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