between clinically assisted hydration and lower rates or delayed onset of delirium.

Conclusion There is insufficient evidence to draw conclusions on the impact of clinically assisted hydration on quality of life in the last days of life. Further research should focus on populations who are in the very final days of life. There is a lack of studies in non-cancer populations, and a lack of evidence relating to communication with patients and families about this uncertain area of clinical practice.

17 IN YOUR OPINION WHAT ARE THE MOST IMPORTANT ETHICAL ISSUES FOR THE SPECIALTY IN THE NEXT FIVE YEARS AND HOW COULD WE ADDRESS THEM

Beth Robbins. *University of Leeds*

10.1136/spcare-2020-PCC.17

A multitude of challenges are likely to confront the field of palliative care in the coming years, many of these with huge ethical implications. With demographic shifts resulting in the over-65 population resting at almost 12 million, combined with an unprecedented increase in the burden of diseases of old age such as dementia; it is likely that palliative care as a specialty will need to adapt to new demands. These challenges are compounded by considerable uncertainties surrounding funding, which will undoubtedly lead to difficult resource allocation decisions. Furthermore, ease of access to palliative care services varies considerably across society, with individuals with mental health conditions, a non-cancer diagnosis or belonging to BAME or LGBT communities all facing substantial barriers to access. This essay aims to examine how the fundamental principles of medical ethics such as beneficence, non-maleficence, justice and autonomy can be applied to the aforementioned challenges.

No proposals in isolation are likely to address all of the above challenges. Improved integration between general practice and palliative care services could significantly improve access to care however this will require further investment in an already overstretched primary care service. Extending opportunities to learn about palliative care to other health care professionals may also help to improve their confidence in treating this population. With projections indicating that care homes are likely to become the 'hospices of the future' it is vital that individuals working in these areas are adequately trained and able to work within a well-supported multi-disciplinary team. Disparities in access between societal groups will also need to be further studied in order for these to be levelled. Crucially addressing the above challenges must be done in a way that retains the holistic and individualistic nature, that is so integral to the speciality.

18 ARE UK PALLIATIVE CARE PATIENTS WILLING TO PARTICIPATE IN A TRIAL OF BISPECTRAL INDEX (BIS) TECHNOLOGY FOR ASSESSING LEVELS OF CONSCIOUSNESS? FINDINGS FROM AN EXPLORATION OF FEASIBILITY FOR I-CAN-CARE

Anna-Maria Krooupa, Paddy Stone, Stephen McKeever, Bella Vivat. *University College London, Kingston University and St George's University London*

10.1136/spcare-2020-PCC.18

Background Bispectral Index (BIS) monitoring uses electroencephalographic data to measure patients' level of consciousness. Our I-CAN-CARE study sought to explore the use of BIS in palliative care. Our preliminary work indicated that while a few clinicians had some reservations about the technology, patients and relatives did not. We therefore proceeded to investigate BIS in practice.

Objective To evaluate the feasibility of trialling BIS monitoring with conscious UK hospice patients.

Methods We conducted a prospective study of BIS with hospice inpatients, trialling the technology for a period of four hours. Feasibility was assessed against the following a priori criteria: percentage of recruited patients 15%, and three criteria related to BIS specifically: percentage of eligible patients refusing to be approached for technology-related reasons 10%; percentage of technology-related refusals to participate 10%; and rate of non-completion due to the technology 10%.

Results In 12 months, 332 hospice inpatients were screened for eligibility, and 177 (53.3%) deemed eligible for the researcher to approach for consent. For reasons related to the technology, one patient refused approach (1/177); 34 could not be approached for other reasons. Six of those approached (6/142; 4.2%) refused consent due to the technology. In all, 40/142 (28.2%) agreed to participate. Thirty-nine of the 40 recruited were monitored with BIS (it was impossible to monitor the other patient successfully). Two participants (2/39; 5.1%) requested that monitoring stop before the endpoint for reasons relating to the technology.

Conclusions Our findings show that it is feasible and acceptable to conduct research into BIS technology with conscious inpatients on a palliative care unit. The use of BIS did not markedly limit recruitment or retention, and most participants were content. Our analysis will proceed to examine data from these participants on the utility of BIS monitoring.

Free papers 19 – 21: symptoms

19 MANAGEMENT OF OPIOID INDUCED HYPERALGESIA

F Murray-Brown. *Derriford Hospital, Plymouth*

10.1136/spcare-2020-PCC.19

Background Opioid-induced hyperalgesia (OIH) is a clinical phenomenon, characterised by increasing pain in patients who are receiving increasing doses of opioids. Many doctors are unaware of this phenomenon, often leading to a long latency between the classic presentation of the syndrome and its eventual recognition and treatment. There is no recognised management strategy for the treatment of OIH and several interventions have been used, with varying success.

Aim To review and assess the management of opioid-induced hyperalgesia in palliative patients.

Methods Electronic databases, grey literature, clinical trials registries and handsearching for studies describing OIH. Full papers were obtained if relevant and studies graded.

Results 30 papers were included in the analysis, including case reports and case series of a total of 54 patients. Clinical features included worsening or more widely distributed pain. 50% of patients also had myoclonus, 35% allodynia, and 15% agitation. 1 patient (2%) suffered a seizure. Ten different interventions were used for the management of OIH, with many patients receiving more than one intervention

simultaneously. The most commonly used strategies included opioid discontinuation or reduction, adding the NMDA receptor antagonist methadone, or opioid rotation, most commonly to an opioid with a lower equivalent dose. The most effective strategies for managing OIH were opioid dose reduction, opioid rotation and discontinuation of opioid.

Conclusions Reasonable approaches to manage patients suspected of having OIH include reduction of opioid dose, discontinuation of opioid, opioid rotation, or instituting multimodal analgesia with adjuvant therapies such as the NMDA receptor antagonist methadone, and spinal anaesthetic techniques where appropriate.

20 ORAL NALTREXONE FOR THE TREATMENT OF CHOLESTATIC ITCH

F Murray-Brown. *Derriford Hospital, Plymouth*

10.1136/spcare-2020-PCC.20

Background Cholestatic itch is caused by intra-hepatic liver diseases such as primary biliary cirrhosis, and extra-hepatic obstruction of the biliary tree, often caused by tumours. The pathophysiology of cholestatic itch is complex and no single treatment has proved definitive. Naltrexone is an opioid receptor antagonist, which reduces central opioidergic tone, believed to be raised in patients with cholestatic pruritis.

Aim To review and assess the efficacy of oral naltrexone for the treatment of cholestatic itch.

Methods Search of electronic databases, grey literature, clinical trials registries and handsearching for studies including naltrexone for cholestatic itch. Full papers were obtained if relevant and studies graded.

Results 13 papers were included in the analysis, including 3 randomised controlled trials, 1 controlled clinical trial, 1 open-label pilot study, 7 case reports and 1 retrospective notes review. All studies found naltrexone to be effective in relieving pruritis. In all 5 studies performing statistical analysis, naltrexone significantly reduced pruritis compared to baseline. 37% of patients reported side effects, notably opioid withdrawal-type reactions and recurrence of previous pain, from all pathologies.

Conclusions Oral naltrexone therapy helps relieve cholestatic itch and although it should be used with caution in patients using exogenous opioids for analgesia, it should be considered when treating refractory pruritis in patients with end-stage liver disease.

21 THE PREVALENCE OF SYMPTOMS IN INTENSIVE CARE UNIT PATIENTS: A SYSTEMATIC REVIEW AND META-ANALYSIS

Alison Cran. *King's College London (Palliative Care MSc)*

10.1136/spcare-2020-PCC.21

Background There is increasing international recognition of the importance of palliative care for all intensive care unit (ICU) patients regardless of prognosis. The palliative care needs of ICU patients are largely unknown but individual studies focused on specific groups have indicated a high symptom prevalence. In order to target interventions effectively, a greater understanding of symptom burden is needed.

Aims To determine the prevalence of physical, psychological and spiritual symptoms experienced by ICU patients.

Methods Six electronic databases were searched from inception to 2018. The concepts 'intensive care', 'symptoms' and 'prevalence' were used to identify quantitative studies that reported data on the prevalence of three or more symptoms in adult ICU patients with any diagnosis. Additional data sources included Google Scholar and reference list and citation searches of all included studies. Prevalence was documented for each symptom identified. When raw data permitted, random-effects meta-analysis with double arcine transformation was used to calculate pooled prevalence estimates and 95% confidence intervals. Heterogeneity was assessed using the I² statistic.

Results Fourteen studies were included, providing data from 1602 ICU patients. In total, 31 physical, 11 psychological and two spiritual symptoms were identified. Pain, dyspnoea and anxiety were the most frequently described. Ten studies contributed to the meta-analysis, which was performed for fifteen symptoms. The most prevalent symptoms were fatigue (95%; 95% confidence interval 90–98), dyspnoea (77%; 61–89), anxiety (76%; 52–94), anorexia (70%; 31–97) depression (68%; 43–89), drowsiness (67%; 42–88), thirst (66%; 43–86) and pain (54%; 35–73). Wide confidence intervals and high I² values signified considerable heterogeneity.

Conclusion ICU patients experienced a significant symptom burden and were not adequately symptom controlled. The heterogeneity observed influences the validity and generalisability of the results. However, despite limitations, this review provides a valuable insight into the unmet palliative care needs of ICU patients.

Poster presentations

Bereavement | Poster 1

1 COMMUNITY BEREAVEMENT SERVICES IN THE NORTH EAST OF ENGLAND: IMPROVING AWARENESS AND ACCESSIBILITY

Jo Brown, Hannah Billett, Felicity Dewhurst, Elizabeth Fleming, Kate Howorth, Emily Kavanagh, Rachel Kiltie, Lucy Robinson, Grace Rowley, Donna Wakefield, Kerry Waterfield, Elizabeth Woods. *North East Palliative Registrar Research Alliance*

10.1136/spcare-2020-PCC.22

Background Despite national guidelines highlighting the importance of Bereavement support, research suggests that this continues to be provided inconsistently. Concerns were raised by General Practitioners (GPs) regionally about lack of Bereavement support services. A region wide survey found that GPs referred or sign-posted their patients to multiple different services. 21% of respondents did not refer patients as they were unsure about current services within their locality. This demonstrated a need for a review and mapping of the available services to increase awareness and accessibility.

Methods A Freedom of Information request was sent via email to 36 services in North East England who may provide Bereavement support. This list was generated from services GPs identified in the previous project, all North East hospices and services in the region provided by the mental health charity Mind. Information requested included the number of