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Consultation outcomes and analgesic prescribing in A&E for patients with terminal cancer

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Background: Patients with cancer often experience complex pain and symptom control issues that can cause them to presentation to Accident and Emergency [A&E]. We aim to determine what acute pain-related prescriptions are dispensed by Accident and Emergency (A&E) to patients with cancer.

Methods: Using GRO death data, we identified 4,407 patients who had died from cancer between 2011 and 2014. Data from each A&E attendance in their last 12 months of life was obtained, including admission data, prescribing details for acute prescriptions dispensed through A&E.

Results: Of the 4,407 patients in the cohort, 1,668 patients (38%) used A&E in their last year of life, with 797 (18%) presenting more than once giving 2465 total attendances. An overwhelming 71% of cohort patients who presented to A&E were admitted to hospital. A further 2.8% died in the department. Of the 25.2% (622 patients) who were discharged, 300 were given acute prescriptions in addition to their regular medication. These prescriptions were: strong opiates (15%), weak opiates (31%), other analgesics (12%), antibiotics (26%), antiemetics (3%), steroids (4%), other palliative care drugs (1%) and other non-analgesic and non-palliative-care drugs (22%).

Conclusions: For patients with cancer who present to A&E, the overwhelming majority are admitted to hospital. When patients are discharged, nearly half are given prescription medications. Of prescriptions written in A&E, over half are for analgesia, suggesting pain is a primary reason for A&E attendances not requiring admission. This research can potentially identify factors associated with unscheduled care use and suggest clinical and service provision changes that could be made to improve the patient journey. Determining patient factors, care planning, and prescribing features that are associated with use of unscheduled care services is crucial to increase patients autonomy, facilitate greater continuity of care, and reduce demand on unscheduled care.