Conclusions

Review of the period from 2009 in injury was only partially weaned but was 77 years of age. Weaning for such patients should therefore take place in an intermediate care facility and be slow paced. Previous data from our unit did suggest a successful wean in about 70% of patients admitted to this regional spinal injury unit. We therefore wanted to review our recent results (Nov 2009 – Nov 2012) with previous standards.

Methods

We performed a retrospective review of all patients admitted from November 2009 to November 2012 for respiratory weans following spinal cord insult.

Results

43 patients (35 male and 8 female) were admitted to the spinal critical care unit for weaning (14.33 patients per year). Of the 43 patients, 35 were successfully weaned; the rest were either partially weaned or not weaned.

7 of the 10 Level C1–3 injury patients were not weaned or were only partially weaned. The remaining 3 patients of Level C1–3 injury (incomplete) were weaned. 1 patient with Level C6 injury was only partially weaned but was 77 years of age.

Conclusions

Review of the period from 2009–2012 is very encouraging, suggesting weaning success in line with national and international centres. Further reviews will focus on duration of wean and the effect of co-morbidities and age on the weaning outcome. Further attention needs to focus on quality of life in the weaned and not weaned patient group.

REFERENCES


Pulmonary arterial hypertension: diagnosis, management and outcomes

P160 THE ROLE OF SPECIALIST PALLIATIVE CARE SERVICES IN THE MANAGEMENT OF PATIENTS WITH PULMONARY ARTERIAL HYPERTENSION; A REVIEW OF CURRENT PRACTICE

SC Woolcock, J De Soya, R Crackett, M Day, A Fisher, J Lordan, G MacGowan, PA Conis. National Pulmonary Hypertension Service (Newcastle), Institute of Cellular Medicine, Newcastle University and the NUTH NHS Foundation Trust, Newcastle Upon Tyne, UK

10.1136/thoraxjnl-2014-206260.289

Introduction and objectives

Pulmonary Arterial Hypertension (PAH) is a severe, progressive condition characterised by increased pulmonary vascular resistance, right ventricular failure and death. Survival is strongly linked to functional class with patients persisting in WHO class IV surviving less than one year. Such patients commonly require repeated hospital admissions with intractable symptoms due to right heart failure. Although specialist palliative care involvement is recommended in current guidelines for the management of PAH, no formal recommendations exist presently to guide clinicians on timing of referral.

The aim of this study was to outline current practice in this area and define the potential workload and role of specialist palliative care services.

Methods

Data was collected retrospectively for all patients within our national PAH service who died over a one year period (June 2013–June 2014). We specifically looked at timing of referral and involvement of palliative care specialists, WHO functional class, clinical course prior to death and prognostic indicators of deterioration.

Suitable patients were identified from the PAH and palliative care databases. Patient notes were reviewed to identify WHO class, clinical course prior to death and documented evidence of specialist palliative care involvement.

Results

• 31 patients were identified; (14 male, 17 female; 19 (61%) WHO IV, 9 (29%) WHO III, 3 (10%) WHO II).
• Only 11 (35%) had documented evidence of specialist palliative care involvement.
• 7 (22%) received input whilst in hospital, 4 (13%) in the community.

Conclusions

The majority of our patients did not receive specialist palliative care support during the final stages of their disease. Whilst the majority (61%) of patients were functional class IV prior to death, 39% were functional class II or III. Progressive deterioration and increased burden of symptoms over time preceding death were commonly noted. Whilst the specialist PAH nurses and clinicians offer palliative care and support, our data suggests that a review of the timing, organisation and documentation of referral to specialist palliative care services requires consideration.
A TWO MONTH PROSPECTIVE STUDY: ARE CTPAS ACCURACY OF INFLAMMATORY MARKERS TO THORAX 2014; 76 x 861.4

Introduction
Pulmonary Embolisms (PE) are clinically difficult to diagnose and associated with significant morbidity and mortality. Computerised Tomography Pulmonary Angiogram (CTPA) is routinely used to investigate suspected PE. Clinical concern and the increased availability of CTPA may mean that more patients may be receiving unnecessary radiation: a CTPA is of maximum clinical benefit. Non-invasive diagnosis of PE is key when minimising radiation and contrast risks, and ensuring that patients are not being subjected to unnecessary tests and anxiety in this vulnerable group of patients.

Results
Of the 389 presentations, 229 (58.9%) were from patients aged ≥50 years. 13 (11.5%) patients with positive D-dimers using the conventional cut-off, had VTE as confirmed by imaging tests. The sensitivity of the conventional D-dimer cut-off value was 100% in this older cohort, with a specificity of 53.7%. The age x10-adjusted cut-off improved specificity to 84.7%; however sensitivity was markedly reduced to 76.9%, with 3 patients (23.1%) with non-high clinical probability of VTE missed. Further analysis suggested that an age-adjusted cut-off factor of x3 would maintain sensitivity at 100%; however specificity was only 47.7%.

Conclusions
We have identified that an age-adjusted cut-off factor of x10 significantly increased D-dimer specificity in older patients; however the sensitivity of this test was unacceptably compromised. A cut-off factor of x3 maintained sensitivity, but specificity was unsatisfactory compared to conventional values, although still higher than in most published series. We conclude that we cannot use an age-adjusted cut-off of x10 in our 50 years old population using this assay. Further work is required to confirm our findings.

REFERENCE
1 Davies et al, BMJ 2011;342:d947
2 van ES et al, Chest 2013;144(6):1893–9