

Morphine And BrEathLessness Trial (MABEL) sub-study interim analysis

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1. Background

- Chronic breathlessness affects many patients with lung or heart diseases. Studies revealed that low doses of morphine can help reduce chronic breathlessness, but knowledge about long-term use is still limited^{2,3}.
- This mixed-methods study will use Normalisation Process Theory¹ (NPT) to structure data collection and analysis of clinicians', patients', and carers' perspectives on the experience, practice of and attitudes about morphine use for chronic breathlessness.

2. Methods

- Data collection and analysis are done through three components exploring the barriers and facilitators for implementation of morphine in chronic breathlessness.
 - Learning Needs Assessment (LNS) - pre-intervention training survey of prescribing clinicians' learning needs about identifying patients, prescribing, and managing morphine in patients.
 - Modified Normalisation Measurement instrument (NoMAD) - survey of prescribing clinicians at two time-points immediately after and four to six months after intervention training to explore changes in understanding of the intervention.
 - Semi-structured interviews with clinicians, patients, and carers to explore in-depth clinicians', patients', and carers' perspectives about safe prescribing and monitoring.
- Surveys (LNS and NoMAD) - thematic analysis of free text responses; descriptive statistics.
- Interviews - data collection ongoing; analysis not presented here.

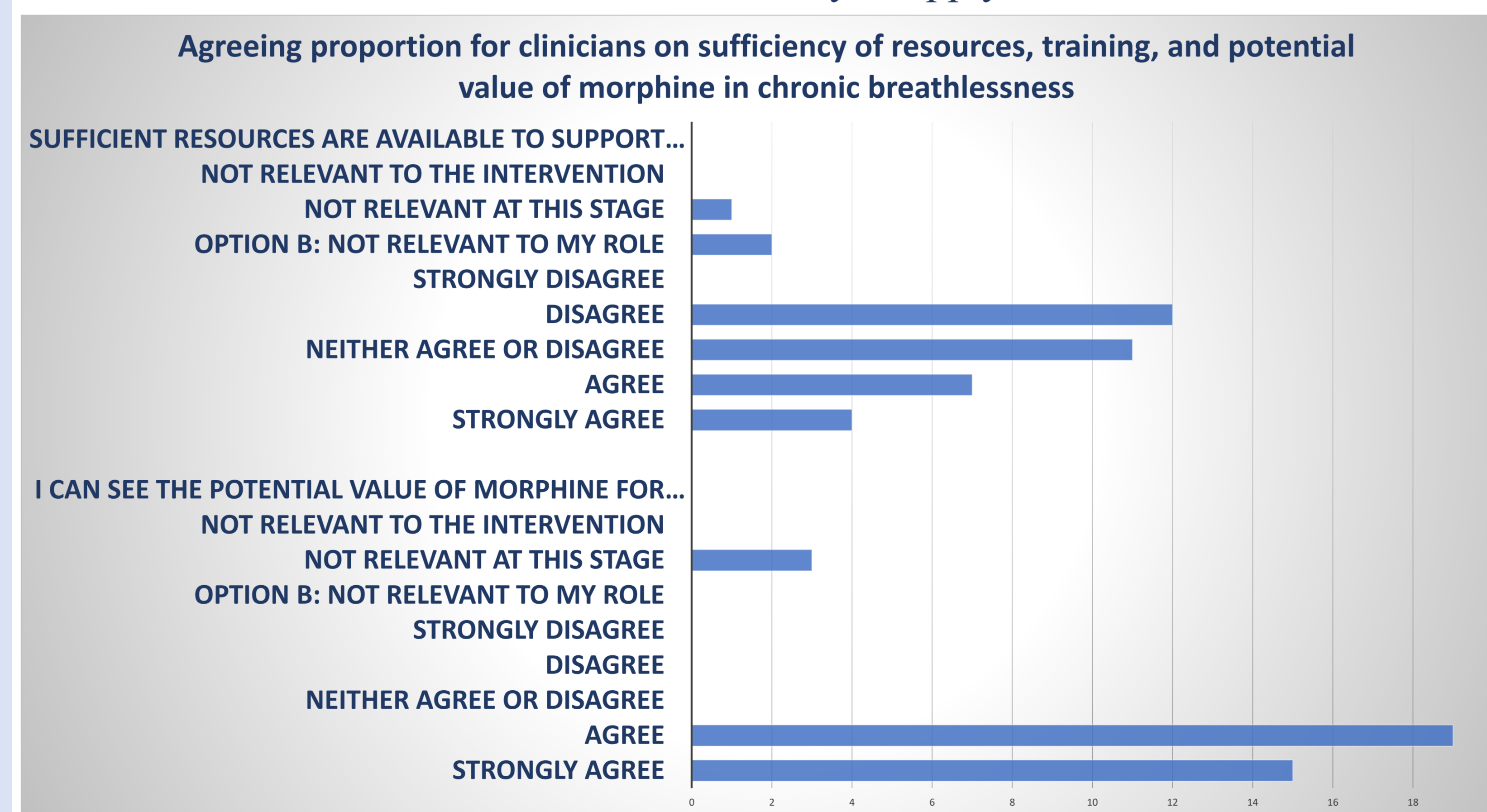


3. Sites

- Participants are being recruited from the 14 participating sites across the UK. Until now, there are 50 clinicians enrolled in the study from ten sites open - Plymouth, Fife, Manchester, Bristol, Scarborough, Hull, Leicester, Kings, Leeds, and Lothian. The level of site participation varied.

4. Results

- There are 39 clinicians conducted LNS and NoMAD surveys:
 - 70% of them are females,.
 - 84% of the participants are working in hospitals.
 - 46% of them are doctors.
- Using morphine for breathlessness is familiar and normal to most of the clinicians. More than 60% of the clinicians scored between seven and ten on a scale (from zero to ten) on the familiarity, current normality, and future normality of the intervention.
- 92% of the participants saw the potential value of morphine for breathlessness in work, and 94.6% of them supported the appropriate use of morphine in breathlessness.
- On the other hand, only 32.4% agreed that sufficient staff training was available, and only 29.7% agreed that there were sufficient resources were available to support the use of morphine for breathlessness.
- Although many clinicians indicated that using the intervention is currently normal, 60% of them do not believe in others' ability to apply the intervention.



5. Learning points for the MABEL trial and development of safe prescribing and monitoring process:

- All elements of the MABEL intervention training package are viewed as important by a wide range of clinicians. However, less than one-third of clinicians thought there was sufficient access for all clinical staff to training.
- There are **significant issues** regarding the implementation of safe prescription and management of morphine for chronic breathlessness:
 - For example, **only around one-third of clinicians:**
 - had confidence in the skills of other clinical staff.
 - thought there were sufficient resources to support safe prescription and management.
 - thought there was sufficient management support for implementing a safe prescribing and monitoring process.
- Clinicians are keen to improve their practice. They were open to receiving ongoing feedback about the impact of their clinical practice in relation to using morphine for chronic breathlessness.

6. References

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