

PS 0565

Palliative Care

Experiences of Advance Directives at Clinical Field of Oncology in a Single Center

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Background: Late period of adolescents with terminal cancer would participate in end of life (EOL) issues decision-making to improve their quality of life, though they have their parents as legal decision makers. We studied to understand the attitudes and preference of Korean adolescents about EOL issues.

Methods: 16-17 years old healthy high school students (n= 238) in Korea were enrolled. Participants answered the questions eliciting views on EOL issues and indicating their position regarding hypothetical scenarios concerning physician assisted suicide (PAS). The questionnaire was developed based on previously published studies designed for survey adults' or college students' attitudes toward EOL issues. Data were analyzed with SPSS including Fisher's exact test.

Results: The vast majority (89.9 %) have thought about EOL issue; more females (94.9%) than males (83.0%) (P=0.004), and more Christians (95.3%) than those not having religion (87.1%) (P=0.036). Minority of the responders (23.9%) want to receive life-sustaining management when they become terminally ill, more males (31.0%) than females (19.8%) (P=0.032). Most students (85.1%) agreed to prepare advance directive. The responders considered the best timing for complete advance directives are; when terminally ill without hope of recovery (41.6%) > before getting sick, while healthy (21.0%) > first diagnosed as critical diseases (16.0%) > impending to death (11.8%). Responder's position with regard to PAS scenario differs depends on the patient's condition (P <0.001). Although 75.6% of responders agreed with PAS for terminally ill patients with uncontrollable pain, only 58.0% agreed with PAS for those patients without pain.

Conclusions: Most Asian adolescents have thought of EOL issue and did not want life-sustaining managements in terminal situation. Attitudes toward PAS changed depending on the patient's situation.

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Palliative Care

Impact of Outpatient Palliative Care Referrals on Symptom Burden in Patients Who are Seen in Genitourinary Medical Oncology Clinic (GUMOC): Retrospective Analysis at an American Comprehensive Cancer Institute

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Background: Many cancer patients with genitourinary (GU) cancer suffer from uncontrolled symptoms. We assessed the impact of specialist palliative care clinic (PCC) referrals on symptomatology of patients seen in our institute's GUMOC.

Methods: 239 consecutive patients were collected from a retrospective review of GUMOC records in Roswell Park Cancer Institute from 12/1/2013 to 2/28/2014. Patients were divided into 2 arms: Arm A= GUMOC patients referred to PCC; Arm B= GUMOC patients not referred to PCC. 37 additional eligible patients were collected from review of PCC records over 9/1/2013 to 2/28/2014. Total 276 patients were divided into Arm A (n=49), and Arm B (n=227 patients). Data for baseline symptom score and 4-week follow up symptom scores were collected. Chi square test and T-test were used for statistical analysis.

Results: Baseline symptoms, ECOG status (2-3) and cancer stage (locally advanced or stage 4) were more advanced in the Arm A vs. Arm B (p=0.02, p<0.01, p<0.01 respectively). On comparing the symptom score change from baseline to 4-week follow-up, significant improvement occurred in Arm A (vs. Arm B) in pain, nausea, depression, anxiety, drowsiness, anorexia, well-being, dyspnea, and mean score (P <0.01 for all).

Conclusions: GU cancer patients who are referred to PCC from medical oncology clinic have significant decrease in distressing symptoms. Standardized tools including disease severity and symptom intensity should be developed to guide PCC referrals. Routine use of these tools may help selecting patients who will benefit the most from PCC referral.

PS 0567

Palliative Care

Palliative Care Services for Cancer Patients in Bangladesh – Current Situation and Challenges

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Background: Palliative care is a major priority in cancer care strategy as it provides compassionate support both for the patients and their families. The aim of the present study was to observe the current situation of palliative care services in Bangladesh and its challenges.

Methods: A survey was done between November 2013 and April 2014 in oncology units of different public and private hospitals in Dhaka city of Bangladesh, based on a semi-structured questionnaire. A total of 600 respondents including physicians, nurses, caregivers, hospital managers and relatives who deal with cancer patients took part in this survey. Queries addressed are access to treatment, availability of drugs, palliative care, pain management, cost of treatment, quality of care and perceived challenges.

Results: Difficulty in access to treatment (86%), out-of-pocket payment for oncology therapies (88%), palliative care (91%) were evident. 93% reported that availability of specialized palliative care services, pain management and psychological plus decision-making support were inversely related to income level. Overall, 96% of respondents indicated that palliative care is important for their patients and 79% indicated that they were competent to provide this care; however, only 64% indicated that they had enough time to deliver quality palliative care. Challenges include less availability of facility, high cost, limited and inefficient manpower, low quality of care, less communication between health professionals and parents/family members of the patient.

Conclusions: In Bangladesh, resource-strained oncology units have been set up in different public hospitals along with few private hospitals. However, this survey revealed that many of the patients lack access to quality palliative care. Effective palliative care requires establishment of more facilities with cancer registry, availability of drugs for therapies and pain management, manpower development, communication with patients and families in decision-making.

PS 0581

Psychiatry

Clinical Characteristics and Outcome in a Series of Patients with Psychogenic (conversion) Movement Disorder in a Neuropsychiatry Clinic

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Background: Medically unexplained neurological symptoms (MUNS) constitute about 30% of patients attending neurology outpatients clinics. These patients are challenging both in terms of diagnosis and management. About 5.6% of these patients will receive a diagnosis of conversion disorder, of which 0.3% will have various forms of psychogenic movement disorders (PMD). Further, it has been shown that more than 90% patients with PMD remain chronic and a significant number of such patients have other psychiatric comorbidities. The objectives of this study were to evaluate the pattern of neuropsychiatric referrals by neurologists to a neuropsychiatry outpatients clinic and to specifically look at the clinical characteristics and outcome of patients with PMD in a series of cases.

Methods: Retrospective case record reviews of neuropsychiatric patients over a period of 2 years (2010-2012) seen at the Canberra hospital neuropsychiatric clinic. Diagnosis of PMD was according to the criteria of Fahn and Williams.

Results: A total of 73 patients were seen during the period. There were 47 female and 26 male patients. Forty (55%) patients had MUNS, 25 (34%) had a neurological disorder a psychiatric disorder, and 8 (11%) had chronic headache. The mean age of patients with MUNS was 44 years and they were much younger than the other two groups. Of the 13 cases with PMD, outcome data were available in 9 cases. As predicted, psychiatric comorbidity was high in these patients and all patients were symptomatic at follow up. However, 7 patients regained adequate functions with neuropsychiatric interventions at follow up, which included psychotherapy, antidepressants, and physiotherapy.

Conclusions: We conclude that in a selected series of cases, despite the persistence of symptoms, adequate global functioning was achieved in a number of patients with neuropsychiatric interventions.