

malaise, and a two-week history of generalized body rash. The rash rapidly progressed, leading to painful cutaneous exfoliation with mucosal erosions consistent with SJS/TEN. Despite use of intravenous ketamine, methadone, and a hydromorphone patient-controlled analgesia device, the patient's clinical course continued to deteriorate rapidly with increasing symptom burden. Our institution's policy on palliative sedation therapy was initiated to help mitigate patients' pain and suffering.

Results: The initiation of palliative sedation therapy markedly improved both pain and suffering for the patient while alleviating family distress.

Discussion: SJS/TEN is a highly morbid condition with high risk of mortality and can be associated with severe pain. Institutions practicing palliative care should have the option for having PST as a method of treatment for refractory symptoms. Further research is needed to facilitate judicious use in patients with SJS/TEN.

Virtual Reality technology for pain management in advanced cancer: A Cochrane review

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Background: People living with advanced (incurable) cancer often experience acute and chronic pain. Virtual Reality (VR) technology has the potential to help manage this. However, the varying study designs used in many interventions hinder comparisons and robust conclusions about its effectiveness. This creates challenges for healthcare providers in deciding whether to invest in VR.

Aim/Research question or hypothesis: To address these gaps, we are conducting a systematic review to assess the effectiveness of VR in reducing pain compared to alternative or no intervention for people living with advanced cancer.

Methods: Systematic review of interventions. We will search ten databases from inception to the present date. There will be no restriction on location or language. Randomised controlled trials (RCTs), including multi-arm, cross-over and cluster-RCTs and quasi-randomised studies will be included. All types of cancers will be included, as well as studies in any setting (hospital, hospice or community).

Results: Initial results will be available in early 2025 and will adhere to the Cochrane Handbook for Systematic Reviews. We will aggregate data on whether VR impacts:

Pain intensity
Adverse events
Psychological well-being
Physical symptoms
Quality of life

We will also report on the 'dose' (number and length of sessions) and type of VR used across studies.

Discussion: This systematic review aims to provide a comprehensive review of the effectiveness of VR interventions for managing pain in advanced cancer. By synthesising evidence from RCTs and quasi-randomised trials, we will offer healthcare providers a clear insight into the role VR can play in reducing pain in patients with advanced cancer. The findings will help inform decisions regarding the integration of VR into palliative care, as well as indicating possible optimum doses of VR to best benefit patients.

Management of pain in hospitalized patients with chronic disease

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Background: Pain is undertreated despite efforts to manage it as best as possible

Aim/Research question or hypothesis: Investigate the pain management in hospitalized patients with chronic disease.

Methods: The convenience sample for this comparative study consisted of adult patients with a diagnosis of chronic disease, in pain for at least the last three days, cognitive ability and consent to participate, who were hospitalized in a private clinic (January 2023-May 2023). Patients who underwent any major intervention including surgery in the past month were excluded. Patients completed the Greek version of Brief Pain Inventory- Short Form on admission day (T₁) and three days later (T₂). A higher score represents a poor pain outcome. The statistical significance level (p-value) was set at >95%.

Results: The sample was 36 patients (90% response rate). The mean age was 62.2 years. Cancer was the most common diagnosis (70.3%). Although, all patients reported pain on T₁, the main reason for admission was symptom management (64.4%), including at 23.4% pain. The abdomen (20.6%), whole body (17.6%) and chest (14.7) were the most common pain sites. Only one patient was receiving analgesics prior to T₁ (2.9%), and 52.9% started them at T₁. Paracetamol was the most frequently analgesic administered (73.5%). The mean Pain Severity score was moderate (T₁ 4.9±1.3 vs T₂ 4.3±1.2, p<0.001) and was statistically significant improved, despite mean moderate (55.6%±18.8%) relief on both measurements (p=1.000). Furthermore, mean Pain Interference score was moderate and did not change over time (T₁ 4.8±1.5 vs T₂ 4.5±1.6, p=0.120), although Pain Interference in "General Activity" (p=0.019) and "Sleep" (p=0.027) improved statistically significantly.

Discussion: Despite the research limitations, these results revealed that although the severity of pain in hospitalized patients improved, pain interference did not improve and that patients were moderately satisfied with pain medications. Further research is needed to investigate the quality of pain management in hospitalized patients.

Medical needs and barriers of adequate pain management of end of life cancer patients - Georgian experience

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Background: Meet medical needs and identification of barriers of quality care is one of the important issue on a way of quality palliative care organization in different countries.

Aim/Research question or hypothesis: The goal of the study – Improve quality of life of patients with cancer chronic pain in Georgia through evaluation of needs, availability and accessibility of opioids.

Methods: Questionnaire survey, analysis of patients, medical professionals, patients medical records and patients care givers were applied in the study. The statistical analysis of the created data was performed. The statistical data obtained within the study were checked and interpreted within the SPSS v28 and MedCalc 22.001 programs.

Results: The several problems associated with caregivers and difficulties with respect to clinical groups, problems with opioids prescription, dose selection, their availability and administration forms of opioids were assessed and included in data base along with medical problems. The 234 questioners were analyzed: 148 (63.2%) patients, 57 (24.4%) caregivers and 29 (12.4%) medical professionals. In accordance with the obtained material comparative analysis was performed, study results reliability was evaluated based thereof, wherein p value indicator was considered to be statistically reliable.

Discussion: Application of clinical groups in medical practice is provisional. Clinical group creates a barrier in adequate pain management, makes impossible to prescribe opioids to patients with medical means during anti-cancer radical treatment in case of strong pain; Clinical group fails to provide complete information on general condition of patient, quality of life. It is nor applied in accordance with international