are inadequate to control pain. Our aim was to systematically review all studies that report pharmacological and non-pharmacological interventions for refractory angina, and discuss palliative interventions appropriate for hospice and community-based care.

**Methods** We performed a literature search of six databases and a search of available grey literature. Studies relating to first- and second-line pharmacological treatments were excluded, as were interventions that had undergone systematic review within the last three years.

**Results** 4475 studies were screened, 37 studies were included in our analysis. Interventions were cardiac shockwave therapy (twenty-two), transcutaneous electrical nerve stimulation (TENS) (four), perhexiline (two), optimal medical therapy (two), multi-disciplinary care programmes (two), psychotherapy (two), cardiac rehabilitation (one), morphine (one) and intranasal alfentanil (one). The majority of studies reported positive results, with improvements in pain, angina class, exercise tolerance and quality of life. Very few adverse effects were reported across all studies but quality assessment was varied and risk of bias was generally high.

**Discussion** There is a significant body of literature regarding interventions for refractory angina that is over-looked in current clinical practice. While the quality of these studies varies, improvements have been reported in symptom control and quality of life with few adverse effects. There is a need for further research into these interventions which could be useful within the contexts of cardiology and palliative care.

**P-123** **CALCIPHYLAXIS AND THE CHALLENGES OF ADVANCE CARE PLANNING IN END STAGE RENAL DISEASE**

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**Background** Calciphylaxis is a rare and poorly understood complication of end stage renal disease (ESRD) that causes a complex pain difficult to manage in the acute hospital and hospice environment. Its management is further confounded by the symptom burden of ESRD and the challenges of facing the extremely poor prognosis associated with this condition.

**Aim** We aim to share our experiences in treating this condition using a holistic, cross-specialty approach. We would also like to suggest our guidance in managing the physical and psychosocial symptoms of calciphylaxis whilst exploring advance care planning (ACP) in ESRD in a short time frame.

**Method** We present a case of a patient newly diagnosed with calciphylaxis on a background of ESRD. The patient was managed by the hospice palliative care team with input from the renal physicians in both the acute hospital and hospice environment, spanning a period of two months from acute presentation to death. The case illustrates the impacts of various methods used in treating the patient’s symptoms. There is also a review of the evidence and guidelines for the use of opioids in ESRD as well as the guidance on ACP in ESRD.

**Results** We found that a cross-specialty approach is key to managing the symptoms of calciphylaxis and ESRD even when dialysis is discontinued. A variety of analgesics and formulations were required in treating the associated ischaemic pain. In utilising the multidisciplinary team, a comfortable death was achieved whilst placing the patient’s choices at the centre of their care.

**Conclusions** In treating the complex symptom burden and unusual presentations of ESRD, a close working relationship between the palliative medicine and renal team is essential. ACP conversations are desired by these patients but can be infrequent in reality and should be instigated earlier and repeatedly throughout their patient journey.