

## **OP45.1**

### **Pain-related emergency care presentations by patients with terminal cancer**

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**Background & Aim:** Patients with cancer often experience complex pain and symptom control issues that can cause them to presentation to Accident and Emergency [A&E]. We aim to understand the patterns, nature and magnitude of these attendances in A&E for patients with cancer in their last 12 months of life, with a particular emphasis on pain-related presentations.

**Method:** This analysis is a retrospective cohort study of NHS Tayside residents who died from cancer in a three-year period, from 2011-2014. The cohort will be identified using General Register Office 'Cause of Death' Data. Routinely collected clinical data from all unscheduled care during their last year of life was collected and linked to demographic and prescribing datasets using patient Community Health Index (CHI) numbers. The CHI is a unique patient identification number used in all clinical encounters in both general practice and hospital services.

**Results:** From the 4,407 patients in the cohort, 1,668 patients (38%) used A&E in their last year of life. Of these, 797 (18%) presented more than once, with a range of 0-21 attendances. Attendances increased in the weeks immediately before death. There were 197 different presenting complaints (PCs) recorded during these attendances, 4 of the 10 most commonly used 'read codes' were for pain-related presentations. The majority (71.1%) of patients were admitted to hospital following presentation to A&E.

**Conclusion:** Patients with cancer commonly present to A&E in their last year of life. Such presentations become more common in the weeks before death. Presentations are commonly due to uncontrolled pain. Adequate pain relief is an important factor in improving patient journey and minimizing unscheduled care use. This research can potentially identify factors associated with unscheduled care use and suggest clinical and service provision changes that could be made to improve the patient journey in patients with cancer.