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 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.

**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.

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**Poster presentations**

**Bereavement | Poster 1**

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


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
CAREGIVER BURDEN AND HEALTH STATUS PERCEPTION OF FAMILY CAREGIVERS OF PATIENTS RECEIVING PALLIATIVE CARE AT HOME

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Introduction The aim of this study was to explore the repercussions associated with caregiving of patients who receive palliative care at home due to an oncological disease through the assessment of the health status self-perception in the last year, the presence of anxiety and depressive symptoms and the assessment of caregiving burden.

Method Design: Descriptive, cross-sectional study. Sample: family caregivers of patients with oncological disease who are under the follow-up of a home palliative care program hospital-based. Period: July 2015 and December 2016. Analysis: descriptive statistics. Questionnaires: Goldberg anxiety and depression scale; Zarit Caregiver Overload Scale in reduced version

Results 80 family caregivers were included in the study. 56 (70%) were women and 24 (30%) men, with a mean age of 61.75 years (SD=12.98). 52.5% of the family caregivers assessed negatively affect their health status in the last year (regular, bad or very bad) while 47.5% valued it positively (good or very good). 48 caregivers presented symptoms of possible anxiety diagnosis, and 36 caregivers symptoms of possible diagnosis of depression.

The risk of claudication due to caregiver’s burden was assessed in 57 caregivers. The average score was 14.95 on the Zarit Scale (short version). 16 caregivers (20%) presented claudication risk criteria. The results showed a significant positive association between age \( r=0.316; p=0.008 \), anxiety symptoms \( r=0.333; p=0.005 \), care overload \( r=0.277; p=0.037 \) and the worst health status perception.

Conclusion In the sample studied, the family members who take care presented a worse perception of their health status, higher levels of anxiety and a greater perception of care overload.