Help for anorexia-cachexia patients

To continue our new Best practice series, Ailsa Colquhoun spoke to 2006 Pharmaceutical Care Award winner Steven Williams and Inga Andrew about the success of their project — the Macmillan Durham cachexia pack for health care professionals.

Healthcare professionals still benefit from a resource pack for anorexia-cachexia syndrome (ACS), developed following a 2006 Pharmaceutical Care Award win.

Four years on, the Macmillan Durham Cachexia pack for healthcare professionals remains on the Macmillan Learncare website (see Panel) and according to Stephen Williams, the Macmillan development manager responsible for the pack’s initial distribution, it still attracts regular interest — this despite the facts that some 200 packs and 300 CDs of the pack have already been sent out, and that there have already been 229 downloads from the website by 150 individuals.

The pack is also being used as a key resource for some new research, which should result in an updated version of the pack.

Mr Williams says the reason for the excellent response is simple: there is a lack of evidence-based resources in this specialist area of care.

“The feedback has highlighted the value of this pack, which takes a robust but flexible approach to patient management. Healthcare professionals particularly like the fact that it can be customised or rebranded according to their own, individual requirements,” he says.

The pack followed a study of standardising methods to improve the care of cancer patients with ACS, run in County Durham and Darlington NHS Foundation Trust, by a Macmillan senior clinical pharmacist. A subsequent winner of a 2006 Pharmaceutical Care Award in the hospital category, the study arose from a review of hospital staff in contact with cancer patients. This found that these staff had variable understanding of ACS and that there was a lack of useful tools about how to manage the syndrome.

An audit was then undertaken of 23 patients suffering from the syndrome, using the Patient Generated Subjective Global Assessment tool (recording eating habits, symptoms, activity-related problems etc). This also included a diet history, drug history and a medicines use review. In total, 147 symptoms were reported (77 of which did not appear to have been managed by drug therapy and were active problems for the patients.)

In light of this, Inga Andrew, then Macmillan senior clinical pharmacist put together a management plan, including pharmacological and non-pharmacological advice, and overall 80 medication changes were made for the 23 patients. She also wrote prescribing guidelines and shared care agreements for several of the medicines, which went on to form the basis for the management strategies section of the pack. This has several sections: including management, dietary and exercise strategies, and patient information leaflets.

Commenting on the project, Miss Andrew says: “It became apparent that although pa-
The Durham Macmillan cachexia pack

The Durham Macmillan cachexia pack has been designed to be used by any healthcare professional. It provides a standardised, systematic approach to the assessment and management of patients with anorexia-cachexia syndrome. It contains:

- As assessment tool, based on the Patient Generated Subjective Global Assessment tool
- A symptom management tool, with pharmacological and non-pharmacological advice
- Nutritional strategies, and basic information about prescribing nutritional supplements
- Algorithm-based approaches for patients with early or late ACS
- Patient information leaflets
- Exercise strategies, including patient information leaflets
- Patient and carer leaflets on subjects such as managing fatigue, and relieving the tension ACS creates in families
- Evidence base

The pack is available for download from the Macmillan Learzone website at http://learnzone.macmillan.org.uk (under toolkits). Registration is required.

Inga Andrew

Tients had a large symptom burden, this could be managed with simple pharmacological and non-pharmacological management plans.” She also believed these simple strategies could be used by any healthcare professional — and so work began on the pack. This was launched at a national conference in 2007 and rolled out nationally by the cancer networks. It was also put online, where it remains today.

As a follow up to her award-winning research, Miss Andrew has since concluded a trial of around 40 patients, which aimed to assess the impact of the management programme on symptom burden. Data were collected over a year, assessing patients’ ACS symptoms at baseline, two and four weeks and, importantly, included patients’ own scores.

She says: “Healthcare professionals and patients can have very different priorities when it comes to managing the symptoms associated with ACS. For example, healthcare professionals often focus on weight loss, whereas patients rarely mention weight loss and are more bothered by other symptoms such as dry mouth and early satiety.” The research, published in the journal Palliative Medicine (2009; 23:680-688), showed that when using standardised assessment and management strategies, patients’ symptom scores fell by half. Miss Andrew says she found this research very satisfying: “I saw patients every two weeks and I got to see them looking and feeling better. As a pharmacist it’s not very often you’re in the privileged position of having that much patient contact, hearing their views and listening to them.”

For the next project, the team in Durham are working up a protocol, and a bid for funding for some further research on the effect of the Macmillan Durham cachexia pack on depression in patients with ACS. They hope to hear about funding by the end of the summer.

Miss Andrew says entering the award was a good discipline and gave a focus when writing up the project. She says: “Winning the award helped greatly in terms of promotion of the cachexia research within the world of pharmacy.”

To mark the emergence of the Royal Pharmaceutical Society as the professional body for pharmacists, the Pharmaceutical Care Awards will acknowledge and celebrate new services or ways of working, or new approaches to old problems of patient care, with the patient firmly at the centre.

An entry must be able to demonstrate that the service has improved the quality of care and patient outcomes; is reproducible by pharmacists in other parts of Britain; and enhances the role of pharmacy in healthcare. With the NHS under financial constraint, it is paramount that pharmacists can prove their worth, and the QIPP agenda (quality, innovation, productivity and prevention) could be a framework to underpin the development of the pharmacy agenda too.

Projects do not have to be brand new — arguably they are of greater benefit if they survive for two years or more. However, projects that have previously been entered for the Pharmaceutical Awards are not eligible, unless they have been significantly developed and have produced new data. The achievements of individual pharmacists or those working in multi-disciplinary teams, in any sector are equally valid and welcome.

New look ceremony

The judges will select the six finalists by the end of September. The winning entries will be converted into a poster presentation which they will be expected to talk about in an informal way at a conference for the ceremony. Each finalist will be allocated a sponsoring judge who will help them with their presentation. Attending guests will have a chance to select which of the entries should be the overall winner.

Entry forms will be available shortly and must be submitted electronically. The closing date 17 September 2010. For further information please contact Emma Kerby-Evans on 020 7572 2414 or via email emma.kerby-evans@phmj.org.uk