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**AN INVESTIGATION OF THE SENSITIVITY OF THE ROME IV CRITERIA FOR OPIOID-INDUCED CONSTIPATION**Charlotte Leach, Andrew Davies. *Royal Surrey County Hospital, Guildford*

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**Aim** The aim of this study was to investigate the prevalence of opioid-induced constipation (OIC) using different diagnostic criteria, and specifically the new Rome IV criteria.

**Methods** This was a prospective, multi-centre, observational study of 350 patients with cancer who were receiving regular opioid analgesia for cancer pain. Patients were assessed for the presence of OIC using: a) Simple question ('are you constipated?'); b) Camilleri definition; c) EAPC definition (constipation); d) Rome IV criteria; and e) comprehensive Specialist Palliative Care (SPC) clinician assessment ('gold standard'). Patients also completed the Bowel Function Index (to assess the adequacy of treatment), the PAC-QOL (to assess related quality of life), and the MSAS-SF (to assess correlation between constipation and other physical and psychological symptoms).

**Results** The prevalence of OIC according to the different diagnostic criteria was:

- 'Simple' question: 32.8%
- EAPC definition: 27.7%
- Camilleri definition: 59.4%
- Rome IV criteria: 23.4%
- Specialist Palliative Care clinician assessment: 60.8%.

Of the 213 patients that were deemed to have OIC by comprehensive SPC clinician assessment, only 79 were Rome IV positive (and 134 were Rome IV negative). Thus, the sensitivity of Rome IV criteria was only 37.4%, (specificity 98%). In contrast, there was a good correlation between the SPC clinician assessment and the Camilleri definition (sensitivity 85.7%; specificity 73.2%). Data on the other PROMS will be presented in the full report.

**Conclusions** Asking a simple question ('are you constipated') will miss many patients with OIC. The 'gold standard' appears to be a comprehensive SPC clinician assessment, although the Camilleri definition appears to be a useful screening question for clinical practice. The Rome IV criteria does not appear to be a sensitive method for diagnosing OIC.

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**EXPLORING EXPERIENCES AND UNMET NEEDS FOR PEOPLE WITH ADVANCED HEAD AND NECK CANCER: THE VIEWS OF PATIENTS, FAMILY CARERS AND HEALTHCARE PROFESSIONALS**CR Mayland, HC Doughty, SN Rogers, SR Mason, A Gola, C Hubbert, D Macareavy, P Dey, B Jack. *University of Sheffield, University of Liverpool, Edge Hill University, Aintree University Hospital, Aintree Patient and Carer Head and Neck Research Forum, Aintree Park General Practice*

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**Background** Early access to palliative care is potentially most effective when targeted to the specific needs of individual populations. Patients with head and neck cancer represent a complex group and there is limited information about the challenges they face. The aim of this study

was to explore patient, family carer and healthcare professional perceptions about challenges and unmet needs to inform potential components of a future model of palliative care.

**Methods** Qualitative semi-structured face-to-face and telephone interviews were conducted drawing upon a naturalistic, interpretative approach. Within Northwest England, a purposive sampling approach of patients with advanced head and neck cancer was adopted who were fully aware of diagnosis and able to provide informed consent. Where possible, for each patient, a family carer was asked to participate. Healthcare professionals were identified using a snowball sampling strategy. At least one clinical representative from each of the following were identified: Head and Neck Surgery; Oncology; Specialist Palliative Care; General Practice and Community Nursing. Interviews were transcribed and analysed using a thematic approach. Ethics committee approval was obtained for the study.

**Results** Nine patients, four family carers and eight healthcare professionals participated.

Main themes identified related to 'challenges and unmet needs': increased support needed at specific 'critical' moments in patient's trajectory; communication challenges and complexities of decision-making. Additionally, relating to components of a future 'palliative care model', themes were: partnership model; timely and responsive engagement of specialist palliative care; and good linkage and connections.

**Conclusions** This study provides multi-perspective views about the current challenges in providing palliative care for this population. Conceptually, there appears to be 'critical moments' in the patient's disease trajectory when additional support and information is required for the patient and family. Interventions targeted at these times would be pertinent to help evolve a service tailored to needs.

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**WHAT ARE THE OPPORTUNITIES FOR CANCER CARE AND RELATED RESEARCH IN PRIMARY CARE? A QUALITATIVE STUDY OF THE VIEWS OF PATIENTS, CARERS AND PRACTICE STAFF**Joseph Clark, Elvis Amoakwa, John Blenkinsopp, Florence Reedy, Miriam Johnson. *University of Hull*

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**Background** Research to identify the role of primary care in cancer care is important. However, trials in primary care are difficult.

**Aims** To understand how patients, families and primary care clinicians view their role in cancer care and opportunities for cancer primary care research.

**Methods** Qualitative study embedded within a feasibility cluster randomised controlled trial of a primary care based needs assessment intervention. The Supportive Cancer Needs Survey (SCNS) was the main outcome. In-depth interviews with trial participants (patients, carers) and focus groups with primary care staff explored views on cancer care in primary care and experiences of participation in the trial. Data were recorded, transcribed verbatim and analysed thematically by three independent researchers.

**Results** We interviewed 15 cancer patients, 3 carers and conducted 4 focus groups (n=11). Three themes were