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**ADVANCED LIVER DISEASE IN A HOMELESS POPULATION**

Sarah Davis,<sup>1</sup> Wendy Greenish,<sup>2</sup> Peter Kennedy,<sup>3</sup> Louise Jones<sup>1</sup> *Marie Curie Palliative Care Research Unit, UCL, London, UK; <sup>2</sup>Marie Curie Cancer Care, London UK; <sup>3</sup>St Mungo's, London UK*

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**Introduction** Residents at St Mungo's with alcohol related liver disease frequently experience sudden deaths. There were no prognostic indicators to alert staff that a resident may be nearing the end of life and thus opportunities for possible interventions were not being recognised.

**Aim** To identify whether residents who have advanced alcohol related liver disease show any clinical symptoms or behaviours as they are approaching the end of life.

**Method(s)** Examined the summaries of all reported deaths at St Mungo's (Jan 2009>April 2010).

Reviewed 27 sets of case notes of residents with a history of alcohol abuse and possible liver disease

Held three focus group meetings with staff

**Results** A combination of physical, psychological and behavioural symptoms occurred in residents with liver disease as they approached the end of life. Staff did not plan with residents for end of life care and palliative care interventions were minimal. Deaths were often sudden and the majority of end of life care was provided by secondary care.

**Discussion** Staff need training to alert them to key changes in residents' condition, so they can anticipate deterioration and death and offer earlier support. This would provide staff with opportunities to discuss preferences for care and palliative interventions with residents. Bereavement support would benefit both staff and residents particularly following a sudden death and encourage discussions on care at the end of life.

**Conclusion** Difficult to predict when a person with liver failure is in the dying phase. However there are increasing physical, psychological and behavioural symptoms which indicate that a resident is in the advanced stages of liver disease. Earlier interventions by staff would enhance the dying experience of residents.