149 THE POTENTIAL FOR VIRTUAL REALITY THERAPY IN PALLIATIVE CARE – PRELIMINARY FINDINGS

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10.1136/bmjspcare-2019-ASP.172

Background Researchers have long been interested in the physiological and psychological aspects of wellbeing. Studies have found that Virtual Reality (VR) therapy, using computer generated environments and avatars, can have positive effects in relieving pain in some patient populations and can be used to alleviate symptoms of depression, anxiety, and Post Traumatic Stress Disorder. To date, there is little published research about the physical and psychological impact of VR therapy using real life environments/settings and the potential for VR to be used effectively in palliative care has not been fully investigated.

Method Participants are given a single VR therapy experience lasting no more than 4 min, once a week, for 4 weeks. Quantitative data is obtained through the comparative analysis of pre- and post-session Edmonton Symptom Assessment System: Revised (ESAS-R) scores and qualitative data is gathered through set interviews completed after each VR therapy.

Results Preliminary data evidences a 53% mean reduction in pain symptoms, 66% mean reduction in fatigue, 60% mean reduction in drowsiness, 50% mean reduction of SOB, 52% mean reduction in depression, and 62% mean reduction in anxiety with an overall 49% mean increase in overall wellbeing. Qualitatively, participants spoke about feeling more relaxed and generally 'happier' as a result of VR. Additionally participants spoke about VR connecting them to positive memories as well giving them a sense of freedom both from their illness, their symptoms, and life as a patient.

Conclusion Preliminary findings positively demonstrate a reduction of common physiological and psychological palliative care symptoms. Additional participants and VR therapy sessions are planned. Additional positive results will provide robust evidence for VR Therapy to be adopted and used alongside current symptom control measures used in palliative care.

150 UNDERSTANDING HOW DECISIONS TO PRESENT TO THE EMERGENCY DEPARTMENT ARE MADE BY PATIENTS WITH ACUTE-ON-CHRONIC BREATHLESSNESS, THEIR FAMILY CARER AND CLINICIAN

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10.1136/bmjspcare-2019-ASP.173

Background Chronic breathlessness is common in cardiorespiratory conditions and is frequently associated with emergency department (ED) presentation when the patient experiences acute-on-chronic breathlessness. Breathing Space is a concept combining patient coping, help-seeking and clinician responsiveness to breathlessness in addition to disease-management. This study aimed to explore whether Breathing Space may help explain the decision by patients with acute-on-chronic breathlessness to present to the ED.

Methods Secondary mixed-methods analysis of patient self-report survey, case note and interview data. We used an in-depth case-history approach to synthesise these source data

from eight representative patients who presented to the ED due to acute-on-chronic breathlessness. Patient-interview data were also linked with interview data from their family carers and clinicians.

Results Secondary analysis of eight survey and case note reviews, combined with analysis of eight patient interviews (four with a carer) and six clinician interviews was conducted. The Breathing Space concept was useful in understanding the individual patient's decision to attend the ED. Having a clinician who both understands the impact of breathlessness on their patient and offers ways of managing breathlessness in addition to treating the underlying disease seems to be important. Clinicians responsive to breathlessness were able to encourage a disengaged patient (with restricted Breathing Space) to move towards a more adaptive way of living with breathlessness (greater Breathing Space). The converse was seen when clinicians had a sole focus on disease-directed treatment.

Conclusion The Breathing Space concept may be useful for clinicians caring for people with chronic breathlessness. Early assessment and management of the Breathing Space of the patient (and carer) may help improve the patient's (and carer's) quality of life and the management of acute-on-chronic breathlessness crisis.

151 SYMPTOM MANAGEMENT IN END STAGE LIVER DISEASE – RESULTS OF A REGIONAL PALLIATIVE CARE NETWORK SURVEY

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10.1136/bmjspcare-2019-ASP.174

Background Symptom management in patients with end-stage liver disease can be challenging due to hepatic dysfunction. The aim of this study was to scrutinise the literature and current practices among healthcare professionals leading to the development of regional standards and guidelines.

Method A systematic review of the literature was undertaken to look for evidence of best practice in the management of common symptoms seen at the end of life in this patient cohort. In addition, this review assessed patient experience of living and dying with end-stage liver disease. To evaluate local clinical practices and professional needs, healthcare professionals in the Mersey and Cheshire regional palliative care network were surveyed. This survey was supplemented by a retrospective case note review of patients with end-stage liver disease known to palliative care teams in the hospital, hospice and community.

Results The literature review found little robust evidence for managing commonly encountered symptoms in patients with end-stage liver disease at the end of life. Fifty-one healthcare professionals (31 doctors, 19 nurses, 1 pharmacist) were surveyed. The majority of responders highlighted a need for up-to-date training in pharmacology specific to end-stage liver disease. Midazolam was most frequently prescribed to manage agitation. Forty-eight case notes were reviewed. Twenty-six (54%) patients had evidence of hepatic encephalopathy at the time of their admission. In 38% of the cases, Lactulose was used and in 23% of the cases, benzodiazepines were used. In 88% cases, terminal agitation was managed with Midazolam and in 15% cases, Levomepromazine was used.