

populations with palliative needs, yet without as strong an evidence base or clinical presence as other classic palliative care populations (e.g., oncology).

This multidisciplinary, multi-institutional panel of clinicians and researchers in palliative care, pulmonology, and nursing will highlight opportunities and challenges of “breaking into” new disease populations, using CF as an exemplar. First, we will present a multi-pronged approach of identifying palliative needs in CF using qualitative methods and a nationwide survey, to aid in building support for and developing clinical programs. Second, we will describe the process and lessons learned during the development and conduct of the first clinical trial of palliative care in CF. Third, we will share insights on developing an outpatient CF palliative care clinic. Lastly, we will discuss our experiences with developing practice guidelines for palliative care in populations where need and enthusiasm exist, despite little evidence.

Lessons learned in this session will be applicable to other fledgling populations with less established research and clinical presence from palliative care. Through shared learning, this forum will nurture future work to level the playing field so that all patients with life-limiting illness benefit from palliative care, regardless of disease.

Examining Relationship Between Post-Traumatic Stress Disorder (PTSD) and Inpatient End-of-Life Care in Veterans Affairs (VA) (FR440A)



Kathleen Bickel, MD MPhil MS, University of Colorado School of Medicine Aurora, CO. F Amos Bailey, MD FACP FAAHPM, University of Colorado Hospital, Aurora, CO. Richard Kennedy, MD PhD, University of Alabama at Birmingham, Birmingham, AL. Kathryn Burgio, PhD, Birmingham VA Medical Center, Birmingham, AL.

Objectives

- Describe potential differences between patients with and without PTSD at the end of life.
- Consider how these findings may relate to caring for patients with PTSD at end of life.

Original Research Background. The effects of PTSD on the end of life are not well studied. PTSD is a symptomatic illness, affecting pain sensation, anxiety, and sleep. High symptom burden, reliance on avoidant coping strategies, and high comorbid substance use in PTSD, all suggest that these patients may have a more complicated end-of-life trajectory.

Research Objectives. To conduct an exploratory descriptive analysis of end-of-life care for veterans with and without PTSD dying in VA hospitals.

Methods. This was a secondary analysis of a multiple-baseline, stepped-wedge design implementation trial

to improve end-of-life care processes for VA inpatients. Variables were collected via direct chart review, using a chart abstraction form. Inter-rater reliability was good to excellent. Analysis included descriptive statistics and chi-square analyses with Bonferroni correction.

Results. PTSD was present in 8.76% of the sample (468/5341). The PTSD population was 98.7% male and 36.5% Black (171/468), with a younger mean age at death than those without PTSD (PTSD 65.4, no PTSD 70.5, $p < 0.0001$). Patients with PTSD had higher mean VA hospital admissions and emergency room (ER) visits in the last 12 months of life (admissions: PTSD 2.8, No PTSD 2.4, $p < 0.0001$; ER visits: 3.2, 2.5, $p < 0.0001$). During the final hospitalization, patients with PTSD had higher rates of intensive care unit (ICU) use (49.6%, 42.7%, $p = 0.0041$) and higher rates of advanced directives (48.1%, 37.9%, $p < 0.0001$), trending toward lower rates of do-not-resuscitate status (66.5%, 71.0%, $p = 0.037$). In the last 7 days of life, patients with PTSD had higher rates of receiving benzodiazepines (47.4%, 39.7%, $p = 0.0012$) and antipsychotics (26.3%, 15.7%, $p < 0.001$), trending toward higher receipt of opiates (73.3%, 68.3%, $p = 0.026$).

Conclusion. Veterans with PTSD dying in VA hospitals appear to experience differences in end-of-life care, compared to those without PTSD.

Implications for Research, Policy, or Practice. Further analysis is needed to confirm this finding, to evaluate contributing factors, and to determine applicability outside of the VA population.

The Opioid Epidemic and Opioid Prescribing Regulations: A Survey Exploring Potential Barriers to Adequate Pain Management in Adults with Cancer (FR440B)



Sarah Verga, DO, University of Virginia, Charlottesville, VA. Joshua Barclay, MD MS MSC FACP, University of Virginia, Charlottesville, VA. Leslie Blackhall, MD MTS, University of Virginia School of Medicine, Charlottesville, VA. Ambereen Mehta, MD MPH, University of Virginia, Charlottesville, VA.

Objectives

- Identify current opioid prescribing regulations and describe their perceived impact on adult cancer patients in an outpatient palliative care clinic.
- Identify factors that impact adult cancer patients' experience of pain and pain management in the current climate of the “opioid crisis.”
- Identify future areas of needed research to lessen the adverse impact of the “opioid crisis” and prescribing regulations on palliative care patients.

Original Research Background. In the United States, there has been an increase in opioid misuse