

recognised by medical staff. 27/40 (67.5%) patients were BPS positive. Of these only 1 (3.7%) was referred to HSPCT.

Conclusions This work demonstrates a significant symptom burden in patients with DCLD. This does not appear to be recognised by the medial team, meaning referral rates to HSPCT are low. Routine use of the IPOS in conjunction with BPS may aid identification and referral of patients to HSPCT, and help address this.

157 OPIOID THERAPY IN CHRONIC CANCER PAIN – ARE WE DOING THE RIGHT THING?

Hannah Clare, Lisa La Mola, Richard Berman. *The Christie NHS Foundation Trust*

10.1136/bmjspcare-2018-ASPabstracts.184

Background People are surviving cancer for longer and are undergoing more lines of treatments. Their survival may be complicated by chronic pain for which they can be on long-term opioids. The pitfalls of chronic opioid use are well documented in non-cancer pain. At The Christie, there are increasing referrals to the Supportive Care Team (SCT) for patients with uncontrolled pain, on high doses of opioids experiencing significant adverse effects, whilst being actively treated for cancer.

Aims Assess the response in pain levels, side effects and ability to remain on treatment following opioid reduction, and adoption of a more targeted approach to pain control.

Method A retrospective case note review was conducted. Those included had been referred with worsening chronic pain as the predominant symptom, and an opioid reduction within the initial management plan. Data was collected with an audit tool at the initial and subsequent visit.

Results Nine case notes were reviewed. The mean opioid reduction was 35% (range 20%–100%). All patients reported a reduction in their self-rated pain score with 78% reporting at least an improvement of 2 points (out of 10). All those who felt constipated reported an improvement, and 83% who reported drowsiness felt it had resolved. At 89% of clinic visits a non-opioid medication was either started or titrated. Breakthrough opioid doses were altered in all (one excluded as no documentation) with 50% having a dose reduction (average 37.25%) and 62.5% starting trans-mucosal fentanyl. There were no delays in those on active treatment.

Conclusion Reducing overall opioid dose, treating breakthrough pain as a separate entity and optimising non-opioid medications improved both pain control and the adverse effects of opioids.

Early referral to the SCT can help optimise pain control, reduce side effects and allow patients to maintain their performance status to continue treatment.

158 THE 'FORGOTTEN' GENERATION: QUALITY OF LIFE IN MEN LIVING WITH DUCHENNE MUSCULAR DYSTROPHY

Sheonad Laidlaw, Emma Carduff. *Marie Curie Care, University of Cardiff*

10.1136/bmjspcare-2018-ASPabstracts.185

Background Duchenne Muscular Dystrophy (DMD) is an x-linked, ultra-rare neuromuscular condition affecting 1 in 3600–6000 live male births. Life expectancy is increasing thanks to targeted intervention and advancing medical

treatment. Longer survival and advancing age means a greater dependence on family, friends and the wider community, and increasing social and health care costs. However, little is known about quality of life (QoL) in adults with DMD.

Aim To investigate and explore quality of life in men living with DMD in the West of Scotland.

Methods This was a qualitative interview study using the 'Schedule for the Evaluation of Individual Quality of life – Direct Weighting' (SEIQoL-DW) tool, an interview based instrument which allows the assessment of elements that contribute to an individual's QoL. Men over the age of 25 and living in the West of Scotland were identified and recruited through the Scottish Muscle Network – a multidisciplinary clinical network. The interviews were transcribed and analysed thematically applying descriptive labels to the data.

Results Six men were recruited and interviewed. A number of themes were characterised as key to good QoL: strong personal relationships providing support and advocacy; meaningful connection with the world through hobbies and on-line communities; being in control of physical and mental well being, supported by knowledgeable and approachable health care professionals; continued independence through use of essential equipment both in and out of the adapted accessible home; and a positive, resilient attitude to life with a disability. **Conclusions** Key improvements could improve QoL in this 'forgotten' group of adults: upskilling and support for all care givers; lifelong input from physiotherapy; timely access to psychological support; improved access to respite facilities; better co-ordinated holistic multidisciplinary care; and proactive advance care planning.

159 ENHANCED SUPPORTIVE CARE (ESC): RESULTS FROM THE NATIONAL CQUIN DATA (YEAR 1)

Richard Berman, Lisa La Mola, Elizabeth Elliott, Nathan Hall, Jill Lockhart. *NHS England, The Christie NHS Foundation Trust*

10.1136/bmjspcare-2018-ASPabstracts.186

Background The landscape of cancer care is changing rapidly. As more patients live longer with 'chronic cancer' and new treatments become increasingly available, there is a growing need for oncologists, palliative care specialists and acute physicians to contribute more to the development of expertise in managing problems associated with long-term cancer and cancer survival. ESC is a national cancer centre initiative which aims to implement early involvement of supportive care within oncology. The ultimate aim of ESC is to make available supportive care expertise for patients at any stage, including those with curable cancers.

Methods ESC is being delivered through a national cquin. This has encouraged additional investment allowing resource expansion required to deliver ESC. In most centres, development of ESC has been led by palliative care clinicians and incorporated within palliative care teams. In other centres, this is led by oncologists. Some 'rebranded' the name of their palliative care team to include 'supportive care' or 'symptom control'; whilst others have developed separate 'ESC teams' within their centre. In this 1st phase of ESC, referrals to supportive care are encouraged for patients who are within 6 weeks of a diagnosis of incurable cancer.

Results ESC is a 3-year national project (2016–2019). 23 cancer centres across England signed up to the initiative in