

Methods: We designed a retrospective observational study looking at the frequency of laxative prescriptions in the inpatient population with cancer and on scheduled opioid therapy over a 4 consecutive month period. The primary outcome was the frequency, schedule and type of laxative prescriptions at the initiation of opioid therapy between a solid tumor oncology service (STOS) and an inpatient palliative medicine service (PMS).

Results: We found no differences in the percent of patients prescribed a laxative (80% PMS vs 82% STOS, $P = 0.72$) at the initiation of an opioid. The PMS had higher percentage of scheduled laxatives (88.2% PMS vs 69.2% STOS $p = 0.006$), used less docusate (41.2% PMS vs 64.1% STOS $p = 0.006$) and more senna (76.5% PMS and 52.6% STOS $p = 0.003$). The use of other laxatives was similar. With the addition of a palliative medicine consult (PMC), we saw a decrease in the number of patients prescribed PRN laxatives (0 % PMC vs 37.5 % STOS, $P = 0.006$) and an increase in senna use (92.9% PMC vs 43.8 % STOS, $p < 0.001$).

Conclusion: Based on these results it appears that both the STOS and PMS prescribe laxatives at the initiation of scheduled opioids at the same frequency; the difference is in the scheduling and type of the laxative. The PMS appears to prescribe more scheduled laxatives, less docusate and the addition of a PM consult appears to be associated with scheduling laxatives. It is unclear why these prescribing differences exist; however it appears that more education regarding types of laxative and scheduling the laxative with a scheduled opioid may be needed across both specialties.

P206

Insertion of Tunnelled Intra-abdominal Catheters for the Management of Malignant Ascites in Advanced/Palliative Cancers – A Clinical Practice Improvement Program, National University Cancer Institute, Singapore

Woon Chai Yong¹, Bernard BK. Wee²,
Siew Ping Lang¹, David SP. Tan¹

¹National University Cancer Institute, Singapore, Singapore

²National University Hospital, Singapore, Singapore

Objective: Malignant ascites is commonly treated with medication or drainage using a catheter. Our program aimed using the only approved tunnelled intra-abdominal catheter for ascites drainage at home in Singapore as full adaptation of the system in South-East Asia setting is unknown.

Methods: This was a quality improvement program conducted in a tertiary hospital from November 2015- May 2016. Using purposively sampling, patients with recurrent malignant ascites were recruited in the program.

Results: There were 7 females and 2 males recruited. The mean aged of the patient was 57 years old. The diagnosis of the patients were: 4 stomach cancers, 2 breast cancers, 1 lung cancer, 1 liver cancer and 1 pancreas cancer. All the tunnelled intra-abdominal catheters were successfully inserted at first pass. The mean duration of catheter is 52 days with minimum 8 days and maximum 211 days. The outcome measurement includes estimated 11 readmissions were avoided and 55 bed days saved. Average of two home visits were made by home care nurses to assess/reinforce caregiver competency and confidence caring for the catheter at home. Therefore, estimated cost saving for the patients from the bed days saved were \$30111. The occurrence of complications were 1 episode of post insertion bleeding at catheter exit site and catheter related infection.

Conclusion: Tunnelled intra-abdominal catheter is a cost effective in management of recurrent malignant ascites. However, more patients are needed to establish risk and benefit of this procedure as recurrent malignant ascites in patients not amenable to disease control treatment confers poor prognosis, hence this may result in shorter mean duration of tube and low number of recruitment.

Note: * 1 SGD is approximately 0.72 USD

Palliative Care for Underserved Populations

P208

Supporting Death, Dying and Bereavement in the English Criminal Justice System: An Exploratory Qualitative Study

Alison-Kate Lillie, Mary Corcoran, Sue Read, Sotirios Santatzoglou, Anthony Wrigley, Katie Hunt, Keele University, Keele, Staffordshire, United Kingdom

Objectives: This paper reports findings from an interdisciplinary, funded, small scale qualitative research study that aimed to explore bereavement support mechanisms within the Staffordshire, (UK) criminal justice system.

This is important because the bereaved are over-represented in the criminal justice system (Vaswani 2014). A



growing prison population, longer custodial sentences, and changes to parole procedures mean that the number of people reaching old age in UK prisons has increased significantly. Prisoners are an ageing population that increasingly confront death and bereavement whilst incarcerated (Moll 2013).

Methods: Semi-structured interviews (n=12) were conducted with multidisciplinary professionals who had experience supporting grief, loss and dying within the criminal justice system. One focus group (n=10) involving palliative care healthcare professionals (nurses and doctors) was also conducted. All data was thematically analysed. Data collection and thematic analysis was conducted by a multidisciplinary research team with legal, criminology and healthcare backgrounds.

Results: The 'management' of grief, bereavement and even death, was perceived as being secondary to security concerns. Civic loss, defined as 'the revocation of civil rights by a government, especially as a consequence of a felony conviction' (The Free Dictionary 2012), was consistently perceived as compounding the personal experience of loss and bereavement. Findings highlighted how vulnerability made it difficult for individuals to express emotions, maintain self-care and communicate with friends and family when bereaved. They also drew attention to how the physical, psychosocial and spiritual needs of the dying were constrained.

Conclusion: There is a lack of structured systematic support for the dying and bereaved in prisons. It will be argued that people who experience death, bereavement and loss within the criminal justice system should have access to a range of support options. This should be provided as a civil right based on equitable access, not from a utilitarian need to reduce offending behaviour.

P209

Palliative Care Content in Clinical Practice Guidelines for Dementia

Pamela Durepos^{1,2,3,5}, Abigail Wickson-Griffiths⁶, Afeez Abiola Hazzan¹, Sharon Kaasalainen¹, Vasilisa Vastis⁴, Lisa Battistella², Alexandra Papaioannou²

¹McMaster University, Hamilton, ON, Canada

²Geriatric Education and Research in Aging Sciences Centre, Hamilton Health Sciences Corporation, St. Peter's Hospital, Hamilton, ON, Canada

³Technology Evaluation in the Elderly Network, Kingston, ON, Canada

⁴Royal College of Surgeons, Dublin, Ireland

⁵Shalom Village, Hamilton, ON, Canada



⁶University of Regina, Regina, SK, Canada

Objectives: The prevalence of dementia is rising worldwide inciting the development of clinical practice guidelines (CPG) to improve quality of care. A holistic, palliative approach to care is integral to quality living. Our objective was to assess, report and recommend palliative content in dementia CPGs.

Methods: A systematic search of databases and grey literature was conducted for CPGs published in 2008 or later. Guidelines meeting inclusion criteria were assessed for quality using AGREE II. Data was extracted through organizational template analysis utilizing the Canadian Hospice Palliative Care Association (CHPCA) model, which describes eight domains of care. Content was assessed as absent, minimal, moderate or maximum.

Results: The search resulted in 2490 citations. Fifteen CPGs met inclusion criteria and eleven demonstrated high quality. Nine CPGs demonstrated maximum level of content surrounding physical, psychological and social care domains. Spiritual care was absent (three) or minimal (three) in CPGs. Content surrounding loss or grief was absent in six CPGs while end-of-life care was absent or minimal in seven CPGs.

Conclusions: The results of this review denote attention by CPG developers to recommendations surrounding spiritual, end-of-life care, and grief. The lack of content regarding grief represents a gap for this population at risk for complicated grief. Overall, the majority of palliative domains were addressed by the CPGs in this review. However, the domains lacking content are significant and challenge clinician attention. Despite improvements in physical management of the disease, dementia remains life-limiting and a palliative approach aims to improve quality of life and death.

P210

Developing Palliative Care Programs in First Nations Communities: A Workbook



Holly Prince¹, Kevin Brazil^{2,3}, Maxine Crow⁴, Verna Fruch⁵, Gaye Hanson¹, Mary Lou Kelley¹, Sharol Kohoko⁶, Jessica Koski¹, Luanne Maki⁷, Lori Monture⁵, Chris Musquash¹, Valerie O'Brien⁸, Kimberly Ramsbottom¹, Jeroline Smith⁶, Melody Wawia¹

¹Lakehead University, Thunder Bay, ON, Canada

²McMaster University, Hamilton, ON, Canada

³Queen's University, Belfast, Ireland

⁴Naothamegwanning First Nation, Pawitik, ON, Canada

⁵Six Nations of the Grand River, ON, Canada

⁶Peguis First Nation, MB, Canada

⁷Fort William First Nation, ON, Canada

⁸Six Nations Polytechnic, Ohsweken, ON, Canada