SEARCHING FOR THE HOLY GRAIL? EXERCISE AND NUTRITIONAL REHABILITATION (ENeRgy) IN PATIENTS WITH CANCER

Charlie Hall, Barry Laird. St Columba’s Hospice, Edinburgh, UK; Institute of Genetics and Molecular Medicine, The University of Edinburgh, Edinburgh, UK

Background Rehabilitation is advocated as an essential component of palliative care (Tiberini & Richardson, 2015) and is increasingly being adopted throughout various care settings. However, data on efficacy and key components of rehabilitation are lacking (Salakari, Surakka, Nurminen et al., 2015). There is a persuasive argument that any rehabilitation programme should combine exercise and nutrition, which together may improve physical function and quality of life, but this needs to be assessed (Payne, Larkin, McIlfatrick et al., 2013; Chasen, Bhargava, MacDonald, 2014). The ENeRgy trial will compare an Exercise and Nutrition based Rehabilitation programme with standard care, in patients with advanced cancer. The trial is funded by Marie Curie and the Chief Scientist Office.

Aims The primary aim of the ENeRgy trial is to assess the feasibility of an Exercise and Nutrition based Rehabilitation programme. Secondary aims will assess patient and carer quality of life measures, functional and nutritional status, contamination of the control group and health economic impact.

Methods A single centre, randomised (1:1), unblinded feasibility trial is underway. Patients are randomised to receive an exercise and nutrition based rehabilitation programme (intervention) or standard care (control). Eligible patients meet the following criteria: >18 years; Karnofsky Performance Status >60; have incurable cancer; not currently undergoing anti-cancer treatment (bisphosphonates and hormone therapies are permitted).

Results The trial is recruiting until February 2019. Preliminary results are encouraging with 16% recruitment and 20% attrition rates. Patients are tolerating the individualised rehabilitation programme and positive feedback is emerging in terms of patient centred outcomes.

Conclusions The ENeRgy trial is a key step in defining, developing and assessing the feasibility of an outpatient, hospice based rehabilitation programme in this patient cohort. The results of this feasibility trial may pave the way for a wider, multi-centre trial to generate high quality evidence for rehabilitation in advanced cancer patients. This research has the potential to further guide the evolving arena of Rehabilitative Palliative Medicine.
Aims The aims were to:
- map the extent of hospice community volunteering services
- gather information about services already in place
- identify barriers to developing services
- inform the development of resources for hospices interested in establishing community volunteering services.

Methods A 40 item online questionnaire was developed, reviewed by the project reference group, piloted and revised. Comprising multiple choice and open-ended questions, it was circulated to the full membership of Hospice UK; 225 hospices including 14 combined adult and children’s services and 25 children’s hospices. Quantitative analysis was undertaken using both the online survey data output and Excel. Qualitative data were analysed using a framework approach. Children’s hospice data were analysed and reported separately.

Findings from adult hospices
- 115 adult hospices responded
- 70% had community volunteering services (CVS)
- 61% of hospices without CVS were keen to develop these
- the majority of hospice CVS were staff-led.

Benefits included:
- improved wellbeing for patients, families and volunteers
- respite for families/carers
- improved access to a range of services for patients and families
- improved quality of care
- staff having greater understanding of patients’ and family needs
- staff skills and time more effectively used
- increased service provision.

Barriers to development included:
- lack of resources (including funding, staff, volunteers and time)
- concern over lone-working, safeguarding and insurance.

Responses indicated that they would find materials to guide development helpful.

Conclusions Hospice community volunteering services appear to be widespread and growing. There are clear benefits for patients, families, volunteers, organisations and staff.

O-21 HOW DO HOSPICES FACILITATE SOCIAL SUPPORT?
Natasha Bradley, Mari Lloyd-Williams, Chris Dowrick. University of Liverpool, Liverpool, UK
10.1136/bmjspcare-2018-hospiceabs.21

Background Social isolation is increasing, with negative consequences for both physical and mental health. People with life-limiting illness and their carers are at risk of inadequate social support and loneliness. Hospices support social wellbeing with services including traditional day care, support groups, befriending, multi-component interventions, and community activities. Existing research suggests that access to social support is highly valued. However, models of support used in practice are poorly documented and outcomes difficult to ascertain. The significance of social support in palliative care is under-researched.

Aim To establish an overview of hospice service models that facilitate social support for adults living in the community with life-limiting illness.

Method An online survey was developed, piloted, and disseminated to adult hospices in the UK and ROI. Questions include hospice characteristics, provision of services facilitating social support, access issues, use of patient outcomes, and availability of cost data.

Results 107 hospices responded to the survey (c. 50% of eligible hospices). A diverse range of service models were identified. Results include descriptive statistics of the sample, categories of services identified, and salient access issues.

Implications of findings for research and economic valuation are discussed.