arm (iv) **Trial procedures** - determine the appropriate primary outcome, adherence/compliance rates

Implications We aim to determine whether this approach is feasible and warrants further investigation in a larger randomised Phase II trial leading to a confirmatory multi-centre randomised Phase III trial to include a cost-effectiveness appraisal.

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USE OF OPIOIDS AS AN ADJUNCT IN THE MANAGEMENT OF SIALORRHEA IN MOTOR NEURONE DISEASE

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Background Current treatments for thin, watery hypersalivation in MND include conservative methods, anti-muscarinics, and Botulinum toxin injection or radiotherapy of the salivary glands (Young, Ellis, Johnson, Sathasivam, & Pih, 2011).

Objective To report a case of sialorrhea in an MND patient in whom conventional treatment options were not helpful or tolerated. Morphine was trialled and found to reduce symptoms.

Results W is a 42-year-old gentleman who was diagnosed with MND in 2013 needing BiPAP ventilation by January 2015. In February 2016, W presented with sialorrhea, and was started on 12.5 mg Amitriptyline once nightly. However, he developed daytime somnolence, without significant symptom improvements and was switched to Benzhexol (Artane), 2 mg/day in March. W was also trialled on Oramorph 2–4 mg PRN as an adjunct to Benzhexol, which he took about twice daily.

In August 2016, W presented with increased mucus plugging of his lower respiratory tract, intolerably dry oral mucosa, and thick oral secretions that became stuck at the back of his throat. Benzhexol was stopped and W underwent one session of radiotherapy. This only reduced his sialorrhea for 2 weeks, after which W developed salivary flooding every 1–2 hours. Morphine was then delivered via a continuous subcutaneous infusion (CSCI) 20 mg/24 hours, which improved W's symptoms and alleviated salivary flooding.

As the MND progressed, W developed an ineffective cough and was unable to clear thick lower respiratory tract secretions. A cough assist machine was introduced.

W is currently on 25 mcg Fentanyl Patch (72 hourly) and a cough assist machine. W does not report any problems with daytime drowsiness, excessively dry oral mucosa, salivary flooding or thick secretions in the upper or lower respiratory tract.

Conclusion We propose that opioids have a measure of anticholinergic effects, which when used as an adjunct with existing therapies for MND, address the balance between excessive watery secretions and thick mucus plugging.

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A SYSTEMATIC REVIEW OF THE EFFECTIVENESS OF PALLIATIVE INTERVENTIONS TO TREAT RECTAL TENESMUS IN CANCER

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Background Rectal tenesmus is a distressing symptom in patients with advanced cancer and challenging to treat. There is lack of consensus on the appropriate management of rectal tenesmus in this patient population.

Aim To identify and examine the effectiveness of interventions to palliate rectal tenesmus caused by advanced cancer when surgery, radiotherapy or chemotherapy are no longer treatment options.

Design A systematic review of the literature following standard systematic review methodology and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidance.

Data sources A comprehensive search of the electronic databases MEDLINE, EMBASE and the Cochrane Library was conducted from the date of inception to April 2016. PubMed “related articles”, grey literature, and hand-searches of the bibliographies of relevant papers and textbooks were also performed. Non-cancer patients were excluded. Any studies involving surgery or radiotherapy to treat tenesmus were excluded. Studies involving interventions to treat pelvic pain syndromes without specific outcome measures on severity of tenesmus were excluded. The quality of the studies was assessed using a National Institute for Health and Clinical Excellence recommended quality assessment tool.

Results From 861 studies, nine met full criteria and were selected. All were case series investigating the use of pharmacological interventions (diltiazem, nifedipine, methadone, mexiletine hydrochloride, lidocaine, bupivacaine), anaesthetic interventions (lumbar sympathectomy, neurolytic superior hypogastric plexus block), and endoscopic laser interventions. The included studies showed substantial heterogeneity and therefore a meta-analysis was not feasible.

Conclusion From this review we identified a significant gap in research into the palliation of rectal tenesmus. A multimodal approach may be necessary due to the complexity of the pathophysiology of tenesmus. Future research in this area should focus on randomised controlled trials of drug therapies whose potential effectiveness is suggested by case series’.

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RECOGNISING DYING IN ADULTS: IDENTIFYING PATIENTS IN THE LAST 12 MONTHS OF LIFE

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Background Recognising dying presents a challenge for health-care workers, prognostic uncertainty can be a barrier to advanced care planning. NICE quality standard 13 Quality statement 1 states; *People approaching the end of life are identified in a timely way*. The GMC defines approaching end of life as when a person is likely to die within the next 12 months.

Method I conducted a retrospective audit of 27 patients who died in hospital over a 2 week period in 2016. Data was collected for 3 separate time intervals; 12 months- 6 months before death, 6 months to 7 days before death and the last 7 days of life.

Results At 12 months to 6 months before their death, most patients (19/27) met the criteria for Gold standard framework, however no patients had formal advanced care planning documented, 3/27 had DNA-CPR in place. At 6 months to 7 days before death all patients met criteria for GSF, more than could be identified as advanced or unstable disease, 3/27 had