with patients accessing the most appropriate clinician for their current needs.

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165 IMPROVING CARE OF PATIENTS WITH TERMINAL AGITATION (TA) AT END OF LIFE AT LEEDS TEACHING HOSPITALS NHS TRUST

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Aim Our multidisciplinary team quality improvement project aimed to ensure that all dying patients who experience TA have an effective individualised plan of care on an acute stroke ward (L21) within a tertiary centre.

Background Leeds Teaching Hospitals was selected to be one of 10 hospitals to be part of the national 'Building on the Best Programme' in conjunction with Hospice UK, Macmillan, NHSE and NHSI. This was to build on what was already being achieved by hospitals to improve the quality of end of life care (EOLC). Often improvement work focuses on the management of pain and we wanted to focus on improving the care of patients with TA, a symptom found in up to 90% of dying patients, but not always focused on.

Methods This work was led by the Palliative Care team in conjunction with the frontline team on L21. A driver diagram was produced to identify key areas of focus (FIG 1). Interventions included ward-based role modelling of expert care of the dying; (this included the recognition, assessment, care planning and evaluation of interventions for patients experiencing TA), ward-based teaching, display and presentation of improvement data and discussion of dying patients in safety huddles. Run charts were created for these initiatives, with baseline data pre-intervention and on-going data collection during the testing, implementation and sustainability phases. All interventions were developed following identification of gaps in care delivery/evaluation.

Results Run charts (FIG 2–4) demonstrated statistically significant improvements in the rate of assessment, reassessment and evaluation of terminal agitation ($p < 0.05$). Routine review and dissemination of data with the frontline teams in these initiatives enhanced collaborative engagement, motivation and success.

Conclusion Through collaborative working and ward-based role modelling we have demonstrated it is possible to improve the overall management of this challenging symptom in terminal care.

166 PUT UP WITH DYSGEUSIA... I DON'T 'ZINC' SO!

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Background Taste or gustatory dysfunctions are implicated in loss of appetite, unintended weight loss, malnutrition and reduced quality of life. The benefits of Zinc supplementation for dysgeusia have been documented for the past 20 years with moderate quality supportive evidence available.

Improvements in taste have been demonstrated in patients receiving chemoradiotherapy and in those with idiopathic taste loss. However, this approach does not appear to be part of routine practice.

Aims We present a case study of a patient experiencing dysgeusia who was successfully treated with zinc supplementation and lifestyle changes.

Case study description 60 year old patient with a uterine carcinoma receiving Sirolimus treatment. She described extreme taste sensation changes within 1 month of commencing the Sirolimus; foods tasted too salty with an accompanying overwhelming metallic taste. This severely impacted upon her enjoyment of food with reduced appetite, associated weight loss, fatigue and social withdrawal.

Physical examination of the oral cavity showed no evidence of infection, ulcers or candidiasis. Zinc supplementation was commenced alongside routine advice including regular oral hygiene, dietary changes and cooking techniques.

Results Specific taste change improvements occurred within 3 weeks with reduction in the salty and metallic tastes. This resulted in improved appetite and tolerance of a wider variety of foods. During subsequent weeks, alongside immunotherapy, there was continued improvement in appetite, enjoyment of eating and quality of life.

Conclusion Although not routine clinical practice, this case demonstrates how inexpensive mineral supplementation can improve dysgeusia and supported tolerance of immunotherapy.

Based on this case, we plan to review our palliative care caseload to identify prevalence of this symptom. Our intention would be to then develop an approach to further research this intervention. The research hypothesis is that zinc supplementation plus lifestyle changes is superior to lifestyle changes alone for dysgeusia in palliative care.

167 METHYLPHENIDATE FOR DEPRESSION IN PALLIATIVE CARE – WHAT'S NEW?

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Background Symptoms of depression (SDEP) are common; antidepressants are not always effective or appropriate, especially in palliative care (PC) cohorts (where the priority is timely effect). Methylphenidate, a psychostimulant, may offer an alternative. The related 2008 Cochrane review¹ contained a heterogeneous group of trials and was inconclusive. New trial data has become available.

Aim To evaluate via systematic review the effectiveness and safety of methylphenidate (single-agent or adjunct) in treating depression and SDEP in adults who have advanced medical conditions or are receiving PC.

Methods We searched published papers of randomised controlled trials (RCTs) in any language from 2006-present on key online databases, manufacturer's trial listings, reference searching, and personal communication. Citations were screened in duplicate. Trials meeting criteria were collated with relevant RCTs from the previous review.¹ Cohorts with traumatic brain injury were excluded.

The primary outcome measures were: effect of MPD on overall SDEP (at days 7 and 28), and adverse events (AEs). Where homogeneity allowed, meta-analysis was planned.

Data were extracted and checked by two authors. Cochrane Collaboration guidelines assessed bias risk in 6-domains. GRADE criteria rated overall evidence.

Results Six papers were identified (including two from previous review), outlining five RCTs and two n-of-1 trials. Five used MPD alone and two MPD as adjunct to mirtazapine or SSRI, for a total of 229 patients. Trials compared MPD to placebo or desipramine. Small sample sizes and poor recruitment meant all trials were at high bias risk. Unfortunately, trials were heterogeneous and meaningful meta-analysis could not be performed. Most trials showed a trend toward effectiveness, however results were frequently not statistically significant. One recent trial found no evidence of effect. Methylphenidate was generally well-tolerated.

Conclusion There remains no conclusive evidence as to whether methylphenidate is an effective antidepressant in PC cohorts.

REFERENCE

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168 A RAPID EVIDENCE ASSESSMENT OF THE OPTIMAL PHENOBARBITAL DOSAGE REGIMEN FOR MANAGEMENT OF INTRACTABLE AGITATION IN THE LAST DAYS OF LIFE TO PRODUCE A CLINICAL GUIDELINE

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Background Agitation is a common symptom at the end of life; without prompt assessment and management it can cause significant distress to patients and relatives. Clinical practice in the pharmacological management of intractable terminal agitation varies, particularly if the commonly used agents (benzodiazepines and antipsychotics) have failed to be effective. These difficult clinical scenarios require a robust approach to control symptoms effectively. This review aims to facilitate production of an evidence-based guideline for the use of Phenobarbital for intractable agitation at the end of life, for use within a Specialist Inpatient Palliative Care Unit.

Method A literature search was carried out through EMBASE, Medline, CINAHL and PubMed databases, using synonyms of 'Phenobarbital?', 'Palliative?' and 'Agitation?' as search terms.

Two researchers reviewed the search results. Articles specifying doses of injectable Phenobarbital were included for review. Additionally, in the case of review articles, the original sources stating dosage were reviewed where available.

Results 11 of the 25 articles from the initial search met inclusion criteria. Of these, 6 were excluded as they lacked sufficient detail. With the inclusion of one further source referenced in a review article, a total of 6 core sources were used. They described various doses of Phenobarbital used for end-of-life agitation.

Conclusions This review of the current evidence base provided no standard or optimal dosing regime. However, based on the available evidence, a clinical guideline will be produced for use of Phenobarbital in intractable agitation at the end of life in our unit: with an IM loading dose of 200 mg followed by a continuous subcutaneous infusion of 800 mg-1600 mg/24 hrs. Due to the infrequency of this presentation and the use of Phenobarbital; sharing and evaluating the guideline at a

regional level would facilitate more rapid efficacy assessment and refinement.

169 VITAMIN D SUPPLEMENTATION FOR ADULTS WITH ADVANCED CANCER: IMPACT ON QUALITY OF LIFE, PAIN AND FATIGUE

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Background Vitamin D deficiency is common and can be associated with multiple symptoms including fatigue and pain. These symptoms are common in advanced cancer, and the prevalence of vitamin D deficiency in adults with advanced cancer has been estimated at 47–90%. The aim is to systematically review the available evidence for the supplementation of vitamin D for adults with advanced cancer, to assess the impact on pain, fatigue and quality of life.

Methods An electronic search (PubMed, clinical trial databases) was undertaken in October 2017, using search terms 'Vitamin D' and 'cancer', filtered for clinical trials. This was supplemented by a search of palliative and oncological journals.

Inclusion criteria:

- Population- adults with advanced/metastatic cancer;
- Intervention- systemic vitamin D, any dose;
- Comparison- placebo or other;
- Outcomes- quality of life, pain or fatigue.

Exclusion criteria:

Conference abstracts; studies in which the effect of vitamin D could not be distinguished from another agent, because given with e.g. chemotherapy.

Results Electronic searches yielded 419 titles and abstracts (PubMed), 449 titles (journal search), 110 registered studies (trial databases), including duplicates. Of these, 79 articles were reviewed in detail. No completed randomised controlled trials were identified. One case-control study (retrospective controls) and four single-arm studies were identified. Four of these studies reported an improvement in symptoms or reduction in opioid dose, suggesting that vitamin D supplementation may have a role in symptom relief for people with advanced cancer, but there is a high risk of bias.

Two double-blind placebo-controlled RCTs (VIDAFAC, Palliative D) are ongoing.

Conclusion There is low quality evidence that vitamin D supplementation may improve pain and weakness in adults with advanced cancer. Two ongoing placebo-controlled RCTs should provide more robust evidence to guide clinical practice. In the meantime it seems reasonable to remain vigilant for vitamin D deficiency, and to recommend supplementation if deficiency appears symptomatic.

170 THE USE OF SUBCUTANEOUS LEVETIRACETAM IN THE WEST MIDLANDS' PALLIATIVE CARE POPULATION: A RETROSPECTIVE AUDIT

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