

187 **IDENTIFICATION AND ASSESSMENT OF BREATHLESSNESS IN CLINICAL PRACTICE: A SYSTEMATIC REVIEW AND NARRATIVE SYNTHESIS**

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Background Breathlessness is common in chronic conditions but often goes unidentified by clinicians. It is important to understand how identification and assessment of breathlessness occurs across healthcare settings, to promote routine outcome assessment and access to treatment.

Objective To summarise how breathlessness is identified and assessed in adults with chronic conditions across different healthcare settings.

Methods This is a systematic review and descriptive narrative synthesis (PROSPERO registration: CRD42018089782). Searches were conducted on Medline, PsycINFO, Cochrane Library, Embase and CINAHL (2000–2018) and reference lists. Screening was conducted by two independent reviewers, with access to a third, against inclusion criteria. Data were extracted using a bespoke proforma.

Results Ninety-seven studies were included; conducted in primary care (n=9), secondary care (n=53) and specialist palliative care (n=35). Twenty-five measures of identification and 41 measures of assessment of breathlessness were used. Primary and secondary care used a range of measures to assess breathlessness severity, cause, and impact for people with chronic obstructive pulmonary disease (COPD). Specialist palliative care used measures assessing broader symptom severity and function with less focus on overall quality of life (QoL). Few studies were identified from primary care.

Conclusion Various measures were identified, reflective of the setting's purpose. However, this highlights missed opportunities for breathlessness management across settings; primary care is particularly well-placed to diagnose and support breathlessness. The COPD approach (where symptoms and QoL are part of disease management) could apply to other conditions. Better documentation of holistic patient-reported measures may drive service improvement in specialist palliative care.

188 **IDENTIFICATION OF PATIENTS WITH POTENTIAL PALLIATIVE CARE NEEDS: A SYSTEMATIC REVIEW OF SCREENING TOOLS IN PRIMARY CARE**

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Background Despite increasing evidence of the benefits of early access to palliative care (PC), many patients do not receive PC in a timely manner. A systematic approach in primary care can facilitate early identification of patients with potential PC needs and prompt assessment of their needs.

Aim To identify existing screening tools for identification of patients with advanced diseases who are likely to have PC needs in primary health care and evaluate their accuracy.

Methods The protocol was registered with Prospero, registration number CRD42019111568. Searches of MEDLINE, Embase, Cochrane and CINAHL, from inception to March 2019. Studies mentioning the use or development of a screening tool to identify patients with advanced diseases and

potential PC needs in primary care were eligible for inclusion. A narrative synthesis was conducted.

Results From 4,127 unique articles screened, 25 reported the use or development of 10 screening tools. Most tools use prognostication and/or deterioration as a proxy for the identification of people with potential PC needs. The tools are based on a wide range of general and disease-specific indicators. The proportion of patients identified with potential PC needs across studies ranged from 0.49 to and 79%. The accuracy of five tools was assessed in eight studies; these tools differed significantly in their ability to identify patients with potential PC needs with sensitivity ranged 3–94%, and specificity ranged 26–99%.

Conclusion The ability of current screening tools to identify patients with advanced diseases who are likely to have PC needs in primary care is limited. Further research is needed to identify standardised screening processes which are based not solely on predicting mortality and deterioration, but also on anticipating the needs whenever they occur and predicting the rate of functional decline in order to trigger holistic assessment to identify and address PC needs at the right time.

189 **NON-MALIGNANT LIVER DISEASE: A RETROSPECTIVE AUDIT OF HOSPITAL INPATIENT DEATHS**

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Background Liver disease has a fluctuating course and palliative care involvement is often only when death is imminent: we are missing opportunities for symptom control and advance care planning. The Supportive and Palliative Care Indicators Tool (SPICT) aids healthcare professionals in identifying patients who would benefit from holistic assessment and care planning. We aimed to examine deaths from non-malignant liver disease in Birmingham Heartlands Hospital (BHH) using the SPICT to ascertain palliative care involvement, joint working and prognostication of these patients.

Methods Over a retrospective 12-month period, the notes and online records of all patients who died on the gastroenterology ward of non-malignant liver disease at BHH were collected and reviewed in respect to their last admission. Their SPICT scores were subsequently calculated (general and liver-specific).

Results 34 patients met the study criteria. One patient was potentially fit for transplant. Every patient in the cohort had met at least one of the symptom burden criteria with 67% documented as having a troublesome symptom burden. The most predominant liver related symptom was ascites. 9 of the cohort were referred to the hospital palliative care team. The corrected mean time from referral to death was 4.3 days, with 3 of the patients dying the day of referral.

Conclusion This study showed that despite having a high symptom burden, very few of this cohort were referred to palliative care in sufficient time to adequately manage symptoms, if at all. Introducing the SPICT to this setting could act as a means of prompting referrals to palliative care. We also suggest that future research needs to address how gastroenterologists recognise deterioration and dying in their patient population, and whether there are further barriers to referring to palliative care in the hospital setting.