was undertaken in week 1 and 5 of a 5 week breathlessness programme.

Results A Total of 55 patients attended 161 session out of a potential 275, resulting in combined total of 44 separate goals been set using the GAS Light template.

All goals were reviewed and were categorized from 3 options namely, ‘a little better’, ‘same’ or ‘worse’. 30 Goals were achieved with patients identifying them as ‘a little better’, 15 goals were not achieved of those 11 remained the ‘same’ and 4 had got ‘worse’.

23 patients did not set or complete goal setting activity due to not completing the course, declining to participate in goal setting or not returning/recording data. This is reflective of both the attendance figures and the challenges of implementing a new outcome measure in a MDT.

Conclusions Following a 5 week breathlessness programme some participants achieved and partially achieved goals important to them. Further evaluation is required.

183 HOW ARE SPECIALIST PALLIATIVE CARE UNITS USING RANITIDINE IN THE MEDICAL MANAGEMENT OF ADULTS WITH MALIGNANT BOWEL OBSTRUCTION? A SURVEY OF UK HOSPICES

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Background Malignant bowel obstruction (MBO) is a common presentation in palliative care and can cause challenging symptoms. It has been suggested that the H2-receptor antagonist ranitidine may have a role in the management of MBO as an antisecretory medication to reduce volume of gastrointestinal secretions.

Methods A questionnaire was sent via email to all UK adult hospices with inpatient units to investigate how ranitidine is currently being used for patients with MBO.

Results 60% (99 of 165) of eligible hospices completed the questionnaire. 76% reported using hyoscine butylbromide most commonly as a first line antisecretory medication for patients with MBO.

84% of hospices reported using ranitidine for selected patients although only 8% reported using it as a first line antisecretory agent. Hospices that use ranitidine are most commonly administering it via continuous subcutaneous infusion for patients with acid related symptoms (88%), combined with other antisecretory medications (80%), as a second or third line antisecretory medication (68%) and for gastrointestinal protection (66%). Reasons cited for not using ranitidine included a lack of perceived need, lack of evidence, non-inclusion in clinical guidelines and issues of practicality.

Responders highlighted the need for an individualised approach to prescribing in MBO with failure of other medications, nature of symptoms and nature of obstruction among factors influencing use of ranitidine.

Multiple hospices reported recently starting to use ranitidine or using it more frequently than they had done previously. An Australian randomised controlled trial that used ranitidine as part of a ‘standard’ treatment regime in MBO was a commonly cited instigator for change.

Conclusions Ranitidine is being used by the majority of UK hospices for selected adults with MBO despite a limited evidence base. Further research should be encouraged to evaluate the effectiveness of ranitidine and to clarify its role for patients with MBO.