

## ABSTRACTS FOR POSTER COMPETITION

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C01	Symptoms Prevalence In Cancer And Non-Cancer Patients Under Palliative Care In Ummc.
C02	Quality Improvement Project on Integrated Palliative Care in Heart Failure Service in Oxford University Hospital (OUH)
C03	Withdrawn
C04	Utilising Integrated Palliative Care Outcome Scale (IPOS) to assess symptom burden among patients in a palliative care service in Malaysia.
C05	4-year trend and characteristics of Terminal Discharge in a palliative care unit: A retrospective Study
C06	Abstract Title: The Influence of Quality of Life to engage in Advance Care Planning in Breast Cancer Patients.
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C08	Opioids Utilisation in Palliative Care Patients with Cancer in a Tertiary Palliative Care Setting
C09	Advance Care Planning in Malaysia: Insights into the Knowledge and Attitudes of Older Adults
C10	Withdrawn

## **Symptoms Prevalence In Cancer And Non-Cancer Patients Under Palliative Care In Ummc.**

*Felicia Francesca<sup>1</sup>, Sheriza Izwa Zainuddin<sup>1,2</sup>*

<sup>1</sup>University of Malaya Medical Centre, KL, Malaysia

<sup>2</sup>Dept. of Medicine, faculty of Medicine, University of Malaya, KL, Malaysia

*Corresponding Author's e-mail: felizia0311@gmail.com*

### **Background:**

Symptom prevalence in cancer and non-cancer patients in Malaysia has never been explored. This study will improve symptom management and enhance patients' quality of life (QoL).

### **Objectives:**

The primary objective is to identify the most common physical symptoms, psychological symptom and the most common activity level impairment in cancer and non-cancer patients.

Secondary objectives are to compare symptom burden between cancer and non-cancer patients and to identify the association between demographic data and symptom burden (physical distress, psychological distress and activity level impairment) in both groups.

### **Methodology:**

All cancer and non-cancer patients who attended palliative care outpatient clinic, referred to palliative care team (PCT) in ward and admitted to the palliative care ward were approached and those who fulfilled the inclusion criteria were recruited for this study. The Rotterdam Symptom Checklist (RSCL), a validated questionnaire was used to assess the frequency of 23 physical symptoms, seven psychological symptoms and the level of impairment in eight activities in both groups. Participant information sheet was given and consent was taken. The questionnaire was distributed directly to the participants and was self-administered. The data including demographic data was recorded and analysed using SPSS version 26.

### **Results:**

Altogether, 150 patients were involved in the study. The most common physical symptoms in cancer patients were decreased sexual interest (n=75,100%), whereas in non-cancer patients it was shortness of breath (n=15,20%).

As for psychological symptoms, the most common symptoms were worrying and irritability for cancer patients (n=75,100%) and for non-cancer patients, they were despairing about the future and anxiety (n=2, 2.7%). The most common impairment in activity level in the cancer category includes going to work, walk out of doors and climbing stairs. (n=74,98.67%) respectively. As for non-cancer patients, the most common activity level impairment with (n=3,2.67%) each are going shopping, walking out of doors and heavy housework. Cancer patients report higher symptom burden compared to non-cancer patients.

Cancer and non-cancer patients who were treated under palliative care longer have lesser physical distress and activity level impairment as well as reduction in psychological distress.

Patients with low income, in both groups report higher psychological and physical distress compared to those with higher income.

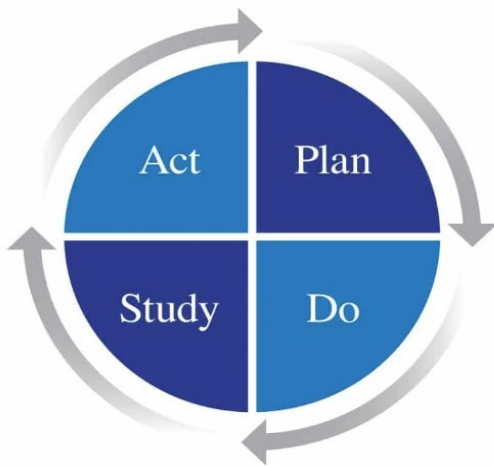
Older non-cancer patients have higher activity level impairment.

### **Conclusion:**

Symptom recognition is important for symptom management. Early referral to Palliative care would help manage symptoms better and improve QoL.

### **Key words:**

Cancer, Non-cancer, Symptom prevalence.



## Quality Improvement Project on Integrated Palliative Care in Heart Failure Service in Oxford University Hospital (OUH)

*Yoke Yeng Leong<sup>1</sup>, Bee Wee<sup>2</sup>*

<sup>1</sup>Radiotherapy, Oncology and Palliative Care Department, Sarawak General Hospital

<sup>2</sup>Department of Palliative Medicine, Oxford University Hospital, Oxford, United Kingdom

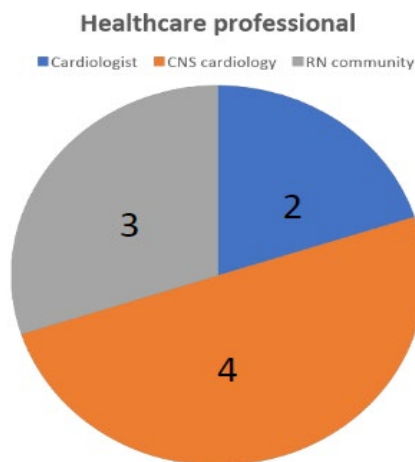
leong@moh.gov.my

### Background:

There is growing evidence on integration of palliative care service in heart failure patients. However, prognostication is difficult because of its disease trajectory. We aimed to explore the views of healthcare professionals (HCPs) in heart failure (HF) team opinion about the integrated palliative care and challenges in looking after patients with advanced heart failure in OUH.

### Methodology:

We used a quality improvement approach (the PDSA) approach and conducted semi structured 1:1 interview with HCPs in the HF team. Thematic findings were drawn from 9 interviewees' transcripts.



### Results:

Opinion on integration palliative care and challenges in looking after advanced heart failure patients

- Difficult to prognosticate due to HF disease trajectory
- struggles to broach EOL conversation with patients and need help in communication
- Refractory symptom management despite maximum treatment
- Timely manner to have subcutaneous medication for symptom control and ICD deactivation

Criteria that help to identify a patient in advanced heart failure

- recurrent hospital admission due to fluid overload
- refractory symptom despite maximum treatment
- intolerance of heart failure medication with multiorgan dysfunction due to heart failure
- complex social needs

HCPs' opinion on triggers for initiating palliative care referrals

- recurrent hospital admission due to fluid overload
- refractory symptom despite maximum treatment
- prognostication – last 6 months of life
- complex social needs
- parallel planning especially for younger patients who might not be eligible for heart transplant

How do you introduce palliative care to patients

- Concept of treatment failure and decline despite treatment
- Palliative team is expert in providing symptom control
- Concept on transition and integration

Suggestion to improve on integrated palliative care in HF service by HCPs:

- Access to palliative care service such as having palliative care representative present in MDT, access for advice via email, more structured approach to referral criteria and develop link nurse between teams
- To have joint clinic, ward round and home visits with HF team
- Organise teaching course on symptom management and communication to HF nursing staffs

**Conclusion:**

We aim to develop referral criteria with heart failure team, offer teaching on palliative symptom management and communication skills to heart failure team, clarify and provides clarity on referral process of various community services relevant to heart failure care, develop link nurses between teams and continue to have a palliative care senior clinical representative to attend at heart failure MDT meetings.

**Key words:**

HCPs in heart failure opinion, integrated palliative care service, advanced heart failure

(394 words)

## **Utilising Integrated Palliative Care Outcome Scale (IPOS) to assess symptom burden among patients in a palliative care service in Malaysia.**

NorashikinAmran<sup>1</sup>, Cindy Teoh Cy Oun<sup>2</sup>, Ammar Rashidi Abdullah<sup>2</sup>

<sup>1</sup>Faculty of Dentistry, Universiti Sains Islam Malaysia (USIM), Malaysia

<sup>2</sup>Palliative Care Unit, Hospital Selayang, Malaysia

*Corresponding Authors' email: [shikinamran@gmail.com](mailto:shikinamran@gmail.com)*

NMRR: RSCH ID-24-01161-0F2

### **Background:**

Regular comprehensive assessments in palliative care is important to identify needs, formulate personalised care plans and assess the effectiveness of interventions. IPOS has been developed as a patient-reported outcome measure (PROM) tool to capture a patient's perspective of their own health and well-being through questionnaires. IPOS is available in both English and Malay languages, and is the chosen PROM used in Hospital Selayang Palliative Care Unit (PCU).

### **Objectives:**

To assess the symptom burden among palliative care patients using the IPOS tool. The secondary objective was to assess the severity of individual symptoms based on the IPOS tool.

### **Methodology:**

This was a retrospective observational study of patients managed by the PCU in a period of one month. Data were collected from the patients' electronic medical records and IPOS forms filled during the episode of care. IPOS forms were filled within 24 hours of referral or admission (T<sub>0</sub>) and repeated on day 3 to 5 of admission (T<sub>1</sub>).

### **Results:**

In December 2023, Selayang PCU received 74 new referrals. Out of the 74 referrals, 38 IPOS forms (51.3%) were filled in at T<sub>0</sub>. However, only 10 IPOS forms were completed on day 3 to 5 (T<sub>1</sub>). On average, the patients reported having 6 physical symptoms. The most common physical symptoms reported were poor mobility (94.4%), fatigue (91.7%) and poor appetite (83.3%). However, in terms of severity of symptoms (rated 0 to 4), the top three were pain (mean score 2.43), immobility (mean score 2.41) and breathlessness (mean score 2.35). Unfortunately, less than 6% of the respondents reported being always at peace. The majority of patients (91%) felt that financial or personal practical problems resulting from their illness had not been addressed and 91% also felt that their family members had been anxious or worried about the patient's condition.

### **Conclusion:**

By using IPOS, we found that our patients experienced a high symptom burden with an average of 6 physical symptoms per patient. The most prevalent physical symptoms of poor mobility, fatigue and poor appetite might not be routinely identified during a clinical assessment without a PROM tool and thus, might be underreported and undertreated. IPOS not only facilitates assessment and care planning, but also measures outcomes if data is collected longitudinally. Poor completion rates of the IPOS form can be further improved through the identification of implementation measures to normalise and embed the use of PROM into routine clinical practice.

### **Keywords:**

Palliative care, Patient reported outcome measures, Symptom prevalence

Word count: 397

## **4-year trend and characteristics of Terminal Discharge in a palliative care unit: A retrospective Study**

*K.T. Tay<sup>1</sup>, N.D. Azmi<sup>1</sup>, P.S. Lee<sup>1</sup>, S. Danabalan<sup>1</sup>, N. Gindouk<sup>1</sup>*

<sup>1</sup>Dept. of Palliative Medicine, Hospital Selayang, Batu Caves, Malaysia

*Corresponding Author's e-mail: khektjian@moh.gov.my*

**NMRR:** NMRR ID-24-01227-GNB

### **Background:**

Majority of patients have indicated preference to be cared for and dying at home, with estimates ranging between 31 to 87%. Fulfilling patient's wish to die at home is an important aspect of goal-concordant care and is associated with improved overall quality of death. When an inpatient expresses preference to die at home, the specialist palliative care (PC) team of Hospital Selayang facilitates the "Terminal Discharge" (TD) process.

### **Objectives:**

We aim to study the trend and characteristics of the TD process in a PC unit.

### **Methodology:**

This is a retrospective study of all patients who had TD in a PC unit at Hospital Selayang over a 4-year period from 1 January 2020 to 31 December 2023. Patients younger than 18 years old and those who were referred for TD but died prior to transfer were excluded. Data was retrieved from patients' medical notes and analysis done using Microsoft Excel.

### **Results:**

205 patients were identified. Mean number of TD per year was 51 patients. Median age was 67. 51% males. 47% were ethnic Malays, 41% Chinese, 10% Indians and 2% others. 53% had malignancy. Majority of TD occurred in the PC ward (44%), followed by general medical wards (27%), surgical ward (6.3%) and emergency department (5.4%). Median time from TD to death was 2 days. 37% had no community hospice referrals. For anticipatory subcutaneous (SC) medications, morphine was most prescribed (80%), followed by haloperidol (68%), midazolam (60%) and hyoscine butylbromide (54%). 24% were prescribed medications via the continuous SC infusion (CSCI) route using an elastomeric pump. Mean doses of CSCI medications prescribed were morphine (18.5mg/day), fentanyl (266mcg/day), haloperidol (1.6mg/day), midazolam (14mg/day) and hyoscine butylbromide (68mg/day). 81% who were prescribed with transdermal fentanyl require doses of 6 to 12 mcg/hour.

### **Conclusion:**

This study describes the characteristics and prescribing pattern in dying patients who underwent the TD process. It highlights the need to develop community palliative care services to address the gaps in end-of-life care in the community. Further studies are needed to evaluate the effectiveness of the TD process as an effort to promote goal concordant care.

**Key words:** Terminal Discharge, Palliative Care, End of Life

(Word Count: 341)

*\*The body of this abstract should not exceed 400 words and this does not include spaces. Word count also excludes title, author, headings, keywords and NMRR.*

**Abstract Title: The Influence of Quality of Life to engage in Advance Care Planning in Breast Cancer Patients.**

*MH Soh<sup>1</sup>, KS Chew<sup>1</sup>, Shirly SL Wong<sup>2</sup>, Razitasham Safii<sup>1</sup>, Sh Ashrina WA<sup>1</sup>, Shalin Wan Fei Lee<sup>1</sup> & KG Chan<sup>1</sup>*

<sup>1</sup>Faculty of Medicine and Health Sciences, UNIMAS, Kota Samarahan, Sarawak

<sup>2</sup>Faculty of Economic and Business, UNIMAS, Kota Samarahan, Sarawak

<sup>3</sup>Breast and Endocrine Surgery Unit, General Surgery Department, Sarawak General Hospital

*Corresponding Author's e-mail: mhs@unimas.my*

**NMRR: ID-23-00019-NHE (IIR)**

**Background:**

Breast cancer is a major global health issue. Although medical advancement has extended life expectancy, these improvements may not translate to better quality of life (QoL). In this regard, advanced care planning (ACP) is crucial in facilitating the shift from active treatment to holistic care for the terminally ill, encompassing the physical, spiritual, and emotional needs. Despite the critical role of QoL and emotional well-being in determining the readiness for ACP, a significant research gap exists on the extent these factors can influence ACP readiness among breast cancer patients in Sarawak.

**Objectives:**

The aim of this study was to determine the influence of QoL and emotional states on the attitude of breast cancer patients towards ACP readiness.

**Methodology:**

This cross-sectional study was conducted in Sarawak General Hospital from April 2023 to November 2023. The Advanced Care Planning Readiness Scale (ACPRS) was utilized to assess the readiness of breast cancer patients to make decisions about end-of-life care. Furthermore, the World Health Organization Quality-of-Life Scale, an abbreviated version (WHOQoL-BREF) was used to evaluate the quality of life of these patients, whereas the Hospital Anxiety and Depression Scale (HADS) was used to measure the levels of emotional states, i.e., anxiety and depression among the participants. Multiple regression analysis was conducted to explore the relationships between independent variables and ACPRS scores.

**Results:**

A total of 163 breast cancer patients were recruited. Multiple linear regression analysis showed that this statistical model significantly influenced patients' ACP readiness with  $F(6,156) = 3.317$ ,  $p < 0.001$ , adjusted  $R^2 = 0.140$ . In particular, three QoL factors (i.e. physical QoL, psychological QoL and environment QoL) significantly influenced ACP readiness.

**Conclusion:**

Understanding these factors is crucial in tailoring interventions that can effectively enhance ACP discussions among patients.

**Key words:**

*Quality of Life, advance care planning readiness, breast cancer*

(Word Count: 356 words)

*\*The body of this abstract should not exceed 400 words and this does not include spaces. Word count also excludes title, author, headings, keywords and NMRR.*

## **User feedback on telehealth consultations in a palliative care setting in Sabah.**

***Nadirah Sulaiman<sup>2</sup>, Ng Wan Jun<sup>1</sup>, Jessilyne Wilson<sup>1</sup> and Nurul Nadhia Rosdi<sup>1</sup>***

<sup>1</sup>Dept. of Gen. Medical, Palliative Care Unit, Hospital Queen Elizabeth, Kota Kinabalu, Malaysia

<sup>2</sup>Clinical Research Centre Unit, Hospital Queen Elizabeth, Kota Kinabalu, Malaysia

*Corresponding Author's e-mail: nadirahsulaiman@moh.gov.my*

**NMRR: RSCH ID-24-02947-HY9**

### **Background:**

Telehealth has become increasingly popular in palliative care, particularly during the COVID-19 pandemic. This trend is expected to continue owing to the benefits it offers, such as improved access to care for people in remote areas and those with unequal access to services. However, it is important to understand end-users' experiences with telehealth.

### **Objectives:**

This study aimed to gather feedback from participants who attended telehealth consultations in a palliative care setting.

### **Methodology:**

An online survey was conducted among patients who received teleconsultation services between December 2023 and January 2024. The Tele-health Usability Questionnaire (TUQ) was used to evaluate patient satisfaction in terms of six criteria: 1) usefulness, 2) ease of use and learnability, 3) interface quality, 4) interaction quality, 5) reliability, and 6) satisfaction with and future use of teleconsultation. The patients provided feedback using a 7-point Likert scale, with 7 indicating the highest level of agreement.

### **Results:**

Thirty-two participants responded. The mean age of the participants was 46.7 (SD = 11.60). Half of the respondents had at least a secondary-school education level. Most were family members (84.4%) who responded to the questionnaire. Twenty participants responded that this was their first time using the telehealth platform. The highest mean rate for the items listed was 6.8. The items rated highest included: 1. Telehealth saves me time traveling to a hospital or specialist clinic, 2. It was simple to use this system, 3. It was easy to learn how to use the system, and 4. The system is simple and easy to understand. Item 1 pertains to the domain of usefulness, whereas items 2 and 3 are related to ease of use and learnability. The fourth item explained the interface quality. The mean scores of all items in the questionnaires range from 5.7 to 6.8.

### **Conclusion:**

This study suggests that telehealth consultations in palliative care settings have been well received by participants, as indicated by a high level of agreement on usability. Thus, telehealth could be a suitable and effective way to support palliative care, potentially improving accessibility and continuity of care for patients with life-limiting illnesses. However, it is important to keep these potential limitations in mind. Although the questionnaire results indicate agreement on usability, they do not necessarily reflect the effectiveness or quality of care provided through telehealth. Overall, the study suggests a readiness to adopt digital health solutions in palliative care.

### **Key words:**

telehealth, palliative care, Tele-health usability questionnaire (TUQ)  
(389 Word Count)

*\*The body of this abstract should not exceed 400 words and this does not include spaces. Word count also excludes title, author, headings, keywords and NMRR.*



## **Opioids Utilisation in Palliative Care Patients with Cancer in a Tertiary Palliative Care Setting**

*S.Najwa Mohamad<sup>1</sup>, Thamayathy Murugesu<sup>1</sup>, W. NurAisyah Azzahrah Binti Wan Zuki<sup>1</sup>, ZatiSabrina Ahmad Zubaidi<sup>1</sup>, Felicia Loh Yuan Ye<sup>1</sup>, Tan Pei Wen, Teoh Cy Oun<sup>1</sup>*

<sup>1</sup>Palliative Care Unit, Medical Department, Hospital Selayang, Selangor, Malaysia

Corresponding Author's e-mail: [najwalid83@gmail.com](mailto:najwalid83@gmail.com)

NMRR ID-24-01497-OHV

### **Background:**

Opioid analgesics is the gold standard to treat cancer pain. The World Health Organization (WHO) considers a country's opioid consumption as an indicator of progress in pain relief, especially for cancer pain. The morphine equivalent daily dose (MEDD) is a common measurement used widely in opioids studies to estimate consumption and measure amount opioid usage. To date there is no published data describing opioids utilisation in the Malaysian palliative care population.

### **Objectives:**

The aim was to calculate the average MEDD level in palliative care patients with cancer in a tertiary palliative care setting and to assess types and dosages of opioid used.

### **Methodology:**

This retrospective cohort pilot study was conducted in Hospital Selayang Palliative Care Unit (PCU). The study population involved newly referred cancer patients, aged  $\geq 18$  years who were on regular opioids from January 2022 until April 2022. Data regarding demographics, opioid types and regular dosages were reviewed and extracted from the electronic medical records (EMR). Opioid doses were converted to oral Morphine Milligram Equivalents (MME) by calculating using equianalgesic conversion factor. The total dose was then divided by the total days of supply, to derive the MEDD.

### **Results:**

A total of 94 cancer patients received regular opioids during the study period, of which 60 were male patients and 34 were female. The median (IQR) MEDD calculated at initial prescription was 18.0 (28.50) mg, while the median (IQR) average MEDD for all study patients during the study period was 24.5 (17.88) mg per day per patient. Most patients (69.2%) required single opioids, while 24.5% and 6.3% used 2 and 3 types of opioids respectively. Of all opioid types used, the highest number was morphine with 58 patients, followed by fentanyl (n=41), tramadol (n=20) and oxycodone (n=8). Most of the patients (69%) did not have any opioid switch. Of the remaining 31% who had opioid switching, 22% had single switching and 9% had double switching.

### **Conclusion:**

The MEDD level in this study was lower compared to published data in the US population but was similar to South East Asian data. Monitoring MEDD data can be a surrogate indicator of progress in cancer pain management. This information can also be useful in training and education activities, as well as resource allocation and service development.

### **Key words:**

MEDD, Cancer patient, Opioid

## **Advance Care Planning in Malaysia: Insights into the Knowledge and Attitudes of Older Adults**

*Thow MeeiJiun<sup>1</sup>, Liew Kean Yew<sup>1,2</sup>, Ng Lur Chin<sup>1</sup>, Lee Pei Kuen<sup>1</sup>*

<sup>1</sup>ASSISS Palliative Services, ASSISS Integrated Social Services Malaysia

<sup>2</sup>Hospital Ampang, Selangor, Malaysia

*June.thow@gmail.com*

**NMRR: NMRR ID-24-00255-FL5**

### **Background:**

With Malaysia's rapidly ageing population, understanding older adults' perspectives regarding Advance Care Planning (ACP) is crucial for providing patient-centred care at the end of life. Previous studies have shown that knowledge and attitudes towards ACP vary across cultural and religious contexts. However, there is limited research on the views of older Malaysians, a diverse population with a mix of ethnic and religious backgrounds, regarding ACP.

### **Objectives:**

To explore the knowledge and attitudes of older adults in Malaysia regarding ACP.

### **Methodology:**

This study, conducted during a festival for the elderly in a city in Malaysia, employed a convenience sampling method. The study included elderly individuals (> 60 years old) and were able to understand English or Malay. Data were collected using a validated Advance Care Planning Questionnaire (ACPQ), which assesses knowledge and attitudes towards ACP. Participants who were unable to understand the questionnaire by reading or listening to the researcher were excluded from the study.

### **Results:**

A total of 20 elderly individuals participated in the study, with a mean age of 67.25 years. The findings revealed that 55% of participants had heard of the term ACP, and 35% expressed understanding of its meaning. Among the four terminologies, the term 'living will' was most commonly heard and understood by the participants (55%), while another 30% had heard of it but were unsure of its meaning. Although 65% of the participants had considered writing a living will, only 20% had written one. After receiving a brief explanation about ACP, 95% of participants believed that ACP services should be available in their clinic, and 90% felt that ACP discussions were necessary. Most participants (90%) felt it was better to have expressed their wishes in advance if they had a serious illness or road accident, and 80% would consider having an ACP discussion in the future. However, only 55% of the participants had been encouraged to get involved in medical decisions if they became ill.

### **Conclusion:**

The results indicate a moderate level of recognition but limited comprehension and adoption of ACP, aligning with prior research in Asian communities. Although participants strongly endorsed the importance of ACP services and conversations, only half reported being actively encouraged to participate in medical decisions, emphasising the need for healthcare professionals to educate and actively involve older patients in ACP discussion.

### **Keywords:**

Advance care planning, Aged, Awareness, Attitude