprescribing in Hospital Patients Referred to the Specialist Palliative Care Team (SPCT)*	*O'Brien, Rakpraja, Murphy, O'Hanlon, Keane, Garcia, Murphy, McMahon, Tiernan*
7	93	*Comprehensive Mouth care in patients with advanced cancer receiving chemotherapy.*	*Brassil, Beatty, Lannon, Minogue, Waldron, Mannion, LaComber*
8	99	*Anticipatory Prescribing in End-of-Life: An Audit*	*Minogue, Beatty, Wallace, Mannion, Waldron*
9	100	*DNAR order forms in patients referred for End-of-life care: An audit*	*Minogue, Lannon, Brassil, Wallace, Beatty, Mannion, Waldron*
10	106	*30 day mortality for checkpoint inhibitors in metastatic cancer: A Retrospective audit of medical oncology patients in an Australian hospital*	*Brassil, Hodges, Beatty, Lomma, Waldron*
11	117	*Using patient personas as a novel way to understand the cohort of patients accessing community palliative care*	*McAleer, Kelly, Howard, Ryan*
12	120	*The Behaviour Change Wheel: a tool to improve Palliative Care Outcomes Collaboration(PCOC) compliance*	*Ruttledge, Donnellan, Kiely*



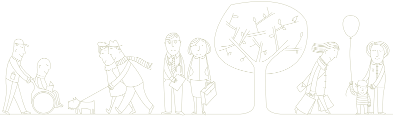
№	ID	Poster Title	Authors
		Case Studies/Report	
13	**15**	*A case series of the role of cannabis based medication in the Palliative Care setting*	*McCarthy, Clifford, Sheahan*
14	**16**	*A Case Report of Cannabinoid Withdrawal in the Palliative Care setting*	*McCarthy, Clifford, Sheahan, Keane*
15	**38**	*The nonverbal cues and teaching from a child brought home for end of life care.*	*Freiherr von Hornstein, McNally, Wilson, Moran*
16	**50**	*Palliative Symptom Management in Malignant Pheochromocytoma: safe use of fentanyl and review of medications used*	*Cunningham, Kennedy, Gregg, O'Halloran, Lowney*
17	**55**	*Opioid-Induced Hyperalgesia: a diagnosis not to be missed.*	*Healy, Cran, Brennock*
18	**75**	*A Debilitating Case of Hiccups*	*Lannon, Waldron*
19	**79**	*When secretions reach drowning point: Somatostatin analogues for management and prevention of recurrent aspiration pneumonia*	*Lannon, Waldron, Brassil, Minogue, Murphy, Kennedy, Mannion*
20	**96**	*A case of palliative immunotherapy induced myasthenia gravis and myocarditis*	*Brassil, Murphy, Beatty, Waldron, Mannion*
21	**98**	*Acute suicidality after single dose administration of sertraline in the management of cholestatic itch*	*Minogue, Brassil, Lannon, Beatty, Mannion, Waldron, Gorey*
22	**111**	*A case of opioid toxicity heralding imminent sepsis*	*Brassil, Anwar, Minogue, Lannon, Waldron, Beatty, Mannion*
23	**112**	*Total resolution of itch secondary to renal failure with Carbamazepine in a woman suicidal from the itch: the role of sodium channel blockade.*	*Gorey, Waldron, Lappin*
24	**115**	*A clinical conundrum in the management of nausea: The importance of considering neuroleptic malignant syndrome*	*Minogue, Lannon, Brassil, Waldron*
25	**118**	*A case of a person with QTc prolongation and collapse associated with methadone*	*Ryan, Colleran, Sheehy, Skeffington*
26	**122**	*Management of intractable bone pain in metastatic renal cell carcinoma: a comparative case study*	*Ruttledge, Gregg, O'Leary*



№	ID	Poster Title	Authors
		Research	
27	1	*A Case of Central Anticholinergic Syndrome Secondary to Hyoscine Hydrobromide Causing Severe Terminal Agitation*	*Murphy, Waldron, Kennedy, Molony*
28	6	*"What if your last breath could be breathtaking?": Connecting people to parks and nature in palliative care*	*Jakubec*
29	7	*Oral symptom assessment tools in patients with advanced cancer: a scoping review*	*Cleary, Davies, Munelly, Mulkerrin*
30	12	*Falls Risk Management: A Person Centered Approach*	*McGirr, O'Leary, Connolly*
31	13	*Examining Mobile Digital Education Readiness of the Specialist Palliative Care Multidisciplinary Team.*	*Leahy*
32	18	*The Role of Palliative Care in Patient's with Glioblastoma Multiforme: A Single Centre Review*	*Ni Nuallain, McGarry, McQuillan, McAleer*
33	23	*Collaborative working to address the palliative care needs of patients with End Stage Kidney Disease*	*McCarthy, Clifford, Clarkson, Mazur, Dennehy, Miranda, Dorgan*
34	36	*A retrospective review of 55 patients with cancer receiving venous intervention for secondary lymphoedema.*	*Murphy, O' Malley, O' Sullivan, Mannion, Waldron*
35	44	*Community pharmacists' opinions on their palliative care education needs: A qualitative study*	*Flannery, Carmichael, Bermingham, Murphy*
36	45	*Reflections on re-designing a hospice*	*Colleran, Rose, Roberts, Knowles, Hanlon, MacDonald*
37	46	*Going Home – multidisciplinary collaboration supporting a journey from ICU to compassionate extubation at home.*	*Murphy, Goonan, McDaid, McNicholas, Lyons, Lavelle, Tavares, Burke, McGrath, Garland, Kennedy, Beatty*
38	51	*Comparison of a novel methadone rotation method with other commonly used methadone rotation methods*	*Cunningham, DiBiagio, O'Connell, Flannery, Cronin, Kiely, Lowney*
39	54	*Nurses' experiences of barriers and facilitators in providing end-of-life care to nursing home residents*	*Bolger, Carey*
40	62	*Title: Early satiety in cancer: a scoping review of an orphan symptom*	*O'Donoghue, Barrett, Doyle, Walsh, Conlon*
41	66	*Assessing the Effect of Pre-Discharge Clerking on Referrals to a Community Palliative Care Team*	*Kruger, Howard, Ryan*
42	69	*The development of an Interdisciplinary palliative rehabilitation programme for ambulatory patients under the care of a Specialist Palliative Care (SPC) service.*	*Cahill, McGirr, Coyle*
43	76	*An Investigation of the Use of Online Knowledge Management Tools and Interprofessional Learning (IPL)Workshops to Assist with Role Delineation and MDT Cohesion Within the South East Palliative Care Centre*	*Troy*



№	ID	Poster Title	Authors
44	**78**	*A Case of Subcutaneous Esomepraozle Infusion with Added Low Dose Dexamethasone for Infusion Site Skin Reactions*	*Donnellan, Walsh, Marshall, Lloyd, Lowney, Murphy*
45	**80**	*Continuous Subcutaneous Esomeprazole Infusion for Management of Gastrointestinal Symptoms – A Case Series in an In-patient Hospice Setting*	*Donnellan, Walsh, Marshall, Lloyd, Lowney, Murphy*
46	**81**	*Documenting Dying: Language Use in Hospital at End of Life*	*Lannon, Waldron*
47	**85**	*What do non consultant hospital doctors want to know about palliative care?*	*Skehan, Featherstone, Doolan, McQuillan*
48	**87**	*Consultant cardiologists' attitudes regarding the role of palliative care in the management of patients with chronic heart failure*	*Gregg, Lowney, Kiely*
49	**88**	*The investigation and treatment of anaemia – a survey of Palliative Medicine consultants.*	*Kennedy, Lee, Murphy, O'Leary, Houstoun, Gilligan, Kiely, Lowney*
50	**89**	*Introducing Early Palliative Care to an Integrated Specialist Palliative Care Model in Ireland*	*Ryan*
51	**95**	*Palliative care patients' experience of virtual 'EMPOWER', an Occupational Therapy (OT) self-management anxiety group programme*	*Boland, Donnelly, Connolly*
52	**102**	*Documentation of triggers for referral to Specialist Palliative Care from NCEC guidelines in COPD patients.*	*Riyami, McQuillan, McAleer*
53	**103**	*Ethnicity Equality monitoring in a palliative care service: a retrospective case note review*	*Lee, McQuillan*
54	**105**	*Alcohol and substance use screening on referral to a palliative care service: a retrospective review*	*Lee, McQuillan*
55	**107**	*Anticipatory Prescribing within a Community Specialist Palliative Care Service*	*Stodart, O'Reilly, Murphy*
56	**108**	*When your patient is dying" - Evaluating the impact of a palliative care education workshop for interns on self-reported competence in generalist palliative care.*	*Brassil, Minogue, Wallace, Beatty, Mongan*
57	**109**	*Community Pharmacists' Involvement in Anticipatory Prescribing and Return of Unused Medications*	*Stodart, O'Reilly, Murphy*
58	**113**	*Local Guidelines on Diabetes Management at End of Life – A Quality Improvement Project*	*Mc Carthy, Murphy, Zia, Ryan, O'Shea, Ní Laoire*
59	**116**	*Supporting paediatric community palliative care assessment; a paediatric palliative care proforma*	*Kelly, McAleer, Allen, Mallett*
60	**119**	*Review of Admissions to a Specialist Palliative Care Inpatient Unit with Gynaecological Malignancy*	*Cunningham, Deane, Dennehy*



BMJ Supportive and Palliative Care holds an inclusive view of supportive and palliative care research and connects all disciplines in the research internationally. BMJ SPCare publishes articles with relevance to clinical practice and clinical service development quarterly in print and continuously online. We wish to engage the many specialties and roles that do clinical work associated with supportive care and palliative medicine, as well as those not traditionally associated.

The IAPC have teamed with BMJ SPC for the last two years where the winner of the platform presentation is invited to submit their research (where appropriate) and have it published by BMJ SPC. This is a prestigious award and we are grateful to Dr. Declan Walsh for continuing to support this initiative.

Workshop 1

9th February 16.00pm – 17.00pm

Topic: **The importance of patient and public Involvement in Palliative Care Research**

Chair: *Dr. Mary Kennedy*

Presenter: *Prof. Veronica Lambert, Head of School, School of Nursing, Psychotherapy and Community Health, DCU*

Prof. Veronica Lambert

Prof. Veronica Lambert is Full Prof. of Children and Family Nursing at Dublin City University. Veronica leads on children and family focused research with specific interest in understanding the experiences of children and families living with childhood long-term health conditions around child and family communication, shared self-management responsibilities, and psychosocial wellbeing and illness impact on the child and family. More recently, Veronica's interests have expanded into children's palliative care. She is currently principal investigator on a Higher Education Authority North South funded study to co-produce a decision-making framework for planning the place of end-of-life care for children, young people and their families on the island of Ireland. She is also principal investigator on a Health Research Board Applied Partnership Award, in partnership with Barretstown Children's Charity, for a study entitled 'Memory-making through therapeutic recreation for families of children with life-threatening conditions receiving palliative care at home: Adaptation of a digital storytelling legacy intervention.' Veronica is the Health Research Board- Irish Research Council Public and Patient Involvement Ignite Network Lead for DCU.

Workshop 2:

16th February 16.00pm – 17.15pm

Topic: **Updates and Overviews in Paediatric Palliative Care**

Chair: *Dr. Stacey Power*

Presenters: **Specialist palliative care consultants at St. Luke's Radiation Oncology Centre, Rathgar:**


Dr. Maeve O'Reilly


Dr. Marie Twomey

Dr. Maeve O'Reilly is a consultant in palliative medicine in the St. Luke's Radiation Oncology Network and CHI@crumlin. She has a special interest in children's palliative care and in the development of PPC services in Ireland. She is a member of the Education Committee set up following the Bee Wee report.

Dr. Marie Twomey is a consultant in palliative medicine in the St. Luke's Radiation Oncology Network and CHI@crumlin. She has a special interest in children's palliative care and in the development of PPC services in Ireland. She is a member of the Governance Committee set up following the Bee Wee report.


Dr. John Allen


Valerie Jennings


Imelda Hurley

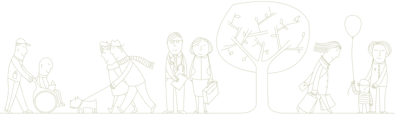

Caoimhe Wade

Paediatric palliative care team at Children's Health Ireland, Crumlin:

Dr. John Allen, MB, BCh, BAO, PhD, MRCPCH, Locum consultant in Paediatric Palliative Care, CHI at Crumlin

Dr. John Allen obtained his medical degree from University College Cork in 2009. He completed his paediatric Higher Specialist Training with the Royal College of Physicians in Ireland in 2019. During his paediatric training, he developed a particular interest in caring for children with neurodisability and palliative care needs. Dr. Allen is an active researcher, with a particular interest in advancing knowledge regarding the issues faced by children with Severe Neurological Impairment and their families. He has recently completed his PhD, entitled "SERENITY: SEveRE Neurological Impairment and children with medical complexiTY", with Trinity College Dublin, with a focus on definitions, multi-organ dysfunction, inflammation, immune function and family wellbeing. He enjoys teaching and, alongside his research, worked as an Assistant Prof. in Paediatrics for Trinity College from 2018 to 2021, during which time he also completed a Special Purpose Certificate in Academic Practice. He is also interested in post-graduate medical education and has facilitated paediatric palliative care study days and seminars for trainees on the Paediatric Basic and Higher Specialist Training schemes. He is currently working as a Locum Consultant in Paediatric Palliative Care in Children's Health Ireland at Crumlin.

Paediatric Palliative Care Clinical Nurse Specialists, **Valerie Jennings**, **Imelda Hurley** and **Caoimhe Wade** are paediatric palliative care clinical nurse specialists based in CHI Crumlin, providing support to children and their families in both the inpatient and outpatient setting.



Workshop 3:

23rd February 16.00pm – 17.00pm

Topic: The National Office for Research Ethics Committees - ethical insights and learnings

Chair: *Dr. Hannah Linane*

Presenters: *Dr. Emily Vereker*
Dr. Susan Quinn

Dr. Emily Vereker

Dr. Susan Quinn

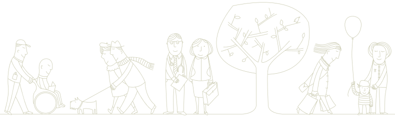
National Office for Research Ethics Committees:

Dr. Emily Vereker is the Head of National Office for Research Ethics Committees in Ireland and has oversight of a high performing professional team that underpins the national system for research ethics review, now an integral component of the Irish infrastructure for health research.

Prior to taking up this interim role, Emily joined the Health Research Board in January 2019 as Programme Manager of the Secretariat to the Health Research Consent Declaration Committee, a statutory body appointed by the Minister for Health under the Health Research Regulations.

Prior to her career in health research regulation, Emily was the Senior Patents and Licensing Manager in Trinity College Dublin, with specific case management role in life sciences. She gained over 10 years of experience in intellectual property portfolio management, technology commercialisation and collaborative academic-Industry agreements. Prior to working in technology transfer, Emily spent over 5yrs as a Postdoctoral researcher at the Montreal Neurological Institute, McGill, Canada. She is a graduate of National University of Ireland, Maynooth and received her doctorate from Trinity College Dublin.

Dr. Susan Quinn is the Programme Manager for the NREC Clinical Trials (NREC-CT) at the National Office for Research Ethics Committees in Ireland. As a senior member of the National Office team, Susan manages the processes and procedures that underpin the national system of research ethics review. Susan brings a wealth of experience to the National Office with over 10 years as a scientific researcher and research manager, including at the Health Research Board, the Irish Cancer Society and Trinity Biomedical Sciences Institute. Susan developed a strong interest in supporting research and clinical trials in Ireland with an emphasis on communication, transparency and Public and patient involvement (PPI) in research. Susan holds a BA (Mod) in Biochemistry with Immunology from Trinity College Dublin, and completed her PhD at Trinity, with a year spent on secondment to Monash Institute of Medical Research, Melbourne Australia.



A message from the Chair of the Irish Association for Palliative Care

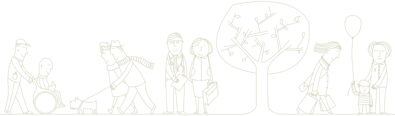
Dr. Hannah Linane

The theme of this year’s Education and Research Seminar, “Fás agus Fobairt” (Growth and Development), reflects an exciting phase for the Irish Association for Palliative Care. The organisation is constantly evolving and is focusing on the exploration and cultivation of activities that will best serve our multidisciplinary membership.

The Education and Research Forum continues to represent an opportunity for learning and strengthening of collegial relationships amongst those providing palliative care across Ireland. It provides an opportunity to showcase the hard work being carried out by teams and individuals to support the growth, development and improvement of services for patients and staff.

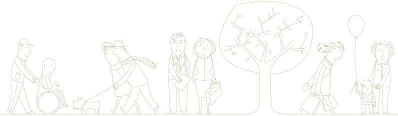
I speak on behalf of the board when I extend our gratitude for your ongoing dedication and hard work and for your ongoing support of the organisation.

Dr. Hannah Linane,
Chairperson of the IAPC.



Board Members of Irish Association for Palliative Care 2022/23

Dr. Hannah Linane	*Chair IAPC, Fellow in Adolescent and Young Adult Palliative Medicine, Children's Health Ireland, Dublin*
Ms. Bettina Korn	*Vice Chair IAPC, End-of-Life Care Coordinator, St. James's Hospital, Dublin*
Dr. Ciara McGrath	*Secretary IAP, Post CSCST Fellow in Telehealth in Palliative Medicine, Marymount University Hospital and Hospice*
Dr. Maria Walsh	*Treasurer IAPC, SpR in Palliative Medicine, Marymount University Hospice, Cork.*
Ms. Julie Goss	*Advanced Nurse Practitioner, Our Lady's Hospice and Care Services, Dublin.*
Dr. Lauren Boland	*Senior Occupational Therapist/Lecturer, St. Francis Hospice Dublin.*
Ms. Liz O'Donoghue	*Referrals Development Coordinator, LauraLynn Children's Hospice, Dublin.*
Dr. John Allen	*Consultant in Paediatric Palliative Care, Children's Health Ireland at Crumlin*
Dr. Daniel Nuzum	*Pastoral Care and Education, Cork University Hospital and Marymount University Hospital and Hospice , Adjunct Lecturer, College of Medicine and Health, University College Cork.*
Dr. Cliona Lorton	*Consultant in Palliative Medicine, Our Lady's Hospice and Care Services, Wicklow Hospice, Co. Wicklow.*
Ms. Lasarina Maguire	*Night Nurse, Irish Cancer Society, Dublin.*
Dr. Stacey Power Walsh	*Assistant Prof. at University College Dublin.*
Eimear O'Dwyer	*Chief Pharmacist, Our Lady's hospice and Care Services, Dublin.*



IAPC Education and Research Forum Members 2022/2023

Dr. Claire Kruger	*Chair IAPC, Registrar Milford Hospice, Limerick*
Dr. Stacey Power Walsh	*Vice Chair IAPC, Assistant Prof. at University College Dublin.*
Dr. Eileen Courtney	*Secretary IAPC, Assistant Professor, School of Nursing, Psychotherapy and Community Health, Dublin City University*
Ms. Fiona Woods	*Head of Clinical Education, LauraLynn Ireland's Children's Hospice, Dublin.*
Dr. Helena Myles	*Locum Consultant in Palliative Medicine, Milford Care Centre, Limerick*
Mr. Tony Hoey	*Assistant Director of Nursing, Cork University Hospital, Cork.*
Dr. David Murphy	*Palliative Registrar, Galway University Hospital.*
Dr. Una Molloy	*Advanced Nurse Practitioner, PhD . Community Palliative Care St. Francis Hospice*
Dr. Felicity Hasson	*Senior Lecturer, School of Nursing and Paramedic Science Ulster University*
Dr. Mary Kennedy	*Specialist Registrar in Palliative Medicine, Our Lady of Lourdes Hospital Drogheda.*
Dr. Thomas Cahill	*Palliative Medicine Registrar, South East Palliative Care Centre and University Hospital Waterford*
Dr. Maeve Brassil	*Registrar in Palliative Medicine, Galway University Hospital*
Dr. Kyle Taheny	*Palliative Care Registrar, Our Lady's Hospice and Care Services, Harold's Cross, Dublin.*
Dr. Sophie Gregg	*Registrar, University Hospital Waterford*
Orlaith Martin	*Clinical Specialist Occupational Therapist, Our Lady's Hospice and Care Services.*
Dr. Kate Coleman	*Registrar in Palliative Medicine, Mater Misericordiae University Hospital and St. Francis Hospice, Dublin.*
Ray Elder	*Strategic Lead Palliative Care, and Haematology, South Eastern HandSC Trust, Belfast*
Shelbi Baby	*CNM 1. St. Francis Hospice Blanchardstown.*
Frances Neville	*CNM3, Laois/Offaly Specialist Palliative Care Team*

Staff of IAPC 2022/2025

Ms.Jacinta Cuthbert	*CEO, IAPC*
Ms. Cathy Herbert	*Accounts and Administration Officer, IAPC*
Mr. Stephen Cogan	*Communications and Digital Marketing Officer, IAPC*

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Government of Ireland

IAPC gratefully acknowledges the Scheme to Support National Organisations is funded by the Government of Ireland through the Department of Rural and Community Development 2022–2025.

HSE

IAPC gratefully acknowledgement HSE Primary Care funding under Services for Older Person January 2022 – December 2022.

HSF
The Hospital Saturday Fund

IAPC would like to gratefully acknowledge the funding received through the Hospital Saturday fund to support the 2023 Seminar.

BMJ

The IAPC have teamed with BMJ SPC for the last two years where the winner of the platform presentation is invited to submit their research (where appropriate) and have it published by BMJ SPC. We will continue to work with BMJ SP for 2023. This is a prestigious award and we are grateful to Dr. Declan Walsh for continuing to support this initiative.

IAPC

Irish Association For Palliative Care

A Collective Voice for Palliative Care in Ireland since 1993

Established in 1993 as an all-island body with the purpose of promoting palliative care nationally and internationally, the Irish Association for Palliative Care (IAPC) is a multidisciplinary membership non-government organisation. The intention of the founders was that IAPC would be identified by its inclusiveness and would encompass the whole island of Ireland.

The IAPC membership reflects the entire spectrum of all those who work in or have a professional interest in the provision of palliative care. This includes doctors, nurses, social workers, chaplains and pastoral carers, pharmacists, psychologists, physiotherapists, occupational therapists, dietitians, as well as executive staff, academics and educators. Membership also includes clinicians and allied health professionals working in related areas such as geriatrics, oncology, psycho-oncology, paediatrics, and pain management.

The IAPC is organised around a number of working groups designed to create forums aimed at promoting best practice, professional development, research and learning in palliative care.education and research.

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www.iapc.ie for more information and on-line membership application

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