# Frailty Best Practice Conference – a hospice case study

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# Introduction

- Palliative frailty and how its measured
- Complex patient case study
- Data
- Outcomes of hospice management
- Service user video

# Palliative Frailty (in under 65's)

- **Understanding Palliative Frailty**

Palliative frailty in under 65s involves complex physical, psychological, and social decline requiring a shift from cure to comfort focused care.  Frequently overlooked due to age and acceptance of palliative diagnosis.

- **Challenges in Care**

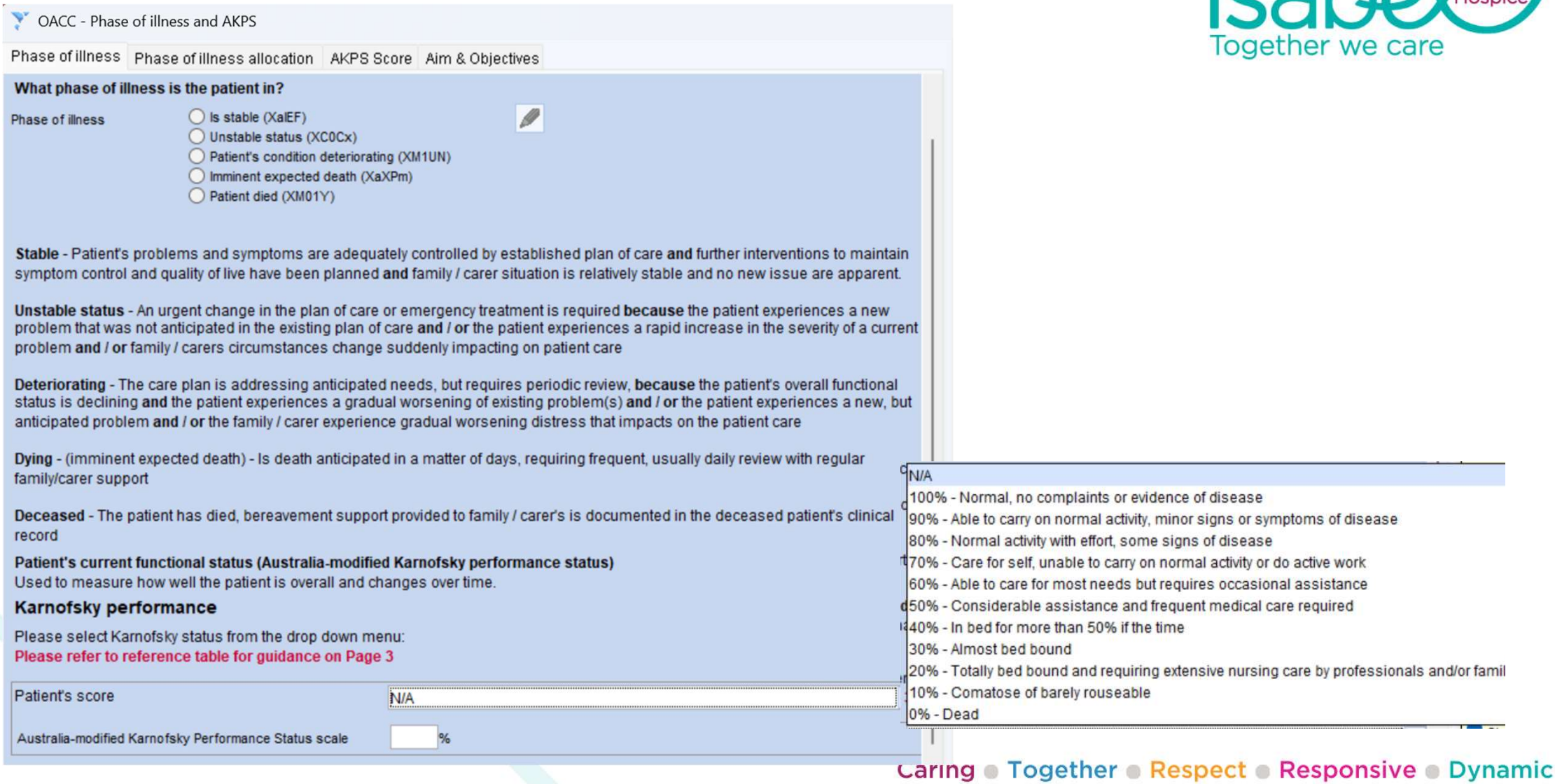
Younger adults face fluctuating health and difficulty accessing services designed for older or single-diagnosis patients. Delays in accessing services.

- **Hospice Support**

Hospices provide holistic, person-centered care improving symptom control, dignity, and reducing hospital admissions.

Recognizing unique challenges under 65 is vital to provide care that respects life stage and personal goals.

# OACC framework



# Complex patient case study

- 61y.o male
- Adenocarcinoma of rectum; Stoma in situ, mets to pelvic wall, attached to bladder,  peritonium and lung .
- Long standing history of back pain , previous back surgery, repeated spinal root injections , used to high doses of opioids for pain management.
- Referred June 2024 – for symptom management. At point of referral on a syringe driver with Morphine 20mg, Buscopan 40mg, Haloperidol 2mg.
- “Swigging” from bottle of Oromorph.

- **What is important to the patient** – To get better and on with the remainder of my life Main issues Pain – abdominal and rectal
- Unable to tolerate NSAIDS or Gabapentin
- Socially – lives with wife, has 2 daughters locally. Previously landscaped gardener stopped 12yrs ago.

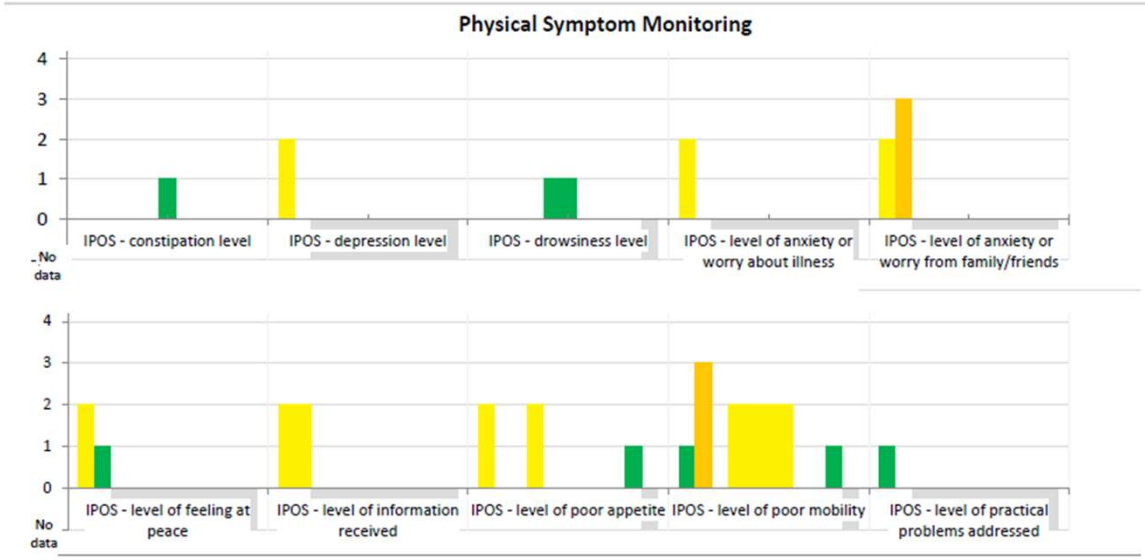
Under Isabel Hospice care:

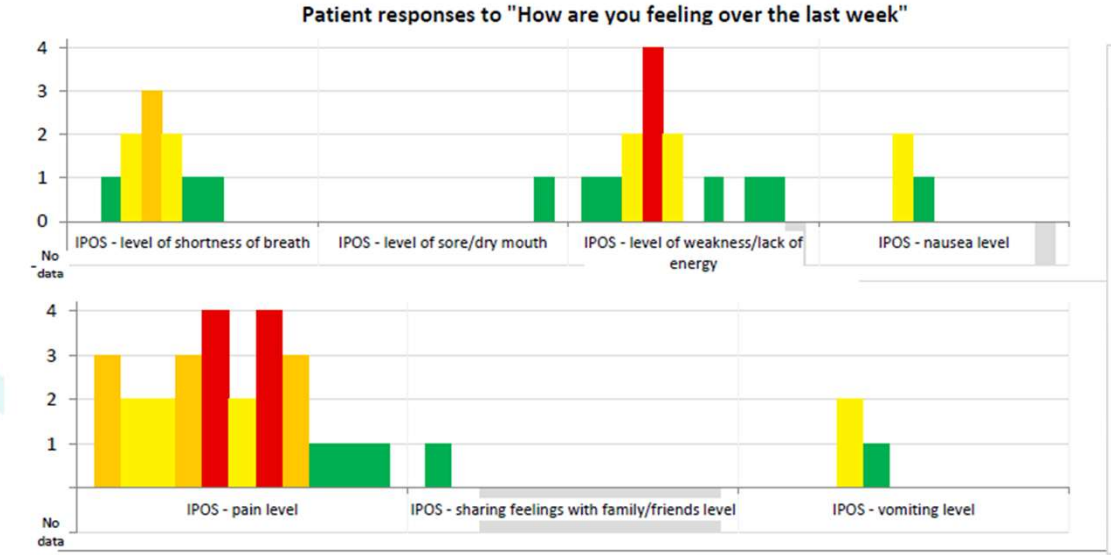
10th June 2024 -16 September 2024

10 October 2024 – 10 July 2025

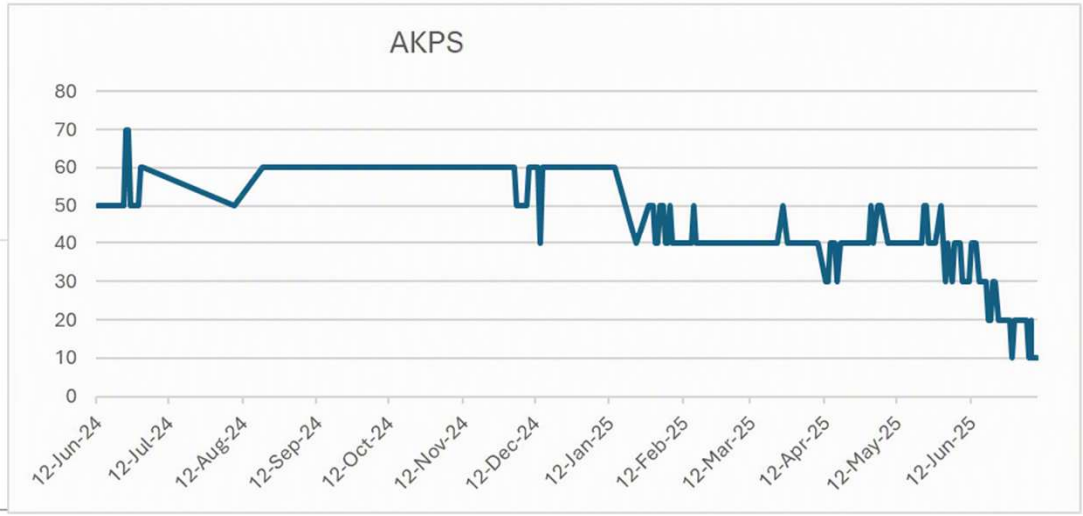
Admission to IPU 3 December 2024 – 20th December 2024

Services utilised Hospice at Home, Clinical Specialists, Palliative Doctors, HCA telephone caseload, Therapy Team, Family Support.




Outcome measures showing symptom assessment and Changing AKPS over time.

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# How did Hospice at Home support patient

**Support offered**

- To manage complex symptoms requiring frequent medication changes
- To provide psychological support
- To provide practical advice re diet, skincare, bowel care
- To provide advice and psychological support to wife and daughters
- To provide support at the end of life

# Complex symptom control

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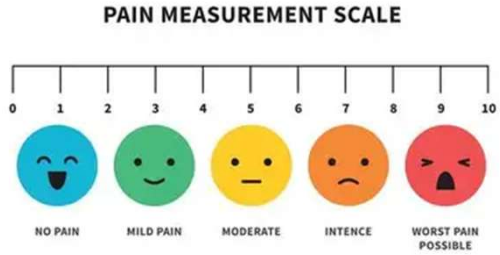
Complex pain management :




**Challenges**

- Patient had different pains, pain changing as diseased progressed
- Pain not fully opioid sensitive
- Patient allergic to gabapentanoid and amitriptyline not effective
- Patient developed fistula in bowel ? Absorption
- Patient had longstanding back pain and had been used to high dose medication

# Challenges

- Complex medication regime
- Frequent changes in medication and doses
- Using Ketamine in community, site reactions and monitoring for adverse side effect and managing side effects
- Risk of opioid toxicity
- Ongoing management via syringe pump(s)
- High tolerance to medications
- High doses of medication via 2 syringe pumps

# Other symptoms

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- Nausea and vomiting
- Intermittent bowel obstruction
- Frequent loose bowels from rectum causing burning rectal pain plus painful skin
- Difficulty passing urine due to tumor being tethered problems with retention
- Poor sleep due to frequent passing of loose motion via rectum with no control
- Psychological distress, low mood

# Other support

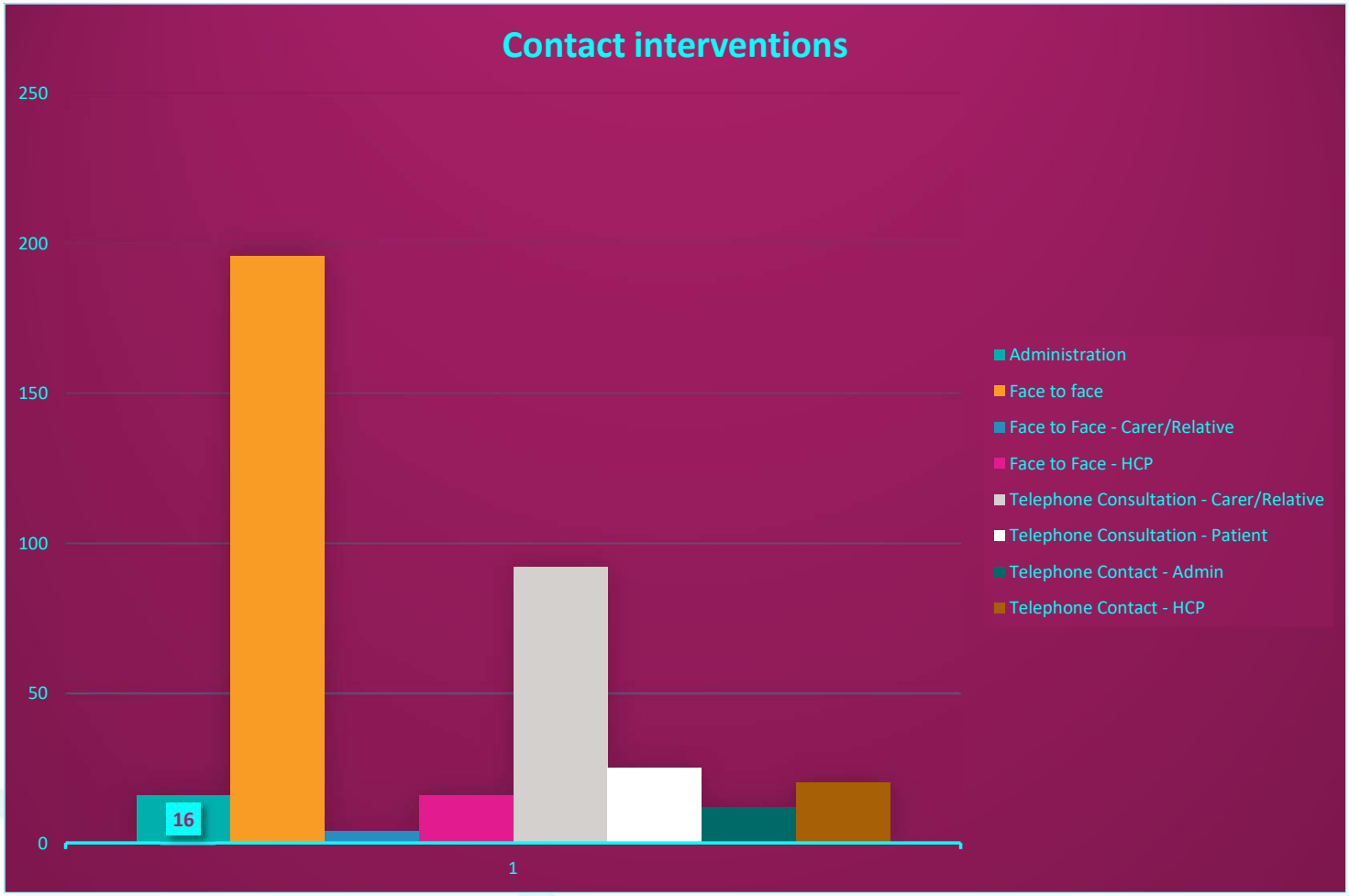
**Support for wife to enable her to care for patient by:**

- Providing information re diet
- Re symptom control and medication management
- Practical advice re skin care
- Psychological support  ongoing and throughout dying phase

**Personal care**

Supporting wife in last weeks of life.

# Contact data




**196 Face to face home visits from hospice team**

**18 days in IPU**

# Is supporting the under 65's any different?

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**Supporting Autonomy**

**Maintaining Family Roles**

**Enhanced Symptom Control**

**Emotional Support and Security**

# Impact on families and carers

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- **Education and Practical Guidance**
- **Professional Support and Connection**
- **Emotional and Psychological Care**
- **Bereavement Support**

# The outcomes of Hospice management

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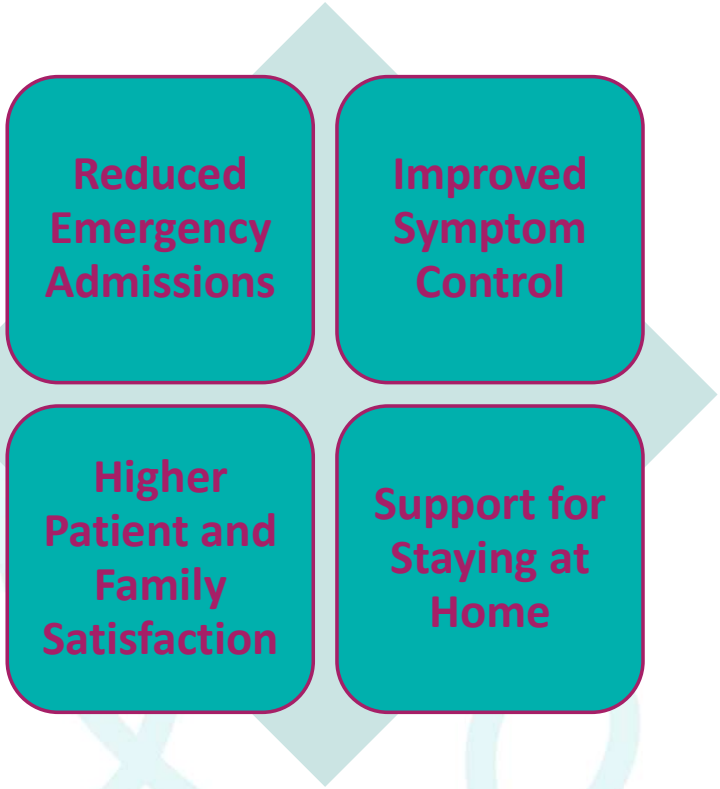


- Complex Needs in Palliative Frailty
- Role of Community Hospice helps to provide holistic support
- Benefits of Early Recognition


18+ GambleAware

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"How people die remains in the memory of those who live on."

Dame Cicely Saunders

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