Visit to Rwanda to support pharmacists and medics training in use of opioids in palliative care

Julie McCarthy - Pharmacist

Victoria Smart – GP

May 2015

- How the visit came about
- What we did
- The results
- Key points
- Our thoughts and hopes for the future

How did it come about?

- October 2012 presentation of poster at RCGP conference Glasgow – Prof Scott Murray
- November 2013 Victoria and Ruth 2 week THET mentorship visit to Rwamagana
- Introduced to Dr Christian
- September 2014 Dr Christian attends St Christopher's hospice course and visits MSH, Stourbridge

Visit to Mary Stevens Hospice Stourbridge

- Met with all members of the MDT from CEO to volunteer coordinator
- Sharing of ideas
- Victoria particularly keen for C meet with Julie re NSAIDs prescribing limitations
- Who could have predicted where this would lead ………………………………

Initial resistance!

Almost……………………

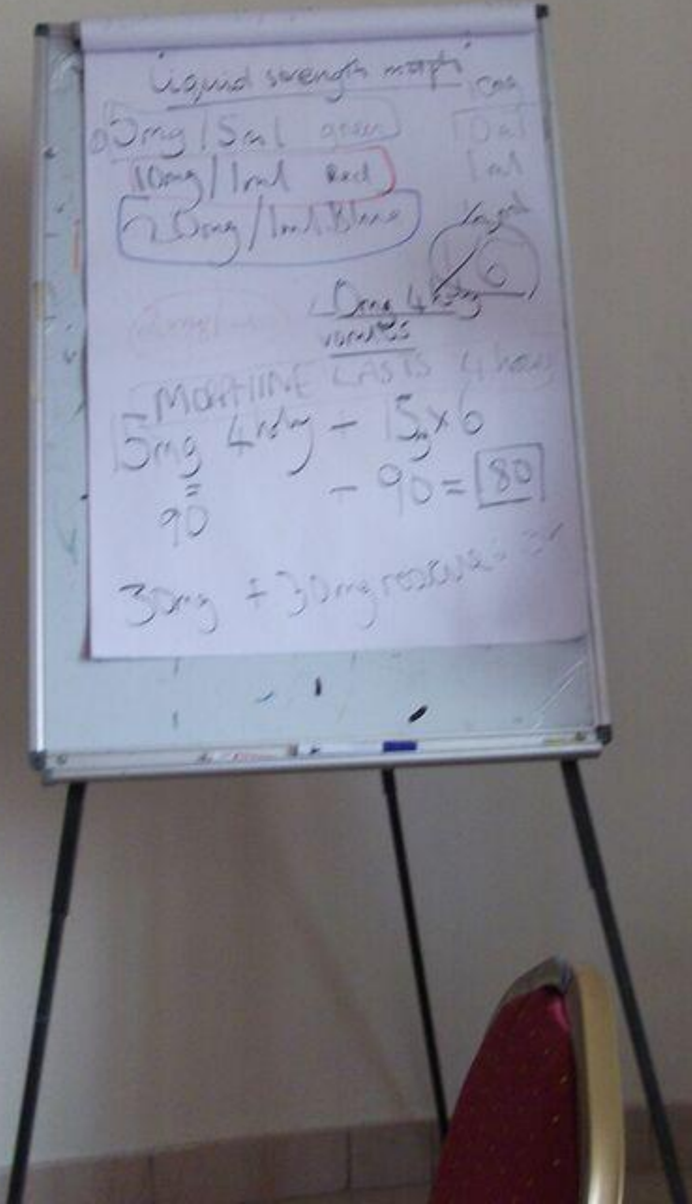
What happened next

- C introduced us over Skype to Jean Claude K Tayari from the Medical Procurement and Production Division (MPPD) at the Rwanda Biomedical Centre
- He was involved in organising training for pharmacists and medical chief of staffs on the availability of opioid analgesics for pain management other than in peri operative use
- Rwanda had just started to produce its own morphine solution but uptake had been poor
- Data from 2014 showed that 13 out of 18 clinical establishments (district and referral hospitals) had not requested or prescribed morphine
- Those that had used it mainly for peri-operative pain
- All establishments however reported treating cancer patients
- We were invited to go out and help!

Two back to back, three day workshops

- Prepared pre and post course assessments
- Delivered training sessions
- Interactive games with use of everyday objects
- Quizzes
- Case studies in small groups

130000



10mg/1ml Red
MORPHINE LASTS 4 hours
- 90 = 80
90

What were our aims ?

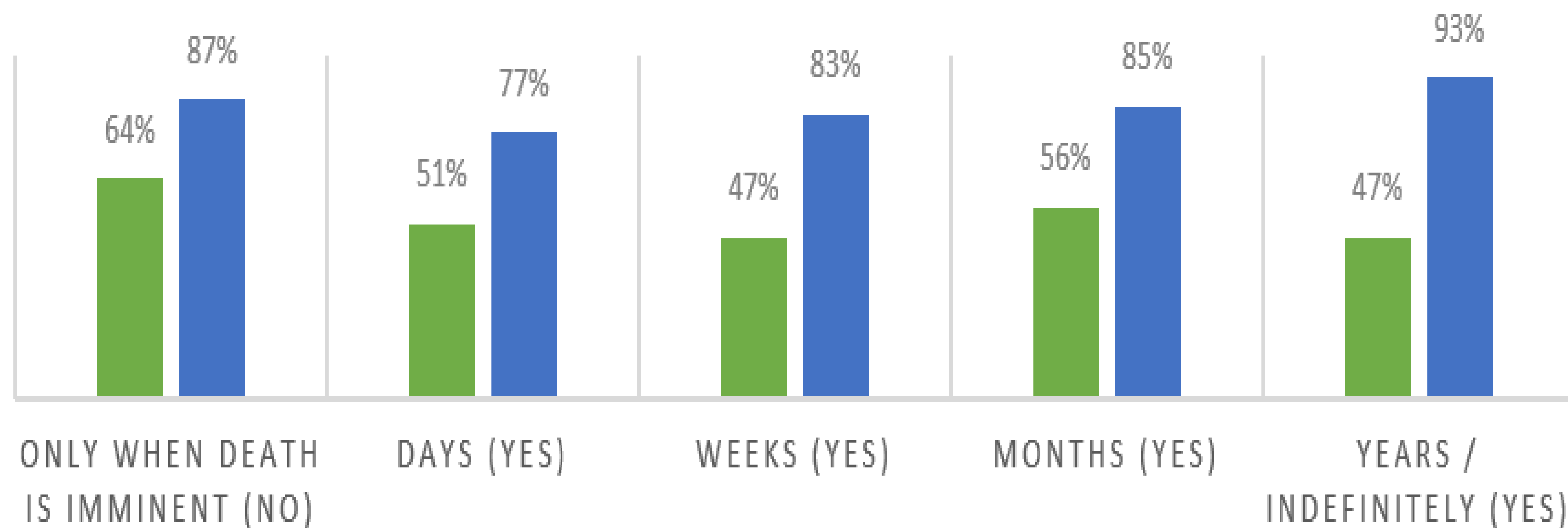
- TO REDUCE PAIN IN PATIENTS WITH PALLIATIVE CARE NEEDS AND THOSE IN CHRONIC PAIN
- To reduce inequality of morphine usage in Rwanda compared to the rest of the world
- To reduce fear and dispel myths that can prevent opioids from being used
- To promote MDT working
- To give practical support for morphine prescribing

Did we achieve this ?

- 63 delegates attended in total
- Case studies and morphine calculation exercises undertaken during the workshop were well received and gave us confidence that the main points were being understood.
- This was supported by analysis of the data we obtained on the pre and post course assessment.

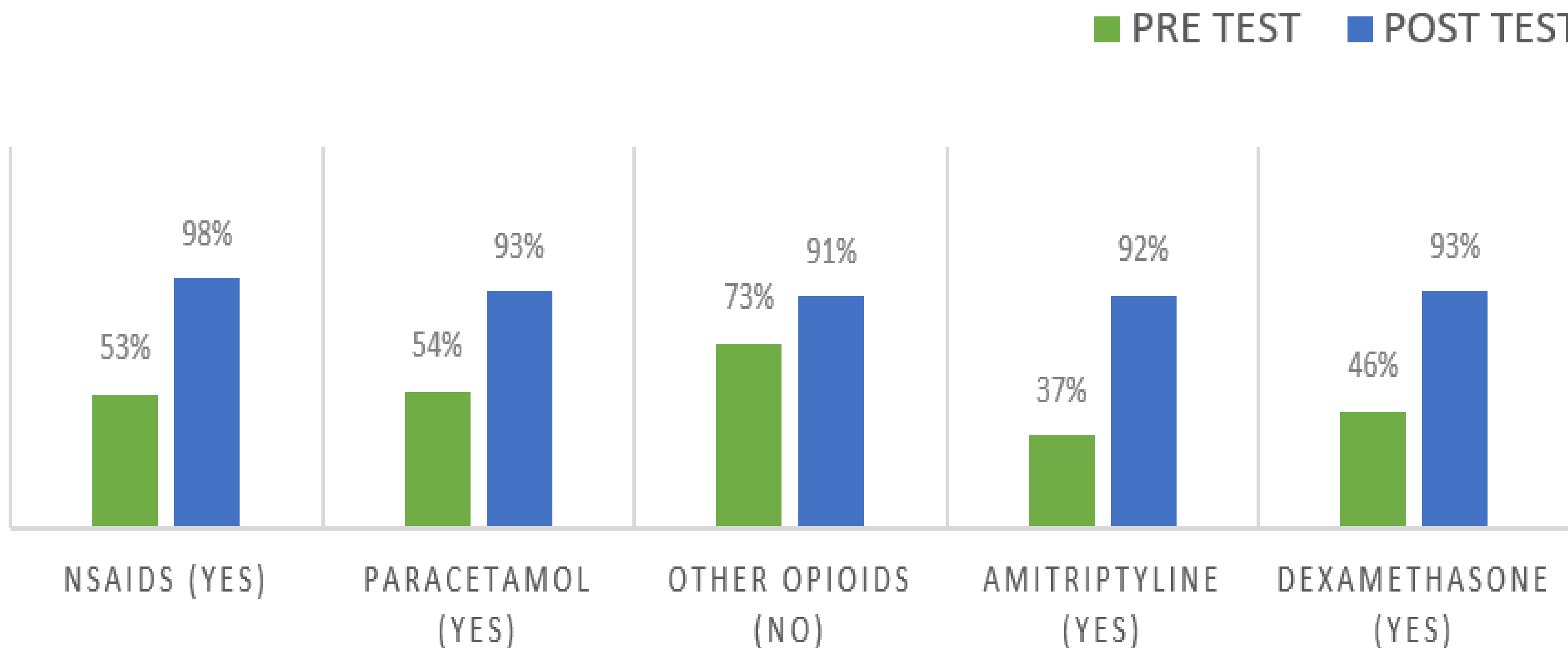
PCW
Palliative Care Works

WHEN CAN MORPHINE BE USED?



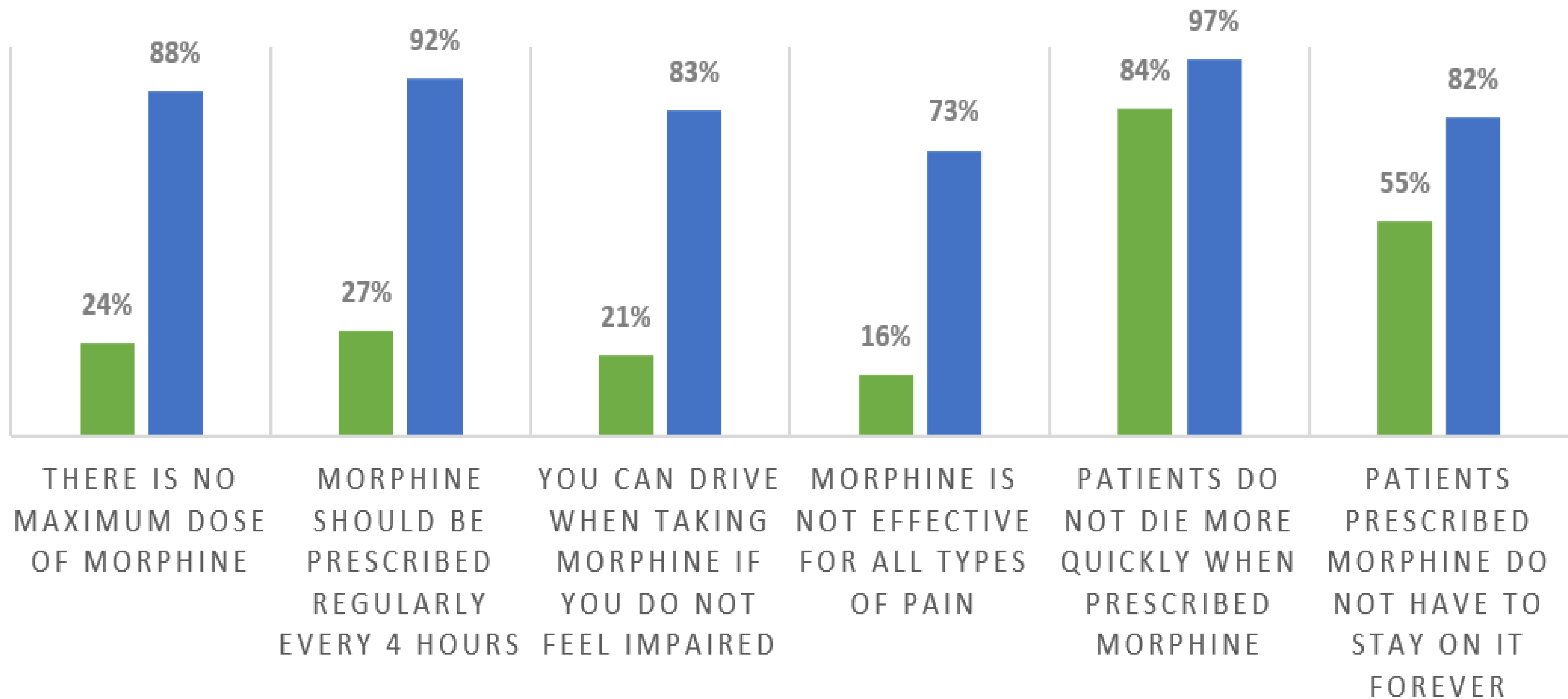
PCW
Palliative Care Works

CAN MORPHINE BE USED WITH OTHER MEDICATIONS FOR PAIN



PCW
Palliative Care Works

CHANGE IN OPINION FOLLOWING THE WORKSHOP



Home Visit - Case Study

- During our visit we had the opportunity to visit a patient with the Hospice at Home team.
- Young Gentleman with a Brain tumour
- Symptoms:-
  - significant head pain (especially in the morning)
  - loss of vision (clear exophthalmos)
- When asked the hospice at home team had not considered a trial of corticosteroids for 2 reasons:-
  - no knowledge that it might offer any benefit
  - Patient was struggling to take tablets and dexamethasone only available in 0.5mg strength

Home Visit - Case Study - Outcome

- Advised that dexamethasone tablets would readily dissolve in water and the patient agreed to try a dose of 8mg (16 tablets) daily
- Also advised an increase in the patients morphine dose from 10mg 4 hourly to 15mg 4 hourly as the he was clearly in pain
- Within ten days we were informed that not only was the head pain being successfully managed but also that his vision had improved.

Key points

- All this came about from talking and listening to people (contraception)
- By forming personal links / bonds
- Developing those personal friendships to allow things to happen
- By demonstrating real benefit of MDT working

What we would like to happen next

- To be able to offer practical help and support for individual clinicians and their management of specific patients
- To continue to promote the advantages of MDT working especially by building stronger links between pharmacists and doctors
- To use models we know work – grand rounds and virtual wards

Workshop

Developing the UK primary care virtual ward model for supporting our international partners in clinical management of palliative care patients