Background There is insufficient evidence from controlled clinical studies to support the use of Ketamine in refractory cancer pain. This has lead to lack of confidence and inconsistent clinical use of the drug among many specialist palliative centres in the United Kingdom.

Aims

- To analyse the current practice and barriers in prescribing Ketamine.
- To capture the confidence of specialist palliative care physicians in prescribing Ketamine.

Methods Specialist palliative care doctors across the region were invited to reply to a questionnaire based survey via email.

Results 43 doctors participated in the study. 81.4% have used Ketamine for controlling intractable pain during 'end of life' situations in addition to strong opioids, 60.5% used it as an adjuvant with opioids in the early stages of pain relief and 51.2% used it to enable the reduction of opioid dose due to its side effects.

Confidence amongst the specialist palliative care physicians ranged from 3 to 10 on a visual analogue scale (10 representing the most confidence), with an average rating of 6.8. Lack of expertise and familiarity (55.9%), lack of evidence (44.2%), and side effects (25.5%) were the barriers observed in the use of Ketamine.

Only 32.6% (4) centres had a written protocol for use within the service and have developed shared guidance for the community services. 79.1% of the respondents felt they would benefit from further training and education.

Conclusion Randomised controlled trials are difficult within the palliative care patient population. This has resulted in a lack of uniformity in practice of the use of Ketamine. Almost 80% of the survey participants felt there was a need for further research and education in the use of Ketamine.

Recommendations Developing written departmental policies with shared guidance to generalists would help in a more consistent and effective use of the drug amongst specialist palliative doctors. Education and training are required to improve confidence with its use.

P 179

USE OF KETAMINE FOR INTRACTABLE PAIN IN TERMINALLY ILL PATIENTS

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