EAPC 2013
INVITATION
13th CONGRESS OF THE EUROPEAN ASSOCIATION FOR PALLIATIVE CARE

30.5. – 2.6.2013
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Dear Congress participant,

Welcome to Lisbon 2011!

As I write this introduction, news reports from Japan are coming through, telling us about the earthquake and tsunami, and now, too, the threat of nuclear disaster. It is hard to witness the suffering of those who have lost their loved ones, their homes and all their possessions. Our hearts and minds reach out to our colleagues in Japan who we know from conferences and collaborations.

Help and support is needed for those whose suffering is felt acutely in Japan after these catastrophes. However, our job as providers of palliative care is somewhat different: we have to relieve the chronic suffering that goes with life-threatening illness, and provide continuous care for patients and caregivers. This ongoing suffering may be less visible than the devastating events depicted in the news, but patients and families need help and support as well.

To provide optimal care for all terminally ill patients, we need to develop and implement palliative care; this requires research and education. In correspondence with this requirement, the EAPC has recently reformulated its mission statement; it now reads, ‘The EAPC brings together many voices to forge a vision of excellence in palliative care that meets the needs of patients and their families’.

The EAPC Congresses are a major instrument in helping to achieve this goal. They are acknowledged as being platforms for the exchange of new information, the discussion of new research results, and the provision of up-to-date education and training. We are looking forward to an exciting Congress in Lisbon and to meeting colleagues from all over Europe, as well as other regions of the world.

We have come a long way since the initiation of modern palliative care by Dame Cicely Saunders in 1967 at St Christopher’s Hospice. In some countries, the provision of palliative care is approaching full coverage of the population, and many countries are directing their efforts into integrating palliative care into the healthcare system. However, different countries use different services and models of organisation, and striking the balance between palliative care as a specialist field, and as a public health approach, seems to have proved challenging.

We should also realise that palliative care is not established in all of Europe, and we have to reach out to those countries that have not advanced as far in this journey. The EAPC provides expert information and guidance on a wide range of palliative care topics, from symptom treatment to organisation of care. The EAPC White Paper on standards and norms may be used as a model to develop national strategies or guidelines.

However, the exchange of information and experience is never a one-way street. The pace of development in some countries has been quite astonishing, and I have found more than once that I have learnt much from the new and speedy advancements in these places. Following the political changes of the last few decades that have opened opportunities for palliative care pioneers in these regions, profound changes have been made to the healthcare systems of some eastern European countries. This has had the result that major advancements, such as legislative changes and
Foreword: Palliative Care – Reaching Out

implementation of national strategies, have been achieved. The recent report on palliative care to
the Parliamentary Assembly of the Council of Europe¹ has identified centres of excellence in Poland,
Russia, Hungary and Romania that set examples for western as well as central and eastern Europe.
As palliative care is developed in more and more European countries, we want to reach out to all
new national associations and invite them to join the EAPC as collective members, so that they
might benefit from the exchange of ideas with other members and participate in the development of
a European palliative care culture. The Lisbon Congress will offer an overview of the work of the
EAPC and its members, and the opportunities they have created.

In addition to the collaboration between various European countries, the EAPC also wants to reach
out to other continents. In particular, it would like to offer the opportunity of collaboration to
countries across the Mediterranean – northern Africa and the Middle East. The Congress
programme includes contributions from the aforementioned countries as a first step towards this
collaboration. This is done in close liaison with the African Palliative Care Association.

The Portuguese language spoken by our hosts in Lisbon also facilitates a link across the Atlantic to
Brazil. Close links exist between Latin American and Portuguese palliative care professionals, and
this is mirrored by the Congress programme – for example, there is a joint workshop in the
Portuguese language.

Reaching out to these colleagues and collaborators working in different cultures and settings, we
expect to have rich discussions and an abundant exchange of ideas. The Congress programme
encompasses a wide range of topics, covering all areas of palliative care. Plenary lectures are on pain
management, spiritual care and the philosophy of palliative care, but the public health approach is also
covered, along with palliative care as a task for society. Other plenaries include examples from
Romania and South Africa, as well as an international perspective on palliative care in Europe. There is
a rich selection of symposia to cater for all tastes and needs, including smaller sessions in the morning
to meet experts for direct discussions – not to forget the oral presentations and the poster exhibition
area, where so many of the participants contribute their personal research results and experiences.

One of the highlights will be a report from the pioneering days of palliative care, delivered by the
winner of the Floriani Award, Mary Baines. This will close the circle from palliative care in its first
inception to today’s state-of-the-art services. I hope that it will also allow us to reach out towards
tomorrow’s palliative care as an integral part of healthcare for every patient who needs it!

Lukas Radbruch
Chair of the Scientific Committee
President of the EAPC

Acknowledgements
I want to thank the members of the Scientific Committee, the Advisory Board and the Organising Committee, as well as
the reviewers for their contribution and commitment, as the Congress would not have been possible without their help.
Special thanks go to Heidi Blumhuber and Amelia Giordano in the EAPC Head Office in Milan, and I am sincerely grateful
to Congress Officer Farina Hodiamont, who held all the strings together and wove them into a Congress.

Reference
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12th Congress of the European Association for Palliative Care, Lisbon, Portugal, 18–21 May 2011
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When Cicely Saunders opened St Christopher’s Hospice in 1967, it brought together, for the first time, a large number of patients suffering with terminal illness with staff who were committed to discover and then teach the best ways of caring for them. Having been a medical student, contemporary with Cicely Saunders, she asked me to join her on the staff of St Christopher’s soon after its opening. We entered a new branch of medicine where there were no books or conferences and where symptom control was contained on a single sheet given to staff entitled ‘Drugs most commonly used at St Christopher’s Hospice’. Curiosity and the frequent use of the question ‘Why?’ characterised those early days and led to carefully monitored clinical practice supported by rigorous research carried out by Robert Twycross and others. These motives and methods remain relevant today.

From the outset, the importance of psychosocial and spiritual needs was recognised and emphasised in the inspired concept of ‘Total Pain’, which was described as having physical, emotional, social and spiritual components. This presentation will summarise some of the research in this field conducted in the early days and the beginning of the bereavement service. For all the advances, it is vital not to forget the words of Cicely Saunders: ‘I have tried to sum up the demands of this work we are planning in the words “Watch with me”. Our most important foundation is the hope that in watching we should learn not only how to free patients from pain and distress, how to understand them and never let them down, but also how to be silent, how to listen and how just to be there’.

By 1969, the needs of patients at home had become more apparent, and the first home care service was started following lengthy consultations with those already working in the community. These led us to offer, from the start, a 24-hour service. At night, the nurses, with medical back-up, gave advice by phone, but they were willing to visit if necessary. It has been fascinating to see the varied ways of working that domiciliary palliative care teams have adopted as they adjust to different demands and resources in diverse countries.

There is no doubt that Cicely Saunders did not found the hospice purely to care for patients in south London. Her aim was to change the world’s view of dying and this aim was shared with those of us who worked with her. So, from the beginning, we welcomed visitors from the UK and abroad. They came to see what we did and returned home to seek to apply it in their own circumstances. The results have been phenomenal, with over 8,000 services in 115 countries. However, there are many patient groups who, even now, have little help at the end of life. There are 119 countries with no palliative care provision. So the need for ‘Reaching Out’ is as relevant today as when we started 44 years ago.

Reference
Modern medicine has enabled us to enhance and extend lives, but it has also forced us to make difficult decisions about the time and circumstances of dying. Palliative care is grounded in the observation that by accepting impending death, we can liberate and redirect our endeavours towards improving patients’ quality of life and promoting a peaceful death. The decision-making process associated with this shift ‘from cure to care’ is deserving of more scientific investigation.

This presentation will summarise some recent studies on this topic by the author and colleagues. The starting point for these was a study that showed a significant discrepancy between the high prevalence of ‘letting-die’ decisions being made in the intensive care unit, and the low levels of certitude, quality and standards involved in the process of making those decisions. A review of palliative care consultations revealed that decisions to stop life support were mostly based on futility. However, treatment is often continued, despite being considered futile, as interviews with nurses and physicians have shown. Reasons for this include misunderstanding of the law, insufficient communication skills and a lack of procedural standards. Many clinicians are still sceptical of advance directives, although (as was demonstrated in another study) terminally ill patients place rather more emphasis than others on the idea that their prospective wishes should be honoured. This is true not only of adults, but also of adolescents and children, who increasingly use advance directives. New laws in various European countries – among them England and Germany – have strengthened patients’ autonomy to direct decision-making at the end of life. But despite the law, legal surrogates consider many factors other than the patient’s wishes, and there are huge and hitherto unreported differences between family members and professional guardians.

The main problem, however, is communication between surrogates and clinicians. To improve this, we developed a hospital guideline on finding and discussing the goal of treatment at the end of life.
When we consider the concept of palliative care, end-of-life care and care of the dying, both practice and research demonstrate that large proportions of society do not know what we are talking about.

As an example, we present an survey carried out in Portugal in 2009, in which more than 50% of the population either did not know what palliative care was, or understood its definition incorrectly. As professionals, we must take heed of the interpretations that the society in which we live has of our area of work; otherwise that ignorance, combined with the reality of ‘death-phobia’, will inhibit access to good palliative care.

Considering this, along with the fact that no one will ask for that which they do not know exists, we decided to develop a plan to promote and clarify the real meaning of the expression ‘palliative care’. Based on marketing rules – including the idea that we must know our target population and its needs very well, and that we should understand our core messages and recognise the opportunities to spread them – we developed several public actions.

During this conference we will show and comment upon some of those opportunities and actions, from award-winning television reports with patients, a CD with special music and the presence of our First Lady at one palliative care team meeting, to the launch of a Palliative Care Month (October) campaign and a ‘book written from within’, with true stories from patients, family members, volunteers and professionals.

The opportunity created by my election as a member of the Portuguese parliament has facilitated public discussion and debate around living wills and euthanasia. With more attention from the media, it has become easier for palliative care messages to be listened to and understood.

Finally, we will analyse the possibility and impact of new communication challenges in this area. Understanding that ‘lay’ knowledge of palliative care is very limited is, in our opinion, a crucial factor to increasing awareness of end-of-life issues. Besides providing health assistance and teaching, healthcare professionals must work hand-in-hand with marketing and communication experts to improve care of the dying.
PL 2.3

Pain management: new developments

Bennett M.I.
Lancaster University, International Observatory on End of Life Care, Lancaster, UK

This lecture will examine important and new developments for pain management in palliative care.
In 1992, the presenter of this session published a paper entitled *Palliative medicine – just another specialty?* In this, he voiced the concern that ‘we in [palliative medicine] may be in the process of selling our soul to the very medical model whose excesses have created the needs our specialty sets out to meet’.

In this session, we will explore the question of whether the way palliative care has evolved in the past 18 years has justified such a concern. We will do this by reflecting on some of the key philosophical concepts that have influenced the development of this specialty, and by sharing the presenter’s own experiences of working with some of the pioneers of hospice and palliative medicine on both sides of the Atlantic over the past 30 years.

Reference
The Budapest Commitments framework for palliative care development was launched at the EAPC Budapest Congress in June 2007. A collaboration between the EAPC, the International Association for Hospice and Palliative Care (IAHPC) and the World Palliative Care Alliance (WPCA), the aim was to encourage national associations to commit to achievable and measurable goals for the regional and national development of palliative care. Commitments were made by palliative care associations in 21 European countries, covering a wide range of topics, including education, research, networking, public awareness, policy, quality, volunteers and standards for palliative care services. The Commitments – including goals and methods for reaching them – are published on the EAPC website. This plenary talk will present the last five years of development of palliative care in Europe, as reflected in the Commitments.
PL 3.3

Spiritual and religious care at the end of life in Poland’s changing society

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Both empirical experience and scientific research indicate that spirituality and religious faith are not one and the same; further, religion could be seen as a ritual formalisation of spiritual experience. Towards the end of life, religious people usually receive spiritual care from their faith leaders and communities. However, Poland’s experience shows that there is a growing number of people who do not feel connected to the faith community that they formally belong to. One should be aware of their spiritual needs, as well as of those of non-believers. Moreover, there are increasing numbers of patients from diverse religious backgrounds. This presents a challenge, but also an opportunity – to widen the perspectives of proper spiritual and religious care in hospice and palliative care.

In Poland, the meeting of religious and spiritual needs in healthcare is a task traditionally reserved for ordained priests. Nevertheless, the hospice movement advocates for spiritual needs of patients to be identified and addressed by all members of the care-providing team. In fact, families, friends and volunteers could play an equally important role in this area of patient care. In countries with a strong religious majority – like Poland, where 89.8% of the population identify as Roman Catholic – the need for options in spiritual care is crucial, to support people who move away from regular religious practice, who feel increasingly distant from their faith community, or who simply have no religious beliefs. The postgraduate training covering religious and spiritual care in healthcare, designed for ordained and non-ordained men and women alike, is due to begin later this year. The book Dolentium Hominum. Ordained and lay Christians in front of human suffering serves as an introduction to this project.

Commitment to shared goals in hospice care and educational projects has united Catholics, Protestants and those of the Orthodox faith; they have jointly issued a handbook on end-of-life care for home care patients entitled Home care for seriously ill patients. One part of this book is devoted to the spiritual and religious needs of patients. It is based on practical experience and written in an accessible way, with the intention of involving parishes and other faith communities so that they might join in the care-providing process. This goal could be attained through co-operative work between home care teams and priests, pastors, social workers and volunteers. The handbook will be distributed in parishes and faith communities, where special training for volunteers will also be available.

An educational programme on end-of-life care was launched in schools in 2009. This is a joint initiative from the Polish Hospice Foundation, more than 100 hospice and palliative care units nationwide, and more than 300 teachers – including many whose specialty is religious education. The guide How to talk to pupils about the end of life and voluntary work in hospice has been recommended by the Polish Ministry of Education; it is valued for its solid theoretical
background in paedagogy. Forty lesson scenarios for pupils and students at different levels are provided, giving practical support to teachers. Spiritual and religious aspects of patient care, as well as social awareness and voluntary service for the terminally ill, are the main concerns of this book.

All of the above initiatives help to promote comprehensive end-of-life patient care, with a special emphasis on the spiritual needs of patients and their relatives. It is desirable for hospice and palliative care experience to be replicated and transferred to other areas of healthcare and social work in Poland, especially in home care for elderly and long-term patients. The involvement of faith communities could help remedy the growing demographical problem in Poland – one of the fastest-ageing countries in Europe. This is the reason why the I Like Helping Foundation has been initiated: its main objective is to transfer good practices from hospice and palliative care to social- and end-of-life care in Poland.
Lessons learned from providing palliative care to cancer patients have proved invaluable in preparing the hospice community to extend care to people living with HIV.

Peter Selwyn, an experienced HIV clinician, comments: ‘Initially, in the now-distant early years of the AIDS epidemic in the developed world, AIDS care was palliative care. As HIV/AIDS therapies have evolved rapidly since the mid-1990s, the focus of clinical care has increasingly been on antiretroviral therapy and the complex decision-making that surrounds its use. While the growing “medicalisation” of AIDS is in part because of the advent of effective treatment with the possibility of controlling viral replication and disease progression, the emergence of this more biomedical paradigm has resulted in a loss of perspective on chronic disease and the issues relevant to progressive, incurable illness and end-of-life care. Early in the epidemic, HIV care providers were by definition palliative care providers. Now the challenge is to reacquaint what have since developed into two distinct disciplines, in order to provide our patients with the benefits of both types of expertise’.

Using patient stories, this plenary talk will explore the fact that palliative care in HIV demonstrates the comprehensive scope of palliative care. It is applicable early in the diagnosis, in conjunction with other therapies implemented to prolong life; provides relief from pain and other distressing symptoms; integrates the psychological and spiritual aspects of patient care (and addresses many other needs); offers a support system to help the family cope during the patient’s illness and in their bereavement; enhances patients’ quality of life; and positively influences the disease trajectory.

HIV funders and clinicians speak the language of prevention, treatment, care and support. Palliative care offers the full range of these healthcare interventions, providing families and communities with HIV awareness education, voluntary counselling and testing services, and helping to prevent suffering through symptom management and emotional support, by ensuring access to Highly Active Antiretroviral Therapy (HAART) and treatment support for treatment adherence, and by providing comprehensive care and support based on individual patient needs.

How do we best support people through the complex problems associated with HIV-positive status – such as disclosure, treatment adherence, management of opportunistic infections and cancers, the emotional impact of the illness, and its social and financial consequences – to enable people to live positively with a good quality of life, where HIV is a chronic illness rather than a terminal disease?

This is the challenge, and the reward, of providing palliative care to people with HIV.

References
2. www.who.int/cancer/palliative/definition/en/ (last accessed 15 March 2011)
Palliative care is a young medical subspecialty that represents a new ‘mouth to be fed’ in a not-so-wealthy family. Limited resources mean that all underfinanced medical subsystems find themselves in competition. This is usually with regards to funding, but the implications go far beyond finances, as medical staff begin to look for better-paid jobs in other countries.

On the other hand, the models of care used in eastern European countries are mainly imported from developed countries without sufficient adjustment to the local environment. The cultural background may influence care needs and caregivers’ attitudes; however, funding is also necessary to carry out proper research into the assessment of specific patients’ needs.

Autonomous small teams may be the primary solution, as bureaucratic institutionalisation entails a high standardisation of care – one of routine that is very hard to implement in an environment with an inconsistent supply of resources. For example, in Romania, the basic medical package of services covered by the National Health Insurance House has not been defined, and the Ministry of Health enables medical teams to do several basic procedures in home care that the national health insurance does not cover.

In conclusion, to be effective, palliative care in Romania should be based around local patients’ needs; further, it needs to find a way to adapt to limited funding and the instable management of the healthcare system.
Primary care services have great untapped potential for delivering palliative care. There are seven main reasons why this opportunity exists:

1. Primary care can deal with people suffering from all progressive, life-threatening illnesses – not just a specific diagnostic group, such as cancer or heart failure.
2. Primary care can start palliative care for patients as soon as it is beneficial, and offer continuity of care up to the last days or weeks of life.
3. Primary care clinicians can identify all dimensions of need – physical, psychological, social and spiritual – as they already have holistic care as their guiding philosophy.
4. Primary care can help more people be cared for and, when they wish, to die in their own homes or in care homes.
5. Primary care plays a great role in supporting family carers from diagnosis to bereavement; carers frequently receive their own personal care from the same team as the patient.
6. In economically developing countries, where needs are greatest, there is huge potential for the integration of palliative care into primary care.
7. Primary care can encourage a discourse about and promote community involvement in death and dying.

The provision of palliative care in the community by generalists, such as GPs and district nurses, is now referred to as ‘primary palliative care’. The Primary Palliative Research Group at Edinburgh University in Scotland has led work using various innovative concepts, including multidimensional illness trajectories and methods such as multiperspective serial interviews, to explore and lay out these areas for the development of palliative care in the community. The International Primary Palliative Care Research Group is facilitating international collaboration and advocacy.1

Palliative care specialists must personally care for patients with complex needs. However, the WHO affirms that the most strategic role of palliative care specialists in all disciplines is to train and support generalists in the community – and, indeed, in hospitals. Then nurses, doctors, therapists and social workers can provide reliable and equitable holistic care to all people in the community, according to need – not diagnosis or setting.

Reference
PL 5.3

Palliative care in Europe: the view from outside in

De Lima L.

International Association for Hospice and Palliative Care (IAHPC), Houston, USA

The hospice concept was developed in the UK in the 1970s. Since then, palliative care in Europe has continuously developed and grown throughout the region. It is now, as stated in the EAPC Atlas of Palliative Care in Europe, ‘a unified community that strengthens economic co-operation, political harmony and cultural exchange’.1

This expertise demonstrated across Europe has become increasingly valuable to individuals, governments and policy-makers from countries in other regions of the world, helping to shape their efforts to advance palliative care in their own settings. The purpose of this plenary is to present the view of a non-European on the state of palliative care development in Europe.

The main objectives of this presentation are to:

1. Provide information on the status of palliative care education, policies, opioid availability and service provision in Europe, and compare them with the rest of the world
2. Identify success stories from European countries, and ways in which they may be implemented in other areas of the world
3. Present the challenges that European countries face and possible strategies for overcoming them
4. Explore the ways in which international organisations may collaborate with national associations and the EAPC.

After this presentation, participants will have a better understanding as to how Europe compares to other areas of the world in terms of palliative care provision, and of the ways in which mutual collaboration may prove beneficial for the global development of palliative care.

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Abstract number: PS1.1

Abstract type: Parallel Symposium

A New Model for Breaking Bad News to People with Intellectual Disabilities

Tuffrey-Wijne I.1,2, Proot I.2, Metsemakers J.2,3,5, Curfs L.2,6

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Background: Existing models for breaking bad news to patient with a life-limiting illness are inadequate in meeting the needs of people with intellectual disabilities (ID). A number of assumptions underpinning these models do not hold for patients with ID; for example, the notion that breaking bad news involves two main parties (the bearer and the recipient of the bad news), or that bad news is focused on one central piece of information.

Methods: We conducted focus groups and interviews with 96 stakeholders (including people with ID, family carers, cancer/palliative care professionals and ID staff) to elicit their experiences of bad news situations for people with ID. Finding and integration with evidence from our previous studies, the literature and theoretical constructs. A draft model from the focus groups and interviews were piloted with people with ID. Feedback was used to refine the model and in developing a final version.

Results: The literature suggests that when collaborating between services is essential to enable quality palliative and end-of-life care for people with intellectual disabilities but also by the people involved. Some of the findings emerging from the literature are: 1. Building a foundation of knowledge and information. 2. The importance of effective communication. 3. The process of decision-making. 4. The support needed for the person to understand and cope with the bad news.

Conclusion: This model provides a framework for understanding the information that can be provided to the person with intellectual disability in end-of-life care. The model can be used as an educational resource for specialist palliative care and intellectual disability services which promotes collaborative working.

Abstract number: PS1.2

Abstract type: Parallel Symposium

Palliative and End-of-Life Care for People with Intellectual Disabilities: Partnership and Collaborative Working

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Background: The literature suggests that better collaboration between services is essential to enable quality palliative and end-of-life care for people with intellectual disabilities and to ensure that this population are not dying disadvantaged deaths (1,2). A lack of referral of people with intellectual disabilities to palliative care services suggests that this collaboration is limited.

Aim: The aim of this study is to develop and evaluate an educational resource for specialist palliative care and intellectual disability services which promotes collaborative working.

Methodology: The new model for breaking bad news to people with intellectual disability with a focus on partnership and the National Gold Standard Framework for End-of-Life Care. Findings of Phase 1 and Phase 2 informed Phase 3 which involved the development of an educational resource (DVD and Manual) currently being evaluated by a purposive sample of health and social care professionals (n=12). Findings of interviews were analysed thematically. Analysis yielded descriptive statistics.

Results: The findings of this study have implications for practice, policy and education. This study adds to the developing knowledge base for end-of-life care for people with intellectual disabilities.

References: 1,2,3,4,5,6

Abstract number: PS2.1

Abstract type: Parallel Symposium

Multicultural Education and Workforce Development for Palliative Care in the Asia Pacific Region

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The development of palliative care practice throughout the world requires adequately prepared local health care professionals. However, in many areas, including the resource-challenged Asia Pacific region, access to postgraduate education and palliative care training programmes is limited. To address this, a creative partnership began between Flinders University, Adelaide, Australia, the Asia Pacific Hospice Network and the Asia Pacific Hospice Network to provide postgraduate education and palliative care clinical experience for clinicians from the region. Over 90 students from several countries have attended the Graduate Certificate in Health: Palliative Care Network in Singapore over the past five years. The strengths of the programme include its strong evidenced-based framework, its multidisciplinary inclusiveness and its interactive and clinical teaching style. The main teaching challenge for the teaching team is to deliver culturally appropriate curriculum relevant to the student's cultural and linguistic backgrounds. This postgraduate programme is an important initiative for the region and several graduates now lead palliative care services in their respective communities.
The evolution of medicine and its practices generates and often causes new complex situations. The taking into account of every suffering became a social and medical requirement. Death, handicap, disease, large or rare and often new complex situations make it vital to develop subjective and perceptive approaches to approach social and taboo issues.

French wants a humanistic medicine with solidarity. It is necessary to train docteurs and health professionals ready to humanise and professional approaches which consider that death is a natural phenomenon. Palliative medicine becomes fond of a science of life and care plan adaptable for each patient. It must be concerned with chronic or degenerative pathologies (polyhandicap...).

**University course:** Without giving up the opportunities given by modern technical and medical advances, a course in palliative medicine will be introduced successfully in a university course of palliative medicine. Medicine is often traditionalist and/or submissive to pure “scientific” criteria.

**Formations:** During the initial medical training a specific teaching in palliative medicine is now on obligation in all medical school. During medical specialization a palliative medicine complementary specialization diploma was created. It is accessible to all medical careers. A 2 years duration is a 4 x 6-month periods of training courses in palliative care units. During this postgraduate, each student can see the phenomenon of collaboration between medicine and human, social, law sciences. A palliative medicine MASTER DEGREES should allow partners, especially those from doctors and doctors to profit from a common formation. Expected objectives are to bring together living strength of the teachers, to develop specialized expert testimonies and collaboration with the palliative medicine. That will facilitate the absence of great fear of “substitution” in the medical community and care given. It is also a question of ensuring qualified professionals relieving in palliative approach and accomplishment.

The concern first is to privilege the transmission of appraisable competences.

**Research:** Research is necessary for ensured of widened professional competences. Human Competences (relation with the other and “the others”, capacity of presence) reflexive, organizational, methodological competences may be developed. The objective is to identify and regroup these different competences thus formed in particular in training courses in various countries.

Projects of training seminars in scientific international collaboration on palliative care, and how to develop and evaluation of a research project are needed. Currently works are in hand on oncological amyotrophy type 1, accompaniment, and care plan in neonatology, neuromuscular diseases in adult, psychological crisis, and support of the teachers. Publications in English and French are encouraged.

The French-speaking review will postulate with its Medline indexing (for medicine). It is already indexed in the bases Scopus and Embase for the social sciences. The international exchanges are stimulated. The research projects will be carried out with other medical and nonmedical disciplines on specific competences to palliative medicine. Multicenter work will be put in place. One of the objectives is to recognize young people to encourage them to take a course in training palliative care doctor and/or to become palliative care doctors in various countries. The expertise and exchanges of international students will be facilitated.

Thus, we will be able to widen the research capacity with shared information, to publish the validated results and proposing methodologies which will be subjected to discussion by the public and the press.

**Conclusion:** The dynamics which is set up meets clearly defined and appreciable aims. It allows the introduction of palliative medicine to understand and share. We pass from a built knowledge to the construction of knowledge.
Parallel session: Palliative Care in the Community

Abstract number: PS5.1
Abstract type: Parallel Symposium

Training GPs in Early Identification of and Proactive Care in Palliative Care Patients

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Background: how to structure palliative care proactively, to improve different aspects of the quality of the remaining life of patients with severe chronic diseases such as COPD, CF, CHF and cancer. Aim: the sub study is to evaluate how the GPs experienced this training and what they still use in clinical practice.

Aim: General practitioners (GPs) were trained in how to identify palliative patients in an early phase of their disease trajectory and Method: were trained to use two tools. The first tool is a plasticized card (see figure 1) with indicators to indicate and recognize patients respectively, cancer, COPD and CHF as being in a terminal state to those patients, the so-called 'RadboudIndicators Palliative Care Needs' (RIPAC). The second tool is on the back of the same plasticized card describing different domains (Imaging and psychological status) which served as a reminder for the structure of proactive planning (PPCP). Findings: Of the 40 practitioners who participated in the training (PPCP), Experiences of the GPs are evaluated by use of semi structured telephone interviews and questionnaires. Since October 2008, 24 GPs are trained during two training sessions of 2 hours each followed by two group coaching sessions. These way, 2nd care provision and activity of GPs in the field of palliative care is focussed upon. Results: palliative care planning using the four domains worked out well for the GPs. The tool served as an good agenda in providing and planning palliative care. The second tool, the RIPAC: Preliminary analysis revealed the GPs appreciated the training very much. They find it difficult to discuss the palliative care planning.

Abstract number: PS5.2
Abstract type: Parallel Symposium

Finding a Place for Primary Palliative Care in Germany

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Aims: To discuss the interfaces of generalist and specialist palliative care, and the need to develop primary palliative care, using the example of the recently introduced legal right for primary palliative care in the community in Germany (SAPV).

Methods: Findings of three studies are presented: (1) Delphi study with public health experts and palliative care experts; (2) focus group discussion with GPs, palliative care specialists, geriatricians and nurses; (3) GP survey.

Results: Conflicting role definitions and deficiencies in collaboration between GPs and medical specialists are barriers to providing appropriate palliative care in Germany. For example, some GPs criticise the increasing specialisation in palliative care whereas palliative care specialists criticise the GPs' lack of training. However, overall GPs appreciate the establishment of specialist palliative care services in their community (SAPV) and gave this the 2007 health care reforms. They favour counselling and collaborative services which allow the GPs to continue their central role in patient care. Despite their openness towards specialist palliative care, GPs are sceptical whether SAPV will actually improve health care for older patients. A barrier is the phase of life of who are the largest group of palliative patients in primary care.

Conclusion: The current focus of specialist palliative care on cancer patients contrasts with general practice and its focus on older non-cancer patients who are more common. It is worth to overcome the scepticism whether SAPV will actually improve health care. However, SAPV has the potential to fulfil GPs' expectations and to improve collaboration. To permit universal access to end of life care, primary palliative care...
care needs a parallel academic and clinical development with specialist palliative care.

Abstract number: P5S.3
Abstract type: Parallel Symposium

Primary Palliative Care in Africa

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Background: Palliative care always has been a primary care discipline in Africa. The distribution of medical services and the population so widespread that specialist palliative care, as it is understood in the rest of the world, is not a viable model provision. Equitable distribution of care requires planning and judicious use of limited resources; there is an imperative to develop palliative care training in all primary care professionals who are often doctors, but also nurses and clinical officers. There is a high burden of disease requiring palliative care such as HIV/AIDS, cancer, renal failure and cardiovascular disease; the need appears overwhelming.

Response: The hospice movement started in Africa in 1979. The first hospice was founded in Zimbabwe and there is now a palliative care presence in 26 countries. Clinical care and training of professionals takes place by community and hospital based palliative care teams. There is increasing teaching of palliative medicine to undergraduate doctors, nurses and other professions but this needs urgent development. A Post-Graduate Diploma in Palliative Medicine and a Masters Degree Programme including research training are in place in Cape Town. Makerere University in Kampala, Uganda, offers a BSc degree in Palliative Care. Research in palliative care is developing in Africa, supported by specialist units like Kings College London and others. The International Primary Palliative Care Research Group (IPPCRG) focuses attention on local research to develop local practice. The last meeting of the IPPCRG took place in Cape Town in 2009.

The need to care for the caregiver has been acknowledged from the beginning of the modern hospice and palliative care movement. However, it is often left to individuals to manage their own stress with the menial tasks of rice and the heat of the kitchen, get out! Leaders and managers need to be aware of research and best practice in the area of caregiver stress and support in order to develop staff support services that strike a healthy balance between individual and organizational responsibilities. The management of the neglected area of care. The care of staff is inextricably connected to the quality of patient care and the ability to maintain compassionate involvement.

Abstract number: P6S.6
Abstract type: Parallel Symposium

“Together for a Better Life” – Creating a Model for Palliative Care in Jordan

Bshma M.1
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Jordan is a small country with a population of 6.6 million. As a result of Jordan palliative care initiative, palliative care service started in King Hussein Cancer Centre, more than six years later, the consumption increased more than 4 folds in 6 years, and 2 physicians joined international palliative care fellowship training session in San Diego Hospice and Palliative Care.

Despite this success, there are still many challenges; at least 90% of patients who needs palliative care have not enough access to it. Jordanian doctors need to better understand the concept of palliative care and to change their behaviour in relieving pain and suffering. On the other hand, an accumulating evidence has shown that the patients and care givers needs a place where they can share their feelings, and this is what a hospice can provide with others and not away home. And that was the idea for this clinic, and the vision “together for a better life”.

Palliative Care was launched on January 2011. the vision is to implement palliative care in Jordan. the society is coordinating national efforts for improving palliative care. Therefore, awareness was created the word HOSPICE. Teachers of schools were trained on the psychology of loss and how to manage it. Results: Media campaign on dignity of life was extremely successful, awareness on hospice increased with 15%. Participation of well known persons was a great help in dissolving taboos around cancer and the acceptance of palliative care. Durning the fields of hospice the collaboration with city governments, school directors and teachers was unexpectedly good. Due to the popularity, from 2007 further 18 cities and 30 schools joined the program. Conclusions: Media plays an essential role in shaping coronation knowledge on cancer, death and dying. The participation of celebrities may draw attention on dignity of life and help to accept hospice care, as a way to ease distressing symptoms in the end of life. Broadcasting programs on Fields of Hope opened a new way of communication on dignity of life and death.

Palliative Care for Hard-to-Reach Populations: Refugees, Asylum Seekers and the Homeless and the Influence of Poverty

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Aim: The purpose of this paper is to describe the international literature on palliative care in prison and present evidence from a study of palliative care in prisons conducted in North West England. Scoping of literature: 147 papers identified from 7 countries (62% from USA) but only 8 empirical papers (6 USA, 2 UK). Keys issues included: tensions between care and custody, inequity of treatment, role of prison as punishment, little acknowledgement of special needs of disabled or frail prisoners, concerns about medication usage.

Methods: This study aimed to evaluate palliative care provision as reported by 17 prison healthcare and 9 specialist palliative care staff. Prison staff participated (3 from each of 6 prisons) in an interview and a questionnaire designed to assess staff knowledge, skills and confidence in palliative care. Interviews were conducted with nine specialist doctors and nurses from four hospices located near the prisons. Qualitative data were subjected to a framework analysis, and numerical data were analysed using descriptive statistics.

Results: Prison healthcare staff identified factors that contribute to good palliative care, including relationships both in and outside the prison, communication, staff attitudes, environment, equipment and opportunities for training and education. Barriers to good palliative care that were identified included the prison environment, security considerations, lack of staff knowledge and experience, protocols and procedures and a lack of support. Some specialist palliative care providers reported creative responses to requests for help and support from prison healthcare staff, and have provided appropriate and flexible services, either in prison or in a hospice. Two case studies of prisoners will illustrate the issues.

Conclusion: This study suggested a number of ways to improve palliative care for prisoners, and indicated that local links between specialist palliative care and prisons are developing rapidly.

Leadership – Examples

Abstract number: P5S.6
Abstract type: Parallel Symposium

Mediation within Collaborative Teams – A Challenge for Leadership

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Palliative care with its holistic approach becomes more and more part of medical treatment in hospitals and home care. In the classical health system, especially in hospitals with its conservative or surgical disciplines, there are hierarchic structures to a variable degree, where doctors normally occupy the leading position. The concept of palliative care, i.e., sufficient control of physical, psychosocial and spiritual symptoms, can only be achieved when different professional groups work together and collaborate. Collaboration means that all members of the collaborative team are able to share their experience, protocols and procedures and a lack of communication, staff attitudes, environment, equipment and opportunities for training and education as doctors, nurses, social workers, psychologists or spiritual care providers. Therefore, teamwork and teambuilding is essential for sufficient palliative care. But what can be done, if the team does not collaborate?

One way to achieve an effective collaboration may be to mediate. Mediation can be used as a way of resolving disputes between or more people. The mediator assists in negotiating the conflict and helps to find a way of communication and teamwork that respects the different viewpoints. This may be a first step to express a view on what might be a fair or reasonable settlement. Effective collaboration is essential to resolve disputes in more than one area. The mediator assists in negotiating the conflict and helps to find a way of communication and teamwork that respects the different viewpoints. This may be a first step to express a view on what might be a fair or reasonable settlement.

Aims: This study suggested a number of ways to improve palliative care for prisoners, and indicated that local links between specialist palliative care and prisons are developing rapidly.
PS7.2 Abstract type: Parallel Symposium

Asylum Seekers and Refugees: Implications for Palliative Care in Europe
Doddie N.G.J. 1
St Christopher’s Hospice, Home Care, London, United Kingdom

This presentation will highlight the distinct needs of asylum seekers and refugees in relation to palliative care in Europe. Despite sharing a label given by the international community distinguishing these groups from other migrants and refugees, asylum seekers and refugees are not a homogenous group and as individuals do not necessarily share a similar set of clearly defined needs. There is a need to understand the experiences of these groups, yet not in relation to palliative care.

Asylum seekers and refugees remain high on the agenda of political and media debate, and those responsible for providing health and social care have a considerable challenge in attempting to ensure that they can access appropriate services. Whilst not excluded by law, it is clear that asylum seekers and refugees have particular needs that often lie outside social exclusion. There is evidence that members of all ethnic minority groups are rarely afforded the access to specialist palliative care that they require. This presentation will consider the implications of these issues for palliative care providers in Europe.

Abstract number: PS7.3

Abstract type: Parallel Symposium

Travellers – Cultural Conditions of Death and Dying in Ireland
Mc Quillan A 1
St Francis Hospice, Dublin, Ireland

Irish Travellers, a minority group in Ireland, are defined by their customs and are found in many live in permanent accommodation most of the year. Irish Travellers also live in the UK and USA. Irish Travellers have a nomadic lifestyle and status and shorter life expectancy than the settled community. Irish Travellers experience discrimination and get poor follow up from health services. Research done with Irish Travellers shows that Travellers are reluctant to use hospice services because they represent loss of hope. Open communication with the patient is not valued. Family is very important and large numbers gather when someone is sick. This can pose difficulties for organisations. Hospitals are the preferred place of care as they seem to offer hope for cure. Traditionally when someone dies in a trailer or caravan the family would no longer live there. The trailer may be burnt or sold because of the sadness associated with the place of death. When a Traveller dies in a house, the family may move away for a period of time, and not return until the house has been redecorated and blessed. Travellers are very religious and it is important that at times of sickness they have religious support. Travellers will also tend to use both faith healers and health services. Research done with Irish Travellers shows that Travellers are reluctant to use hospice services because they represent loss of hope. Open communication with the patient is not valued. Family is very important and large numbers gather when someone is sick. This can pose difficulties for organisations. Hospitals are the preferred place of care as they seem to offer hope for cure. Traditionally when someone dies in a trailer or caravan the family would no longer live there. The trailer may be burnt or sold because of the sadness associated with the place of death. When a Traveller dies in a house, the family may move away for a period of time, and not return until the house has been redecorated and blessed. Travellers are very religious and it is important that at times of sickness they have religious support. Travellers will also tend to use both faith healers and health services.

Developing Guidelines – A Session on EU Projects

Abstract number: PS8.1

Abstract type: Parallel Symposium

Development of WHO Treatment Guidelines on Pain
Schulte W. 1
1World Health Organization, Essential Medicines and Pharmaceutical Policies, Geneva, Switzerland

Aim: To provide information on the development of the WHO Treatment Guidelines on Pain in Children with Medical Illness.

Background: Pain, like palliative care, is a crosscutting issue for organisations that are organized by disease, e.g. the World Health Organization (WHO). This may be the explanation why WHO never developed any pain treatment guidelines before cancer pain treatment. However, it is pivotal for improving access to opioid analgesics to have clear recommendations on the use of such medicines. Therefore, the programme of controlled Medications Programme decided to develop WHO Treatment Guidelines on Pain that will cover all various types of pain.

Methods: The development of the WHO Guidelines on Pharmacological Treatment of Persisting Pain in Children with Medical Illnesses started in March 2009; they were published in Spring 2011. Corresponding guidelines for pain in adults and guidelines on acute pain will be developed next. Subject to the availability of funding. All guidelines will focus on pharmacological treatment. They are based on the procedures and work of the expert panel assessed by the WHO Guidelines Review Committee. These procedures and methods warrant the quality. Basic values are evidence and transparency. All evidence will be graded according to the GRADE methodology. Recommendations are classified as “strong” or “weak” and the level of evidence for each recommendation will be indicated.

Outcome: It is the first time in history that WHO explicitly indicates that all moderate and severe pain in children should be addressed. The approach is no longer a “three-step ladder” but a “two-step approach”, consisting of a first step of non-opioid analgesics, followed by a second step of strong opioid analgesics. Codeine or tramadol are no longer recommended for use in children.

The guidelines also include a research agenda.

Abstract number: PS8.2

Abstract type: Parallel Symposium

EPCRC – New Guidelines for the Management of Depression, Cachexia and Use of Opioids in Cancer Pain
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Three work packages within the European Palliative Research Collaborative (EPCRC) aimed at developing guidelines for the management of symptoms important in palliative care for:

- The management of depression
- The management of cachexia
- The management of cancer pain using opioids

The guidelines were funded through the Sixth Framework Program of the EU. All three symptoms and common cancer patients, particularly those with advanced disease, are associated with adverse outcomes. Related workpackages considered assessment and classification of these symptoms. Outcome was a project of evidence-based clinical guidelines. All work packages used common approaches combining Delphi exercise, advice from experts and panels and systematic literature reviews, where appropriate. Our aim was to inform practice, establish policy, promote European consensus and ultimately improve patient outcomes. Recommendations were devised using the best available evidence. Where evidence was absent or equivocal, Delphi consensus methods were implemented to elicit and refine expert opinion. Evidence was graded according to the process proposed by GRADE.

The depression guideline has three main sections: (1) prevention; (2) detection, diagnosis and assessment; and (3) treatment. The prevention section outlines strategies such as optimal palliative care and support, effective communication and information-giving. The detection section provides recommendations on symptoms, screening, diagnosis and severity assessment. The treatment section gives guidance on treatment decisions including the choice of psychological therapy and antidepressant medication. The cachexia guideline also has three main sections: (1) definition, diagnosis and classification; (2) prevention and management and (3) specific treatments. The first section gives guidance on staging and symptoms, prognosis, and at risk groups. The management section on communication and the role of palliative care and the specific treatment considers nutritional and pharmacological treatments. The pain guidelines are focused on the use of opioid analgesics in the treatment of cancer pain and are based on the results of the 22 systematic literature reviews.

These are the first comprehensive, evidence-based guidelines on managing depression and cachexia in palliative care. The package will form the basis of previous opioid recommendations. Different approaches were needed to manage the different levels of knowledge in the field. These guidelines have the potential to improve patient outcomes by enabling clinicians to access and implement evidence-based knowledge quickly and easily.

Abstract number: PS8.3

Abstract type: Parallel Symposium

PRISMA
Bagnis C. 1, Darvieu B. 2, Simon S.T. 2, Benalla H. 3, Higgason E., on behalf of PRISMA 1King’s College London, Cicely Saunders Institute, London, United Kingdom, 2German Association for Palliative Medicine, Berlin, Germany, 3King’s College London, Cicely Saunders Institute, London, United Kingdom, 4University of Cologne, Centre for Palliative Medicine, Cologne, Germany

Parallel sessions: Palliative Care for Hard to Reach Populations
Kampala, Uganda, 2African Palliative Care Association (APCA), Programmes, Kampala, Uganda

There is a wealth of literature on the needs and challenges of ethnic minority groups and refugees. Despite sharing a label given by the international community distinguishing these groups from other migrants and refugees, ethnic minority groups are rarely afforded the access to care that they require. Research done with refugees continues to experience some degree of social exclusion. Reference to refugee law, it is clear that asylum seekers and refugees are not a homogenous group and as individuals do not necessarily share a similar set of clearly defined needs. There is a need to understand the experiences of these groups, yet not in relation to palliative care.

Asylum seekers and refugees remain high on the agenda of political and media debate, and those responsible for providing health and social care have a considerable challenge in attempting to ensure that they can access appropriate services. Whilst not excluded by law, it is clear that asylum seekers and refugees have particular needs that often lie outside social exclusion. There is evidence that members of all ethnic minority groups are rarely afforded the access to specialist palliative care that they require. This presentation will consider the implications of these issues for palliative care providers in Europe.
PRISMA is an international project with 11 partners in nine European countries and Africa funded by the European Commission. It aims to harmonize research and outcome measurement in palliative care across Europe. Outcome measurement has a major role to play in improving outcomes, efficiency and availability of palliative care both in clinical care and research. Measurement can help ensure a patient’s health outcome, and establishing reasons for those changes, can help service providers focus on learning and improving the quality of services. Outcome measures, specifically patient rated outcome measures (PROMs), are tools that can effectively be used in palliative care to assess health status either for individual patients, or across populations. Outcome measures put the patient at the centre of care and focus on what matters to them. A recent online survey with palliative care professionals across Europe and Africa conducted as part of PRISMA identified the need for guidance in the use of PROMs. This was supported by an expert workshop which called for training, support and resources in outcome measurement for clinical care, audit and research for palliative care clinicians and researchers. In addition, a workshop focusing on cultural issues with palliative care also included as part of the PRISMA project highlighted the need for cultural adaptation of outcome measures in palliative care.

In consequence, a guidance on outcome measurement in the palliative care setting has been developed. Researchers will need to choose an outcome measure along with information and practical strategies on implementing outcome measures in organisations, and how to analyse and interpret findings. The guidance will be presented at the conference.

Abstract number: P38.4
Abstract type: Parallel Symposium
The Liverpool Care Pathway for the Dying Patient: OT need extant quality Improvement Programme
Voltz R.*, on behalf of OPCARE9
University Hospital Cologne, Cologne, Germany

In complex situations, a clinical guideline is meant to help a team to better care for patients by providing a framework (a) what to think of, (b) whom to include and (c) to give reasoning when in the individual situation you have to deviate from the rule. The Liverpool care pathway (LCP) supports clinical decision making and incorporates clinical guidelines for the complex and sometimes for everybody in the situation of caring for a dying patient and his family. Since its first version, the LCP has undergone a cycle of continuous quality improvement process. It has been updated and revised in the period of df 12 versions. This process has so far been driven largely by the centre of origin, Liverpool, associated with a more long-term experience of around 20 countries using the LCP. Based on this network, EU funding was secured for OPCARE9, a 7th Framework Support and Coordination Program (funding period 2008-2011), and this has given this process a sound international dimension. During the OPCARE9 project, the current knowledge on the care of the dying has been comprehensively evaluated. Systematic reviews analysed the current knowledge in literature, and Delphi rounds with hundreds of experts have collected and if possible reached consensus on sometimes difficult topics. OPCARE9 has looked into the signs and symptoms of dying, end-of-life decision making, pharmacological and non-pharmacological care in the dying phase, spirituality, psychological and social support and the role of volunteers. Furthermore, a sound international network has now formed from which a unique structure has been launched to closely link new scientific evidence with a clinical tool which is in use around the world. After OPCARE9 funding, the International OPCARE Research Collaborative (IORC) will pursue future research projects on the topics of OPCARE9 work patients and carers. An International LCP Reference Group will both incorporate new research findings into the continuous quality improvement cycle, as well as giving ideas for research projects coming directly from clinical experience. Developing the LCP into the future gives an excellent example of how to constantly improve quality by linking research data and clinical experience.

Challenges in Paediatric Palliative Care

Abstract number: P59.1
Abstract type: Parallel Symposium
Challenges in Paediatric Palliative Care

Meimouna Gougerot R.*
ACT, Bristol, United Kingdom

This paper will consider the evolution of children and young people’s palliative care services across the UK over the past 25 years and to embed the lessons of the past as we embrace future developments. This presentation will consider the development of children and young people’s palliative care across health, social care and education, in the statutory and voluntary sectors in the UK. It will explore how the evolution of services has led to the development of Government strategy in all 4 UK countries and how this impacts on the future developments we anticipate happening.

The presentation will consider how the voice of children and young people’s palliative care across health, social care and education, in the statutory and voluntary sectors in the UK. It will explore how the evolution of services has led to the development of Government strategy in all 4 UK countries and how this impacts on the future developments we anticipate happening.

Abstract number: P59.2
Abstract type: Parallel Symposium
Agitation and Sleep Disturbances in Children and Young Adults with Non-cancer Life Limiting Diseases - A Challenge for Assessment and Therapy
Titecz A.1, Blankenmuth M.1, Zetterm R.1
1Witten/Herdecke University, Vodafone Foundation Institute and Chair for Children’s Pain Therapy and Palliative Care, Datteln, Germany

Introduction: Although sleep disturbances in children with non-cancer life limiting diseases are of central clinical importance, there is little research on that topic. There is no data available on frequency, severity or aetiology of sleep disturbances and related symptoms in this specific patient group.

Objective: To review the current state of research and outline future research objectives.

Methods: We searched international scientific databases for relevant publications from 1980-2009. From all relevant publications we performed a further analysis we retrieved systematic information on sample characteristics, sleep assessment tools and their test quality criteria.

Results: 61 publications including 4392 patients were categorized as “mixed” (reporting on heterogeneous diseases), or “specified” papers (specific diagnoses) based on ICD10 classification. To assess sleep disturbances, most authors relied on subjective instruments with poor psychometric quality. Mean prevalence of sleep disturbances was 67% (76%, “mixed” group; 65%, “specified” group). In children suffering severe global cerebral injury, the prevalence of sleep disturbances was even higher (>90%). The most frequent symptoms were insomnia and sleep and sleep-related disorders, and the links of these symptoms were closely associated with specific medical syndromes.

Conclusion: There is an urgent need for sleep disturbance assessment tools evaluated for children with non-cancer life limiting diseases. By use of validated and standardized assessment tools, the family and healthcare team can provide more accurate diagnosis and plan effective treatments.

Abstract number: P510.1
Abstract type: Parallel Symposium
Family Carers' Support in Hospices in the UK

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1None, St Albans, United Kingdom

Background: In the UK there has been some key changes and improvements for family carers over the last few years. There is also a growing need for support for carers since the UK government published its National Strategy for Carers in 1999. Three key points, health needs should be met and additional financial help should be available.

In 2005 Help the Hospices launched the new “Care for the Carers of the Terminally Ill” project with the aim to build up services for informal carers at local and national level. There were two significant events of this project: a three year grant programme and a research project was commissioned to evaluate the initiatives. In 2006 Help the Hospices, as a response to the UK National Strategy for Carers 2008-2016, published the second edition of the Carers Services Guide and the European Association of Palliative Care. Most of us will be carers at some time in our lives either as the result of a family crisis or as a gradual response to severe illness. In 2006 there were an estimated six million carers in the UK, including more than 175,000 under the age of 18 years. If people are to be cared for then the need for carers support is crucial and many will be elderly and have significant health needs.

Aims: To discuss the developments in carers support in UK hospices since 2005. To look at the different types of services offered by surveying current provision.

To discuss available research and evaluation
The UK End of Life Care Strategy published in 2008 recognised that carers need support and that we need to ensure that people have choice about their care. The new Social Care Framework, part of the strategy call for Health and Social Care Agencies to work together and one aim will be to look at new joint developments

Conclusions: The European wide financial restraints will mean that support for the dying and their carers will be cut. It is essential that we focus resource on schemes that service users feel are helpful.

Abstract number: P510.2
Abstract type: Parallel Symposium
Family Caregiving in Rural Areas of Eastern Europe: Cultural Norms and Expectations
Moisiu D.*
Hospice Casa Sperantei, Educatie, Brasov, Romania

Providing palliative care in rural areas of Eastern Europe (EE) is a challenge due to greater poverty of rural regions, low availability of trained medical staff willing to serve these communities, difficult access to medical facilities and drugs, underdeveloped infrastructure, etc. However palliative care in rural areas is a need as there are countries in EE that have a dominant rural population ( Moldova 59%. Albania 54%) or there after the shift of population to urban areas the elderly population has become one to help remain behind (Ukraine, Romania). In EE countries there are a few PC initiatives to serve the rural regions. The burden of care remains mostly to the responsibility of the families with the support of the community. Caring for the severely ill patients is a shared responsibility of the extended family, the neighbors join the care and also support the family for preparing the funeral and the regular memorial services done in the following years after the patient’s death (Romania, Moldova). Christian traditions are stronger and making peace with your family members and the larger community is having a key role. The process of confession and communion before death is important both for the patient and the remaining family. Suffering is not perceived as the ultimate enemy but as a possible opportunity for repentance. In rural communities’ birth, wedding and death are the main events of the community life. The family, the neighbors and the larger community are the ones to help part in them. As result life and death are more integrated and there are fewer requests for futile treatments. Hospice Casa Sperantei is to cover the rural part of Brasov County and their experience will be highlighted.
Abstract number: PS12.1
Abstract type: Parallel Symposium
A National and Governmental Perspective in Australia on Palliative Care Research
Currow D.C.
Therapy University, Discipline of Palliative and Supportive Services, Adelaide, Australia
In successive national strategies on palliative care, it has been recognised that a vibrant and successful palliative care research community is pivotal to improving the provision of palliative care in Australia. The first national palliative care strategy, signed off by all States and Territories in the year 2000, explicitly recognised the importance of research.
At a national policy level, a joint approach between the Federal Department of Health and the National Health and Medical Research Council has established a capacity building program in research. This allowed investigators to establish a track record of NHMRC funding, using smaller project grants to quickly and effectively build that track record. Additionally, masters, doctoral and postdoctoral scholarships were made available to enable trainees to move up the career path to researchers in palliative care.
At the same time specific policy was developed to improve the evidence base for clinical prescribing in palliative care and in order to understand the cost effectiveness of palliactive pharmaceutical interventions. To this end, the government has directly invested in a national clinical trials collaborative that has completed its first trial, and to date, has randomised more than 660 participants across six studies in 12 sites. Overall, this has allowed for capacity building at every level of research - basic science, clinical research, health services research and population based research. To date, there is evidence of increasing capacity within the sector to compete openly for funds with researchers across a spectrum of disciplines nationally.

Abstract number: PS12.2
Abstract type: Parallel Symposium
Integration of Palliative Care into Mainstream Oncology and Basic Science
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Palliative care is an essential part of daily patient care at any general oncological department. Despite the fact that most of the treatment delivered in oncology is either life-prolonging or palliative, most of the attention is given to “how to cure the patients”. A similar lack of attention is also given to the assessment and care of patients at the end of life. Much attention is given to the treatment of cancer pain, and increased attention recently to the treatment of dementia. Old Challenges of Palliative Care Research – Any New Solutions?

Parallel sessions
life-prolonging treatments have not yet joined forces, is it time for a change?

Recently, studies have shown great potential in how palliative care can improve patients’ quality of life and well-being. Palliative care is also beneficial for caregivers and families, and can help reduce healthcare costs.

Despite this, a number of innovative models have developed in response to the needs in each community and the available resources. Other African countries need to develop their palliative care services for children, and Beacon Centres have been established in Dar es Salaam, Tanzania; in Kampala, Uganda; and in the Hospice Palliative Care Association of South Africa where the Biobab website Virtual Resource Centre is a different form of Beacon Centre.

Children with HIV and AIDS has been the stimulus for the development of children’s palliative care and many programmes have been focused on meeting the multiple and complex needs of these children and their families. However, other palliative care programmes such as the St Nicholas Children’s Hospice in Bloemfontein, South Africa, have a mission to provide care for all life-limit children, and have developed an unique regional network to catch in a safety net as many of these children as possible.

Most programmes care for children through home and community-based care, but there are a number of clinics, day care centres, community centres, and children’s in-patient units as well, with some models meeting the needs of children through a combination of different elements to provide a continuum of care. Integration into hospital care of children will complete the circle of care for these children and the presentation will look at the impact of the Bigshoes Foundation in South Africa and Umzond in Malawi on palliative care for children in hospitals.

Support for these programmes is backed up by education, mentorship, the development of specific materials and a textbook for Africa, and advocacy. A new curriculum for health professionals has been developed in Uganda, Tanzania and South Africa and the International Children’s Palliative Care Network is developing an e-learning course to meet the needs of children and health care professionals in developing countries.

Donors have played an important and influential role in the development of the children’s palliative care and continue to support activities for further progress. The presentation will examine the different models in Africa, their relevance for development and their impact on the quality of children’s lives. Proposals to meet the gaps in palliative care services for children will be examined.

Different Models of Child Palliative Care Support in Belarus

Garchakova A.G.

Belarusian Children’s Hospice, Borovlyany, Belarus

Belarusian Children’s Hospice (BCH) is an NGO founded in 1994. BCH provides free charge palliative care to children suffering from medical, social, psychological, spiritual and other support to children (0-24 y.o.) in life-threatening and life-limiting conditions as a well received children’s hospice in the north-east of Belarus. The Hospice services patients in Minsk (capital city) and in the area of 250 km zone around Minsk providing personal support to families at a family home setting by a multi-professional team. In 2009 an Order on Child Palliative Care was adopted by the Belarus Ministry of Health which is the first official document recognizing child palliative care as a very welcomed development. The Hospice works in close cooperation with the health care authorities to ensure timely and quality support to children.

One of the important areas of the BCH activities is the provision of the respite care to families. The Hospice has three fully equipped in patient rooms for the respite care to give families short breaks when young patients receive care from a specialized team without the close member of their family staying with them. At certain times family members can also join their children during these breaks. BCH has well equipped summer camp facilities for rehabilitation of families in the countryside in Minsk Region. This camp is supported to siblings groups, families with children or separate groups of children who are under the hospice care. The activities are backed up by volunteers with the total number of about 200 persons.

The hospice offers counselling to the parents of terminally ill children and bereaved family members. It also organizes regular self-help parents’ groups and an annual memorial service.

There is a link to the hospice which currently runs 3 sessions a week and each is tailored to the needs of different ages of children and young adults each day. Children with disabilities and young adults are brought to the centre by the hospice’s

Pediatric Palliative Care: Different Models

Marion J M.1

1International Children’s Palliative Care Network, Management support for communities in Southern Africa

Children’s palliative care is poorly developed in Africa, with only South Africa having a national programme to develop palliative care for children.

Abstract number: PS13.1

Abstract type: Parallel Symposium

Models of Palliative Care for Children in Africa

Parallel sessions

12th Congress of the European Association for Palliative Care, Lisbon, Portugal, 18-21 May 2011

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Lessons learned: International human rights law and the extent to which these laws apply to patients, and government officials in India, Kenya, and other countries are obliged to take reasonable steps to overcome these barriers. Yet, many have failed to do so, in violation of the right to health, and, in some cases, the prohibition of cruel, inhuman and degrading treatment. Next steps: Governments should integrate palliative care into health policies and programs, review drug control regulations to ensure that they do not unnecessarily impede access to pain medications, and ensure appropriate training for healthcare providers. International agencies responsible for drug policy should work with governments to ensure that drug control efforts do not unnecessarily impede access to pain medications. Donors should support countries to include palliative care as an integral part of health policies. Patients’ groups should explore ways to enforce the right to pain treatment through legal proceedings.

Abstract number: PS14.3
Abstract type: Parallel Symposium

Balancing Priorities: Palliative Care vs. ART in HIV Care?

Guyader L.1 2
1 Hospice Palliative Care Association of South Africa, Cape Town, South Africa, 2 University of Cape Town, Family Medicine, Cape Town, South Africa

The biomedical paradigm of Highly Active Antiretroviral Treatment (HAART) as the cornerstone of treatment of HIV resulted in an artificial separation of disease-specific treatment and palliative care for people who are HIV positive. We need to recognize that HAART does not result in cure, but is, in fact, the most effective palliation available for HIV. Patients have significant symptom burden when they first present and are first diagnosed as HIV positive; and throughout the illness there will be a need for palliative interventions. This presentation refutes the assumption that patients should be offered either ART or palliative care and instead promotes the ideal of optimal integration of ART and HAART to ensure best possible outcomes for the person who is HIV positive and family members. The discussion will be presented through a lens of a human rights approach considering issues of availability, accessibility, acceptability and quality.

Abstract number: PS14.3
Abstract type: Parallel Symposium

Do not copy us - respect your own culture!

Funding of healthcare is a major political issue. The perceptions by Governments of the dangers of resurgency funding. Thus the politics of illicit drug control are linked to military action as well as to perceptions by Governments of the dangers of allowing morphine prescribing. Funding of healthcare is a political issue. The decision to fund palliative care can be considered a public health investment. As 90% of healthcare expenditure occurs in the last year of life, care of the dying has to be able to demonstrate it is cost effective as compared to other interventions, as well as to impact on quality of life. Data shows that when patients receiving palliative care input have shorter length of hospital stay, are less likely to be subjected to treatments that fail to achieve their therapeutic goal, are more likely to die in their own place of choosing, and report better symptom outcomes. Additionally opportunities arise for health promotion in those who are bereaved - with messages around tobacco or alcohol abuse or risky sexual behaviour being particularly effective if the death is related to these.

The costs to society of grief are often forgotten when the politics of providing palliative care are discussed. When prepared for a death and adequately supported, the bereaved show better outcomes; this is particularly important in the context of HIV and those who are then less likely to exhibit disturbed behaviour in bereavement; they also have a lower risk of depression, suicide, teenage pregnancy, drug and alcohol addiction than those with complicated grief. Such data is particularly important in countries with high numbers of women as they are less likely to exhibit disturbed behaviour in bereavement; they also have a lower risk of depression, suicide, teenage pregnancy, drug and alcohol addiction than those with complicated grief. Much data is particularly important in countries with high numbers of women as they are less likely to exhibit disturbed behaviour in bereavement; they also have a lower risk of depression, suicide, teenage pregnancy, drug and alcohol addiction than those with complicated grief. The presentation refutes the assumption that patients should be offered either ART or palliative care and instead promotes the ideal of optimal integration of ART and HAART to ensure best possible outcomes for the person who is HIV positive and family members. The discussion will be presented through the lens of a human rights approach considering issues of availability, accessibility, acceptability and quality.

Round Table: The EAPC Recommendations on Opioids in Cancer Pain

Abstract number: PS15.1
Abstract type: Parallel Symposium

The EAPC Recommendations on Opioids in Cancer Pain

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The updated version of the EAPC recommendations for the use of opioids in the management of cancer pain has been developed as part of the EU-funded project European Palliative Care Research Collaborative (2007-2009). The new version follows up and updates the third version. The present recommendations were developed with a very rigorous methodology according to the GRADE system. Expert consensus was used to evaluate and update the guidelines content and identify specific key points to be addressed by systematic literature reviews (Pigni et al Minerva Anestesiologica 2010). From these key points 16 systematic literature reviews were structured and were assigned to different groups of researchers and experts from all Europe. The updated version will be available online on the EPCRC website. The recommendations cover:

1. Definition of opioids as step II of the WHO analgesic ladder
2. The first choice opioid for severe cancer pain (Step III of the WHO analgesic ladder)
3. The role of transdermal opioids
4. The role of methadone
5. Oral titration
6. Use of p.r.n. opioids for breakthrough pain
7. Alternative routes for opioid administration
8. Opioid conversion ratio
9. Control of nausea and vomiting
10. CNS side effects

Note: The EAPC Recommendations on Opioids in Cancer Pain are intended for healthcare professionals who provide analgesic management to people with cancer. The recommendations are based on evidence from clinical research and expert consensus. They are intended to provide guidance on the appropriate use of opioids in the management of cancer pain, and are not intended to be used as a substitute for clinical judgment and best practice. The recommendations should be used in conjunction with local guidelines and best practice to ensure the best possible care for patients with cancer.
the use of opioids in renal failure
the use of adjuvant medication in combination with opioids for neuropathic pain
the use of opioids in combination with NSAIDs and paracetamol
the use of spinal opioid administration
This version of the EAPC recommendations for the use of opioids in cancer pain management can be viewed as a substantial improvement of the previous guideline and should be considered carefully in the panorama of available national and international guidelines. The very careful evaluation of the available evidence highlights the need for more research in the field of opioid pharmacotherapy for cancer pain

More than 12,000 registered users, which 30% came from American countries. Finally, more than 10% of originals published in MP are been written in Latin-America. So, it is evident that Spanish and American professionals have been working together during years, and they have developed their palliative care systems sharing continuously their experiences. From 2001, the Latin American Association for Palliative Care (ALCP), the relationship between Americans and SECPAL, previously informal, became more institutional. Since then three types of measures were established: Spanish palliative participation in the ALCP congresses; free access to MP journal online, and professional exchange. At least four Spanish professionals participated in the ALCP congresses in Ilsa Margarita, Venezuela (2006), Lima, Peru (2008) and Buenos Aires, Argentina (2010). In all cases the ALCP proposed some profiles and SECPAL decided finally the names and financed the trip. All members of ALCP properly registered enjoyed for years free access to MP journal full text through SECPAL website. However, the success of this measure has been only moderate. Finally, during the last 12 months, four ALCP members travelled to Spain for clinical and organizational training in four selected palliative care units (University Hospital of Navarra, Palliative Care Program of Extremadura Health Service, Catalan Institute Oncology and CUBICA Foundation). All of them remained in Spain for several months with travel and accommodation funded by the International Association for Hospice and Palliative Care (IAHPC) and SECPAL. For the foreseeable future, new strategies of cooperation are being planned. Among them, the vast Latin American participation in the upcoming 12th International SECPAL congress in Badajoz (in 2012), and the twinning program of palliative care units on both sides of the Atlantic Sea. By now, palliative care professionals around the World.

Abstract number: PS15.2
Abstract type: Parallel Symposium
Parallel Symposium Round Table: The EAPC Recommendations on Opioids in Cancer Pain – Balancing Effect and Side Effect

Stone P.1
1St George’s University of London, Population Health Sciences and Education, London, United Kingdom

The European Palliative Care Collaborative (EPCOC) of the European Association for Palliative Care (EAPC) has recently published evidence-based guidelines for the use of opioids and analgesics in the treatment of cancer pain. The recommendations were produced as a result of a number of systematic reviews undertaken by a large collaboration of authors across Europe. Six of the key recommendations specifically relate to managing / preventing the side-effects of opioid therapy.

1. Patients on step III opioids who do not achieve adequate analgesia and/or experience severe and unmanageable side effects may benefit from switch to an alternative opioid.
2. In patients with opioid-induced emesis antiparalytic drugs such as metoclopramide, and haloperidol are effective treatment options.
3. In patients with persistent significant opioid induced sedation methylphenidate can be used when other measures have failed. There is a narrow therapeutic window between desirable and undesirable effects.
4. In patients with significant opioid neurotoxicity (delirium, hallucination myoclonus, hyperalgesia) opioid dose reduction or opioid switching should be considered.

Reaching Out Towards Latin America

Abstract number: PS16.2
Abstract type: Parallel Symposium
Reaching Out: The Collaboration between Associations (IAHPC-ALCP-SECPAL)

De Lima L.1
1International Association for Hospice and Palliative Care (IAHPC), Houston, TX, United States

For several years, the International Association for Hospice and Palliative Care (IAHPC), the Latin American Association for Palliative Care (ALCP) and the Sociedad Española de Cuidados Paliativos (SECPAL) have been collaborating together to identify and implement strategies to advance palliative care in Latin America. This section of this session will present these strategies and review some of the outcomes and results.

Breathlessness

Abstract number: PS16.3
Abstract type: Parallel Symposium
Reaching Out towards Latin America - Brazil and Portugal: How To Start?

Rodrigues L.F.1
1Hospital de Câncer de Londrina, Equipe de Cuidados Paliativos, Londrina, Brazil

In my speech I’ll try to present some aspects of my country related to healthcare, culture, and after, something about the creations and development of the National Academy of Palliative Care. By this I hope to start the national discussion in Portugal, as the title of the session sugests. Talking about my country is already a manner to initiate this approach. Brazil is the 5th country in the world but we consider our health system as one of the best. We are as we know the barm of the world because the large extensions of cultivable lands. Our National Association (ANCAP) was founded in February of 2005 and in October of 2010 we made the 4th National Congress. In March of 2011, we will seddle the VI Latin American Congress of Palliative Care, together with ALCP and the other Brazilian Association - ABCP.

Parallel sessions

Collaboration in Practice: The Palliative Care Atlas for Latin America

Espinolas L.1
1Asociacion Latinoamericana de Cuidados Paliativos - Continuum Home Care BA, Buenos Aires, Argentina

Internationally there is a lack of global policies aimed to develop palliative care initiatives. From 2005 until 2010 there is a lack of reliable data concerned with the development of palliative care in each country of the region contribute to the low awareness given to issues related to end of life care.

In this context, there is an urgent need to capture evidence based data which could be useful to know where we are, what are we doing, what are our strengths, debilities, challenges and barriers, as well as to plan how to overcome those. Construction of a palliative care Atlas and spreading of that across Latin America (LA) could contribute to discover where in LA is placed, what we should do to raise awareness and open the debate concerning palliative care as an human right.

This main body representing palliative care in LA is ALCP (Asociacion Latinoamericana de Cuidados Paliativos). ALCP mission is to promote the development of palliative care in the region through communication and integration of all those interested in improving the quality of life of patients with progressive, life limiting conditions and their families. One of the essential concerns of our organization has been to build up a regional database able to inform the palliative care activity at country level. A process of data collection aimed to identify regional providers and contact information started in 2006. Although it produced some useful information, that information has not been systematically collected.

Thorough a grant from OSI we have started the building up a Palliative Care Atlas for America Latina. Methodology design was created with the advice of experts from SECPAL and University of Navarra (Spain) who had already worked in the EAPC Atlas and who will continue giving their advice during the study running period.

We think that an accessible database containing systematically collected information concerning the current provision and practice of hospice and PC in LA is of paramount importance. It could help not only PC related workers but also, it could "inspire" policy makers, be a guide to patients and families and create a benchmark in which compare PC development in the future. During the session there will be to discuss research methodology of the study, expected outcomes, potential difficulties and how to deal with that.

Management of Breathlessness in Advanced Disease - Have We Got Any Further?

Hogsten L.1
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Breathlessness is a common, distressing symptom in advanced malignant and non-malignant disease, being found in almost all patients with COPD, 70-80% of those with cancer and over 50% of those with heart failure. It impacts significantly on quality of life and is responsible for significant healthcare resource usage. Escalante (1996) reported hospital admission rates of 30-60% in patients presenting with breathlessness, in front of which compare PC development in the future. During the session there will be to discuss research methodology of the study, expected outcomes, potential difficulties and how to deal with that.

12th Congress of the European Association for Palliative Care, Lisbon, Portugal, 18-21 May 2011
Breathlessness is a very common symptom in those with advanced COPD. It is a harbinger of death. Breathlessness in advanced cancer is usually a symptom of disease progression addressed by oncologists. However, there are other causes of breathlessness in advanced cancer. In this presentation I will review the intrinsic and extrinsic factors that may influence the diffusion of any new innovation are the perceived attributes of the innovation (intrinsic factors), and extrinsic factors including the decision environment (optional, collective or authoritative), the communication channels used to promote the innovation, the social system of the potential adopters and the extent of the change agents promotion efforts. Despite the major developments in the care of COPD, emphasis has been put on the severity of symptoms due to the disease for years. In this respect they differ from people with advanced cancer who have end of life care needs comparable to people with advanced COPD lose out when it comes to end of life care. They have also said that it is possible with the tools at our disposal to identify those who have such needs. Such assertions reflect a deep concern for people with advanced COPD. They may arise from personal experience. Are they well supported by evidence?

In this talk the evidence for palliative care needs in advanced COPD will be reviewed. A distinction will be drawn between palliative care and end of life care in advanced COPD, and a new way of thinking about advanced COPD will be proposed. People with advanced COPD invariably have had severe symptoms due to the disease for years. In this respect they differ from people with advanced cancer who may have had severe breathlessness for days or at most weeks. There is a great difference between cancer and COPD. People with COPD often experience. It seems inevitable that the needs of these two groups will be very different when the disease is advanced.

The priority of symptom palliation in non-malignant disease. This is because of the perceived lack of awareness of the needs of people who die from chronic diseases other than cancer. In COPD emphasis has been put on the severity of symptoms suffered by people with advanced COPD when compared to people with advanced cancer. In COPD people experience little palliative care support in the year before death and there has been much concern that their needs have been neglected. Is it the case that many people with advanced COPD have end of life care needs comparable to people dying from cancer? Many experts have written that people with advanced COPD lose out when it comes to end of life care. They may have said that it is possible with the tools at our disposal to identify those who have such needs. Such assertions reflect a deep concern for people with advanced COPD. They may arise from personal experience. Are they well supported by evidence?

Breathlessness is often combined with anxiety, panic and the experience of “losing control”. On the one hand physiotherapy can reduce symptoms with certain interventions but can also enable and help patients to find and get back physical control within the realistic framework of the disease. Due to this active and enabling approach patients with breathlessness can improve both the symptom and their potential interventions of the physiotherapist after a mandatory first one - to one assessment are to educate patients /carers on basic anatomy and breathing physiology. To use breathing - out and other breathing control techniques as rest but also on exertion. To try out and teach pacing strategies for activities of daily life. To address the importance of exercising. Chest clearance techniques if appropriate. To aneex and provide (walking) aids. To address and work out management strategies for anxiety and panic. To build strength and stamina affected by physical and psychological factors (if appropriate)

Patients who experienced breathlessness often tend to continue with a “fear - avoidance - behavior” as the only possible coping strategy without insight to realistic goals and abilities. The management of breathlessness requires a good rapport with patients and it is recommended that input starts in one-to-one clinics. But also “breathlessness - classes” with the patients (seen as expert by patients within this group) can have a hugely positive influence. There is evidence that active and empowering physiotherapy intervention in breathlessness care patients has a very positive impact on mobility, independence, well being and quality of life.

Parallel Symposium

Abstract number: PS15.1
Abstract type: Parallel Symposium

Title: Palliative Care of COPD: More Intractable Breathlessness than End of Life

Authors:
White P.T.
King’s College London, Primary Care and Public Health Sciences, London, United Kingdom

Abstract:

Breathlessness is a very common symptom in terminal illness patients and is known to be strongly affected by emotional or social influences and also has a huge impact on psychological well being and quality of life of patients and their carers.

There is a great difference between cancer and COPD. People with COPD often experience breathlessness than End of Life

Parallel Symposium

Abstract number: PS16.1
Abstract type: Parallel Symposium

Title: Evidence-Based Decision Making

Authors:
Bruna E.1
1UT M. D. Anderson Cancer Center, Palliative Care & Rehabilitation Medicine, Houston, TX, United States

Abstract:

Interdisciplinary teams led by palliative medicine specialists are quite effective in reducing physical and psychosocial distress, length of hospital stay and overall bed utilization, intensive care unit admissions and mortality, and the overall cost of care. In addition, preliminary evidence suggests that early access to palliative care can improve survival. However, the percentage and timing of access of patients to palliative care teams is quite variable. This presentation will review evidence on the effect of different clinical and demographic variables on decision making by patients and referring physicians regarding palliative care access. The focus will be on the impact of the diffusion of innovations and the experience of “losing control”. On the one hand physiotherapy can reduce symptoms with certain interventions but can also enable and help patients to find and get back physical control within the realistic framework of the disease. Due to this active and enabling approach patients with breathlessness can improve both the symptom and their potential interventions of the physiotherapist after a mandatory first one - to one assessment are to educate patients /carers on basic anatomy and breathing physiology. To use breathing - out and other breathing control techniques as rest but also on exertion. To try out and teach pacing strategies for activities of daily life. To address the importance of exercising. Chest clearance techniques if appropriate. To aneex and provide (walking) aids. To address and work out management strategies for anxiety and panic. To build strength and stamina affected by physical and psychological factors (if appropriate)

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Parallel Symposium

Abstract number: PS17.1
Abstract type: Parallel Symposium

Title: The Role of Physiotherapy in Breathlessness

Authors:
Simard R.1, Taylor J.1, Allied Health Professions department St Christophers Hospice, London, UK
1Whiston Hospital, Liverpool, Germany, St Christophers Hospice, London, United Kingdom

Abstract:

Breathlessness is a very common symptom in different conditions, information on episodic breathlessness and improved methods of assessment.

2. Developments in management, pharmacological, non-pharmacological and complex interventions. This includes evidence regarding the use of oxygen or air, benzodiazepine, opioids, and non-pharmacological treatments, in particular pulmonary rehabilitation, exercise, the hand held fan and combination services such as breathlessness support or intervention services.


Abstract number: PS17.3
Abstract type: Parallel Symposium

Title: Compassion: The Essence of Hospice and Palliative Care

Authors:
Larkin P.1
1University College Dublin, School of Nursing, Midwifery & Health Systems, Dublin, Ireland

Abstract:

Most practitioners would consider compassion a core concept in the delivery of hospice and palliative care. Compassion has received increased attention in the healthcare literature, particularly in the failure of healthcare services to integrate compassion into its service delivery ( Youngson 1992). However, in hospice and palliative care, the meaning of compassion in practice is rarely debated. Descriptions of compassion in current hospice & palliative care literature often reflect Buddhist perspectives with...
between you and other beings. They are two aspects of compassion, this dual aspect is the conscience of sharing with every human being our both conditions: mortal and immortal.

When you, as a person have the lived experience of losing your “I”, or when your life experience allows you to accept your own fear, or at least to love your patients is biggest than your fear to let them die, then you can go together with the patient through the sadness of having to die, and found the happiness of sharing a deeper dimension which is immaterial; at this deepest level, compassion could be a healer. At this stage, the influence of the professional is based mainly in his or her being. The wholeness of the person that you are, your knowledge and relationship with the patient could change him. Your presence and your inner peace could change his perception of himself, being you conscious and accepting of how much your patient needed could not be adequately for meeting the needs of a suffering person. Clinical responses to suffering require a complementary approach, balancing the ongoing assessment and management of symptoms of the suffering as far as possible, with a skilled and sensitive use of presence; a staying with, in a conscious, accepting way, the person’s experience of suffering and a willingness and capacity to work with them and to create for them an ability to work with distress and uncertainty, an awareness of how one’s own philosophy regarding suffering affects one’s practice, and strategies to nurture and support one’s own spirit, as well as that of the sufferer. This presentation will explore this clinical approach and the capacities (including personal strengths, skills, knowledge, understandings, and attitudes) needed by individuals, teams and organisations to avoid the well documented dangers of avoidance, over-involvement, “compassion fatigue” and team fratturing.

The presentation will incorporate findings of an Australian study, which investigated the experiences and perceptions of experienced palliative care multidisciplinary clinical teams.

Parallel sessions

Presentation of Highlights of EU Projects

Abstract number: PS20.1
Abstract type: Parallel Symposium

Access to Opioid Medication in Europe (ATOME)

Iunger S.1, Scholten W.2, Payne S.3, BaudBracht E.4

EUREA Aachen University, Department of Palliative Medicine, Aachen, Germany; 2World Health Organization, Geneva, Switzerland; 3Lancaster University, Division of Health Research, International Observatory on Nanocomposites, Lancaster, United Kingdom; 4University of Bonn, Department of Palliative Medicine, Bonn, Germany

ATOME (Access to Opioid Medication in Europe) is an EU-funded project with the overall goal to improve the availability of opioids for moderate to severe pain and for the treatment of opioid dependence in twelve countries in Eastern and South Europe. Applied research is being undertaken into the reasons why opioid medications are often not available when needed and not used adequately in these countries. Based on the results, tailor-made recommendations will be elaborated for each country in collaboration with national country teams. These recommendations will be presented to the national governments, to health-care professionals, other key decision-making bodies as well as to the general public in each country with a focus on increasing the accessibility, availability and affordability of controlled medicines.

The project started in December 2009. The ATOME consortium comprises ten organisations from eight different countries across which the World Health Organizations and the European Association for Palliative Care. Two tracks of activities in different work packages will ensure a systematic approach to the project. One of these tracks focuses on a national legislation analysis for the identification of potential barriers to opioid availability. Results from each target country will be translated in legislation analysis in order identify laws and texts hampering the availability of opioids. From the findings, legal experts will undertake a systematic analysis of the legislation in the target countries in collaboration with the lawyers and experts at assessing obstacles to opioid availability on the level of health policy and education of health professionals. Country teams will analyse the national situation with a self-assessment checklist and elaborate recommendations during six-country workshops. The final analysis will be disseminated during national follow-up conferences in each target country.

Abstract number: PS20.2
Abstract type: Parallel Symposium

European Palliative Care Research Collaborative (EPCRC)

Kuna M.1, Fokkving Hagen D.2,3,4

1NTNU, European Palliative Care Research Centre, Dept. of Cancer Research and Molecular Medicine, Faculty of Medicine, Trondheim, Norway; 2Trondheim University Hospital, Institute of Oncology, Trondheim, Norway; 3Haukeland University Hospital, Regional Centre of Excellence for Palliative Care, Western Norway, Bergen, Norway

The EPCRC (2006–2010) was the first major palliative care project within the Framework Programme 6 of the EU. The project engaged 60 co-workers of 11 centers in six European countries. The EPCRC addressed three symptom areas: pain, depression and suffering, focusing on genetics, assessment/classification and the development of guidelines. A genetic marker set with 17 SNPs involved in response the opioids were identified. Three groups of genes have shown to be associated with at least one cachexia phenotype, and bio markers for pain perception indicate that there is a significant relationship between biomarker changes and pain perception. A new definition and classification system for cancer cachexia has been developed and supported by major stakeholders. Results from a series of empirical studies and systematic review have led to a set of recommendations for future work on pain assessment and classification, including a proposed classification system cancer pain. A total set of items for the diagnosis of depression in palliative care has been identified, and a first computerized self-assessment tool for depression has been developed. European guidelines for the management of depression and cachexia have been developed, and an updated recommendation on opioid treatment for cancer pain based upon 22 systematic reviews, are finalized. The European Palliative Care Research Centre (PRC) has been established as a direct continuation of the EPCRC to promote palliative care research, conduct multicentre studies and train researchers. By the end of the project, 43 papers were published, seven projects were in progress and a substantial number of papers are in draft format.

Abstract number: PS20.3
Abstract type: Parallel Symposium

PRISMA, a Pan-European EC Co-ordinating Action: Reflecting the Positive Diversities of European Priorities for Measurement in End-of-Life Care

Harding R.1, Higginson I.J.1, Davison R.1, On behalf of PRISMA

1King’s College London, Cicely Saunders Institute, London, United Kingdom

Background: In order to deliver highest quality, appropriate end-of-life care for European citizens, it is essential to ensure that care is measured using tools
Parallel sessions
that offer highest scientific principles and reflect the concerns of patients, families and clinicians. PRISMA aimed to establish a new platform of pan-European interdisciplinary experts to deliver harmonised, robust approaches to measuring care at the end-of-life.

Methods: This EC-funded co-ordinating action has drawn together experts from 11 European partners in 6 countries, within 9 core work packages (WP), and two executive work packages.

Results: WP1, led by a group of anthropologists, has underpinned a cross-national network of experts in end-of-life care and systematic review of the scholarly literature. This core underpinning of an understanding of culture has revealed the meanings of culture in end-of-life settings. The network of anthropologists WP2 has undertaken a large scale public survey in 7 European countries, and has discovered its sample of participants very likely that experience of serious illness and death in their family were very common, and while home death was commonly preferred, there are wide variations across Europe.

WP3 has undertaken a Europe-wide survey of medical priorities for research, and found that clinicians need common tools, and priority pain, fatigue, cachexia, delirium, and breathlessness.

WP4 has conducted a pan-European survey of researchers and clinicians, and found nearly 200 tools in use, with nearly 100 tools only used in one group. WP5 has consulted with clinicians on the preferred format and content of resources, and produced a simple-to-use POS booklet and scorecard that can be carried in routine care.

WP6 has established a pan-European expert network of researchers working in long-term care settings, and identified a lack of common methods and measures in this population.

WP7 has integrated these Work Packages, and WP8 is hosting a policy-oriented symposium to disseminate findings to stakeholders.

Discussion: PRISMA has established essential new knowledge to drive forward harmonised measurement at the end of life. It has provided a pan-European platform with expert guidance and evidence that is freely available to those who deliver measure and receive end-of-life care. The PRISMA project, its measurement activity, and expert network continues and is hosted at the Cicely Saunders Institute.

Abstract number: PS20.4

Abstract type: Parallel Symposium

OPCARE9 - An International Collaborative to Optimise Research for the Care of Cancer Patients in the Last Days of Life

Parallel Symposium

Elenita E.

Manchester Palliative Care institute Liverpool, Palliative Care, Liverpool, United Kingdom

OPCARE9 is an European Union 7th Framework funded Co-ordination and Support Action project to optimise research for the care of cancer patients in the last days of life. It is largely international and systematically investigating current practice across a range of healthcare environments and diverse cultures, the nine country international collaborative (Table 1) seeks to establish consensus based agreements on optimum care to be delivered at this critical stage of the patients’ journey.

Table 1: OPCARE9 Beneficiaries

<table>
<thead>
<tr>
<th>Beneficiary</th>
<th>Country</th>
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</thead>
<tbody>
<tr>
<td>Manchester Palliative Care Institute</td>
<td>England</td>
</tr>
<tr>
<td>University of Liverpool</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>Cologne University Hospital</td>
<td>Germany</td>
</tr>
<tr>
<td>Eindhoven University</td>
<td>Netherlands</td>
</tr>
<tr>
<td>National Cancer Research Institute</td>
<td>Italy</td>
</tr>
<tr>
<td>Stockholm Jakobsson Foundation</td>
<td>Sweden</td>
</tr>
<tr>
<td>Palliative Care Development</td>
<td>Moreno Institute, Gotlink</td>
</tr>
<tr>
<td>Cantonal Hospital, St Gallen</td>
<td>Switzerland</td>
</tr>
<tr>
<td>Palliative Care Unit, Amsterdam</td>
<td>Netherlands</td>
</tr>
<tr>
<td>Arharental Hospice, North Palmerston</td>
<td>New Zealand</td>
</tr>
</tbody>
</table>

WP1 Complementary comfort care
WP4 Psychological and Psychosocial support to patients, families and carers
WP5 Voluntary, professional, and community services
and two executive work packages
WP6 Management, Communication & Dissemination
WP7A Evaluation; WP7B Liverpool Care Pathway International

OPCARE9 aims to impact positively on future research agenda’s through the development of novel methodologies to address existing gaps within the evidence base. It also promotes and international research protocols, amenable to funding, are a key output of this project. Further resources which whilst available to the wider healthcare environment and international research community include: The results of our work on PRISMA and Delphi processes for each primary work package

A list of evaluated tools and technologies in current use across the nine participating countries.

A list of European Quality Indicators against which to measure future care in the last days of life

Other primary outcomes will include published articles and conference presentations detailing project results and recommendations on the future development of the LCP framework at an international level.

The collaborative structure of OPCARE9 provides a research dynamic for high quality care provision; it brings together educators and researchers within the field of palliative care; collaborations, such as OPCARE9, are an essential structure to deliver PRISMA’s measurement aim. WP7A is carrying out a Europe-wide survey of medical priorities for research, and found that clinicians need common tools, and priority pain, fatigue, cachexia, delirium, and breathlessness. WP4 has conducted a pan-European survey of researchers and clinicians, and found nearly 200 tools in use, with nearly 100 tools only used in one group. WP5 has consulted with clinicians on the preferred format and content of resources, and produced a simple-to-use POS booklet and scorecard that can be carried in routine care. WP6 has established a pan-European expert network of researchers working in long-term care settings, and identified a lack of common methods and measures in this population. WP7 has integrated these Work Packages, and WP8 is hosting a policy-oriented symposium to disseminate findings to stakeholders.

Discussion: PRISMA has established essential new knowledge to drive forward harmonised measurement at the end of life. It has provided a pan-European platform with expert guidance and evidence that is freely available to those who deliver measure and receive end-of-life care. The PRISMA project, its measurement activity, and expert network continues and is hosted at the Cicely Saunders Institute.

Abstract number: PS20.5

Abstract type: Parallel Symposium

Best Practice in Palliative Care: Highlights of the EU Project

Vivien K.C.1,Engels Y.1, Hasselaar J.1, Ahmedzai S.2, Mollard J.-M.7

1University Medical Center St. Radboud, Nijmegen, Dept of Anaesthesiology, Pain and Palliative Medicine, Nijmegen Route, Netherlands; 2The University of Sheffield, Department of Palliative Care, School of Medicine, Sheffield, United Kingdom; 3WHO Collaborating Centre for Public Health Palliative Care, University of Alcalá de Henares, Spain; 4University of Bonn, Germany; 5Poznan University of Medical Sciences, Poznan, Poland; 6University Hospital Leuven, Leuven, Belgium, 5Poznan University of Medical Sciences, Poznan, Poland; 7Palliative Care Network, Paris, France

The WHO definition of palliative care launched in 2002 broadens the target population to all patients with an incurable disease. Moreover palliative care should be applicable early in the course of the illness. For politicians, caregivers and policy makers it is important to find tools to measure the quality of the organization of palliative care. For this purpose consensus was sought on quality indicators, which are ‘explicitly defined and measurable items referring to the outcomes and processes of care’.

A systematic review on quality indicators for palliative care showed that clinical indicators are widely overrepresented while indicators that assess organizational issues are lacking.

During workshops it was agreed that the organization of palliative care should be assessed by: “network structures (systems and processes) were meant to enable the delivery of good quality palliative care. The quality of the organization of palliative care was assessed in a framework with the domains of: 1 Definition of palliative care service; 2 Access to palliative care (a. access and availability of care; b. access and availability of an organized care, c. continuity of care); 3 Infrastructure; 4 Assessment tools; 5 Personnel (a. staff, education and training for staff/volunteers; b. qualifications and education in health systems, d. organization of care, e. sharing information); 6 Documentation of clinical data (a. clinical record, b. timely, c. structured clinical record, d. documentation of safety, e. quality policies, b. adverse events, c. complaints procedures); 7 Reporting clinical activity of palliative care services; 8 Regional, national and international aspects of palliative care (a. national policy, b. guidelines, c. health/insurance program, d. networks); 10. Research (a. Local level, b. national level) and 11 Education. Transnational multidisciplinary teams of caregivers were invited to participate in the generation of a consensus on the usefulness and clarity of the proposed indicators. After two rounds of consultation using a modified RAND Delphi method in the top 10 indicators with the highest median rating, there are 3 indicators relevant to the evaluation of palliative care.

There was consensus on the need for a multidisciplinary team and appropriate training for staff and volunteers. Validated instruments to assess pain and other symptoms should be in place. A structured clinical record adds to the quality. It was agreed that the use of a database for recording clinical activity is important, but no consensus on its content was reached.

Also on local level the availability of a research team and the structural governmental funding are judged important quality indicators. The infrastructure should allow privacy of patients and families, including the possibility of a single bedroom, facilities for relatives to stay overnight, the ability of a private place for saying goodbye to the deceased and no restrictions of visiting hours.

Standardized learning objectives for basic and continuing training, and the structured guidance for specialized training for professionals working in palliative care were considered important. Regional and national policies and regulations regarding the availability of palliative care improve the quality. These indicators can be a first step towards improving the quality of the organization of palliative care in Europe.

Abstract number: PS20.6

Abstract type: Parallel Symposium

EURO-IMPACT: a 4-year EU 7th FP Marie Curie Initial Training Network in Palliative Care Research

Delvij L., Van den Block L., Vrije Universiteit Brussel, End-of-Life Care Research Group, Brussels, Belgium

EURO-IMPACT is a EU 7th FP Marie Curie Initial Training Network in Palliative Care Research aiming to develop a multidisciplinary and intersectorial educational and research training network aimed at monitoring and improving palliative care in Europe. The research on palliative care has begun to develop over the past decades, it has not kept pace with the growing demand for high quality care. The increase in elderly people, chronic diseases and health care costs, makes the provision of enhanced research training in palliative care one of the most urgent societal challenges at EU level.

EURO-IMPACT is coordinated by prof Luc Deliens and prof Lieve Van den Block. It involves 14 partners from 8 European countries and the project runs for 4 years, from 2009 until 2013. To this network and the 7 Marie Curie fellows involved, in addition to 9 partners in 6 different countries: the End-of-Life Care Research Group of Ghent University and the Vrije Universiteit Brussel, Belgium (coordinator); the VU University medical center and EMGO Institute for Health and Care Research in Amsterdam, The Netherlands; the University of Medical Sciences, Poznan, Poland; the University of Bonn, Germany; the Poznan University of Medical Sciences, Poznan, Poland; the University Hospital Leuven, Leuven, Belgium, 5Poznan University of Medical Sciences, Poznan, Poland; the University of Bonn, Germany; the Poznan University of Medical Sciences, Poznan, Poland; the University Pharmaceutical, Paris, France

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How to Implement the Health Authorities and the Politicians?

Abstract number: PS21.1
Abstract type: Parallel Symposium

How to Implement the Health Authorities

Henkler H.1 University of Flensburg, Berlin, Germany

According to the variety of levels and sectors of action in palliative care and policy, many different approaches are necessary to make PC an integral and well-functioning part of national and regional health systems. International human rights and based on a holistic concept of human dignity, the 47 states of the Council of Europe continue to fight for the principles of PC. This paper will discuss how to establish effective and sustainable palliative care at international level, and at practice and policy level. EU-IM-PACT reduces current fragmentation of research in palliative care and provides the new generation of European researchers with the necessary scientific and complementary skills to improve palliative care on the national and international level, and at practice and policy level.

Abstract number: PS21.2
Abstract type: Parallel Symposium

A Business Case for Substitution of Palliative Care from Hospitals to Hospice and Home Care Settings

Venemaad S.1 Linderoobe Institute, Veendam, Netherlands

Aim: This abstract discusses the implications of substitution of palliative care. One third (33%) of all Dutch people (5.6 million, only 80% at home) despite most people want to die at home. Hospitals have low capacity (i.e. low number of palliative beds and professionals with specialized expertise of palliative care) to give palliative care. Practice shows that palliative care in hospitals is both of suboptimal quality and expensive compared to other palliative care settings, like hospices and specialized home-based care services. This study is aimed to show the positive effects of substitution of palliative care from hospitals to hospice and home care settings on quality and costs.

Design and Methods: This study started investigating the factors which influence substitution of palliative care. These factors are medical and demographic aspects and technological developments and were used to develop substitution scenarios. The study is founded on the expertise of professionals, capacity and finance. The effects were calculated by comparing palliative care in hospitals with hospice and home care. Quantitative data was collected from health insurance companies and from Statistics Netherlands. This data was used for example to analyze costs of palliative care in different settings. Beside quantitative data qualitative information was added from interviews with experts.

Results and Conclusion: In this study we will show that substitution of palliative care (from hospital to hospice and home care settings) has a positive effect on the quality of care. These outcomes have to be taken into account by policymakers. The money saved by substitution should be invested in palliative care in hospice and home care settings to improve quality, reduce costs and better meet patients' needs.

The Social Business Case

Demoulin L.1 Ernst & Young, Utrecht, Netherlands

Need to rethink healthcare delivery and innovation

There is a need to radically rethink the way healthcare is provided. Health consumers get older, fatter, richer and sicker. They grow in number and complexity. (Costs are increased, their willingness to pay for healthcare is limited.)

To be successful and viable in the long term, health consumers will have to pay for healthcare themselves. More and more patients will be policy makers and beneficiaries of non-commercial healthcare. It will be their responsibility to pay. They will be responsible in the long term if it is affordable and if it is supported by all the parties with an interest.

What makes things complicated is that the number of parties involved increases and that their interests are conflicting. In healthcare today, payers have different sizes, shapes and forms, backgrounds and legal obligations. As scale tends to increase, these forces get fiercer.

The key question here is how to step away from the common practice of initiatives, agreements, misunderstandings and disbeliefs.

Dialogue is key

Innovators have different backgrounds and perspectives. Professionals tend to focus on the positive effects for their patients. But they do not understand and join the process of innovation. Managers construct impregnable press sheets, but not a single person gets heard. No one presents the complete picture. Payers apologize and pinpoint others for failure. At the end of the day: there is not enough financial capacity. Payers and providers play a victim role and let good ideas escape. The more disruptive the idea, the likelier it is to be dropped.

We have experienced that dialogue is key in getting healthcare innovation funded. Fact is that we all have our own peculiar perspective that is needed to broaden them to others and initiate a discussion.

Based on recent experience in a national innovation program in long term care, together with the Dutch Ministry of Health and several industry organisations, we developed a simple but successful approach for supporting discussions with stakeholders. It is based on a dialogue around a social business case.

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Mentoring in PC to selected Care Teams and LTC facilities, Multidisciplinary training was developed an action plan that takes into account the goals defined in National PC Program (NPCP), the diagnosis of the current situation for PC and also the priorities of the Program. The main preliminary results are the inclusion of professionals, (8) Home care support teams - 0.6 per 140,000 inhabitants, 14 Hospital Palliative care Units (NPCPs) and 19 Palliative care Units (16 units within RNCCI with 190 beds and 3 outside RNCCI with 40 beds, a total of 230 beds - 22 beds per million inhabitants). At present we consider as important that the development achieved in 3 years allow the existence of scarce resources in the beginning of RNCCI/NPCP approved be an integral element of general healthcare services; the focus on home care; The planning in urban and rural areas differ in service organization, care and care and care are based on needs, complexity, flexible and shared, the commitment of professionals. As areas for improvement: Still too many resources; The need of training (clinical and leadership); Culture of palliative care not widespread; Resistance to early referrals with end of life referrals to Palliative care. Portugal has several challenges as such: Training of different professionals in a short period of time; Training as a limiting factor to the rapid growth of specific service delivery of palliative care; Widespread the culture of Palliative Care and the need of support to family/informal carers.

Nausea and Vomiting

**Abstract number:** PS22.1  
**Abstract type:** Parallel Symposium  
**Clinical Presentations and Mechanisms of N + V. Epidemiology**

Bruna E.1  
UT M. D. Anderson Cancer Center, Palliative Care & Rehabilitation Medicine, Houston, TX, United States

Nausea and vomiting are frequent problems among palliative cancer patients (PCP) affecting the quality of life of patients and carers. The identification of the etiology of nausea and vomiting is fundamental to the development of a treatment strategy. Pharmacological and non-pharmacological approaches have been effective, but these conditions provide for a clean inception point that allows for the design of clinical trials. The clinical effectiveness of these two conditions provides a clean inception point that allows for the design of clinical trials. The clinical effectiveness of these two conditions provides a clean inception point that allows for the design of clinical trials.

**Abstract number:** PS22.2  
**Abstract type:** Parallel Symposium  
**Pharmacology of Anti-emetics and Newer Drugs**

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Discovery of the link between 5-HT3, receptors and chemotherapeutic induced vomiting (Mineur & Sanger 1986, Br J Pharmacol 88, 497) and subsequent development of 5-HT3 receptor antagonists as anti-emetics (Hobbs & Sanger 1995, Br J Pharmacol 114, 329) have revolutionized the management of chemotherapy induced nausea and vomiting. Despite these advances, these two conditions remain a challenge for PCP. Pharmacological and non-pharmacological approaches have been effective, but these conditions still cause distress and can interfere with cancer treatment.

**Abstract number:** PS22.3  
**Abstract type:** Parallel Symposium  
**Parallel Session “Nausea and Vomiting” (Current Evidence from Cochrane/other Systematic Reviews)**

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This session will discuss the current evidence from the Cochrane library relating to antiemetics used in palliative care.

Reaching Out Towards Psycho-Oncology

**Abstract number:** PS23.1  
**Abstract type:** Parallel Symposium  
**Psychosocial Care: A New Standard in Quality Cancer Care**

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Cancer and its treatment have a tremendous psychological and social impact, alongside its physical impact. It is accompanied by a series of dramatic changes that involve the physical, emotional, spiritual, interpersonal and social dimensions of the person affected by cancer. At least 50% of cancer patients suffer from distress, and many of them develop more serious conditions such as anxiety, depression and maladjustment disorder. Psychological morbidity has significant clinical consequences and affects patients’ compliance with treatment and reduced quality of life. Palliative care services provide interventions aimed at preventing or reducing the emotional impact of cancer and improving patients’ skills to cope with the demands of treatment and the uncertainty of the disease. There is evidence that providing these services to patients and their families are linked to higher standard of care: reduces the distress and psychosocial morbidity associated with cancer and improves quality of life and well-being during and after cancer treatment. Despite these evidences psychosocial needs of cancer patients go often unrecognized and availability of services to meet their needs are still scarce. Supportive care for cancer patients is thus considered fundamental to attaining the highest standard of health and must therefore be recognized as an important health issue. Over the past several years, the health care organizations in a number of countries, including Australia, Canada, the European Union and the United States of America, have recognized the importance of incorporating psychosocial care into national cancer plans. In 2007, the United States’ Institute of Medicine (IOM), National Academies of Science, a respected public health body in the US, developed a report outlining the strong evidence base for efficacy of psychosocial intervention in cancer care and stated that the psychosocial domain must be integrated into routine cancer care. The International Psycho-Oncology Society reviewed this report and other published work and concluded determined that there was sufficient evidence and experience available to propose a new international standard. To this end, the IPSOS developed a Statement on Standards and Clinical Practice Guidelines in Cancer Care, stating that: - “Quality care today must integrate the psychosocial domain into routine care” - “Distress should be measured as the 8th vital sign after temperature, blood pressure, pulse, respiratory rate and weight/ pain (www.ipos-society.org)”. This statement was unanimously endorsed by the US at the World Cancer Congress in August 2010, and IPOS has now opened the call for endorsement from other societies. With these actions IPOS expects to create a synergistic effect upon international and national efforts to improve psychosocial care for those coping with cancer.

**Abstract number:** PS23.2  
**Abstract type:** Parallel Symposium  
**Anxiety and Sadness**

Die Toll M.1  
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“The trauma of birth occurs only once. The trauma of death is experienced over and over again during the course of a lifetime” (E. Gossman). Death implies, among other things, a threat; the threat of non-existence. Awareness of our mortality and physical vulnerability causes anxiety. Human beings, along the course of our lives, are exposed to numerous stressful stimuli, we have to come to grips with and adapt to. Anxiety is frequent among palliative care cancer patients, and has been shown to contribute to a greatly diminished quality of life (Wilson et al., 2007). Higher levels of anxiety are well known to be associated with reduced quality of life. Higher levels of anxiety have been associated with decreased quality of life, increased symptom burden, and decreased QoL. Anxiety is a complex symptom that can interfere with cancer treatment, reduce quality of life, and increase symptom burden. It can lead to decreased QoL and reduced quality of life. Anxiety is a complex symptom that can interfere with cancer treatment, reduce quality of life, and increase symptom burden. It can lead to decreased QoL and reduced quality of life.
facilitate withdrawal from social activities. Even though sadness is usually described as brief and time-limited, clinical experience shows that it can be prolonged in time, varying in intensity, and may or may not turn into a major depression. Persisting sadness is sometimes referred to as mild depression. At this level, sadness may occur without a specific loss. Importance and difficulties in diagnosing and distinguishing between normal sadness and major depression have been widely described in the palliative care and psycho-oncological literature, and we will address these later.

My wife cried a lot when she lost her hair. We expected her to be upset. But we started to notice she was crying all the time, even once her hair started to grow back. How anxiety and sadness influence adjustment to the end of life, how they vary along the disease course and what needs to be successfully addressed and alleviated will be the focus of this talk.

Abstract number: PS23.3
Abstract type: Parallel Symposium

Definition Diagnostic Tools and Treatment of Depression in Palliative Care
De W alden-Galuszko K,1 Regional Centre of Oncology, Gda sk, Poland

The aims of this study: 1. Classification problems of depression 2. Assessment of depression 3. Management depression

There are many diagnostic difficulties of depression in cancer patients due to many reasons. We should address also the difference between ’normal sadness’, adjustment disorders (classified by DSM-IV and ICD-10) and ’major depression’. The evaluation of depression bases on exclusive approach (eliminates somatic symptoms) in clinical practice, we base mostly on psychiatric interview (ICD-10) - in doubts - we use Minimale Statiscal Tool - (cognitive functions) HAD (Hosptial and Anxiety Scale), GDS (Geriatric Depression Scale). In the group with cognitive impairment - OSMA (Observational Scale of Depression and Anxiety).

In the group of patients with depression SSRI (selective serotonin reuptake inhibitors) or N (noradrenergic reuptake inhibitors) are recommended. Sometimes typical psychostimulants (eg methyl phenidate) is used. Depressive patients with anxiety should be treated with sedative antidepressants eg NASSA (noradrenergic selective serotonin antidepressants), MAOR (inhibitors monoamine oxidase) or atypical drugs (miansetan, trazodan, valodaxon). Patients in advanced cancer are treated with many drugs, the problem of interaction of drugs is very important.

Conclusions: 1. The inclusion of depression in the group of cancer patients should be made more precisely. 2. The tools of depression assessment should be used more frequently in palliative care. 3. The management of depression in cancer patients in advanced stage seems to be insufficient.

Abstract number: PS23.4
Abstract type: Parallel Symposium

Hopelessness and Related Variables in Cancer Care
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The concept of hopelessness refers to a subjective and affective state characterized by a negative view of the future, a perceived lack of control, foreboding, toughness, hopelessness, and the energy to achieve one’s own goals. Symptoms of hopelessness, as a specific cluster within affective disorders, are known to correlate with each other with other depressive symptoms and more with other psychopathology symptoms. Hopelessness has also been reported not only as being present in depressive disorders, but to be one of the major indicators of demonzation, independent of the presence of clinical depression. In cancer patients the feeling of hopelessness is common and can threaten their physical and psychological well-being. It has been associated with poor adjustment to illness, depression, low satisfaction with care, poor interpersonal ties, and poor quality of life. Hopelessness and depression mediated the pathways between illness- related factors and desire for hastened death both in hospitalized and terminally-ill cancer patients and hopelessness has been found to be predictive of the prediction of suicidal idetnation, controlling for level of depression, among advanced cancer patients in an advanced phase of illness.

Several guide- lines in doctor patient communication in oncology indicate the need that hope can be promoted and preserved following a statement that not giving hope corresponds to create hopelessness. In the Southern European Psycho-Oncology Study (SEPOS), hopelessness was found in 312 cancer patients in different phases of illness. Regression analysis indicated that it was related both to depression (HADS-Depression subscale), but also to maladaptive coping and poor well-Being, as well as to cancer- related worries. There was no difference between patients completely aware of their condition and those who were partially aware.

Hopelessness can be also part of the emotional distress of the caregivers of cancer patients and can be experienced by cancer care health professionals as well. Thus, hopelessness, as a complex multidetermined factor, should be monitored over time during the trajectory of illness in cancer patients and their caregivers, including cancer care staff.

References:

Opioid Receptors

Abstract number: PS24.1
Abstract type: Parallel Symposium

μ-Opioid Receptors: Correlation of Efficacy for Signalling with Ability to Activate Internalisation
McPherson L1,2, Riven G.2,3,4, Libert J.1, Al-Sabah S.1,5,6,4 Bailey C.P.5,6,7, Rosethorne E.M.6, Charlton S.J.6, Henderson G.6,8,9, Kelly L.1
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Background: Traditional models of G protein coupled receptor (GPCR) activation which assume that all agonists stabilize a single active receptor conformation might predict that efficiencies at all signalling outputs are tightly correlated with one another. Recently, models of receptor function have been proposed which allow the possibility of a range of distinct active conformations, stabilized by different agonists to varying extents. This would be expected to result in receptor-effector interactions that are tightly correlated between all signalling outputs. This is referred to as biased agonism or functional selectivity. It has been proposed that G protein coupled receptors (GPCRs) have a peculiar characteristic that should lead to the development of new molecular entities.

Any disadvantage of allosteric properties of GPCRs and their ability to adopt active conformations that differ in their pharmacological, signalling and regulatory properties makes GPCRs capable of interacting with and activating numerous Ga subtypes. Novel strategies for the development of new and better agonists are therefore expected to take advantage of allosteric properties of GPCRs and their ability to adopt active conformations that differ in their pharmacological, signalling and regulatory properties. Mirroring opioid receptors, GPCRs have shown to be capable of adopting several allosteric states. These different active conformations may provide important target tissues. Nuclear receptor agonists, MOR agonists, have demonstrated the ability to activate cell signaling and transduction pathways in a multitude of cell types. It has been demonstrated that opioid receptors can form homo and hetero dimers (MOR-MOR, MOR-DOR, and DOR-DOR). However not all agonists ligands at the MOR promote the same degree of receptor desensitization and internalization. Moreover, it has been demonstrated that opioid receptor agonists might activate different G proteins in a cell, but a partial agonist may only be able to stimulate a subset of Ga coupled signaling pathways. These different pathways can activate different enzymes and signal transduction mechanisms and therefore cannot be considered identical.

Conclusions: 1. The finding that different ligands activate different G proteins may be important target tissue. Nuclear receptor agonists, MOR agonists, along with their ability to activate cell signaling and transduction pathways in a multitude of cell types. It has been demonstrated that opioid receptors can form homo and hetero dimers (MOR-MOR, MOR-DOR, and DOR-DOR). However not all agonists ligands at the MOR promote the same degree of receptor desensitization and internalization. Moreover, it has been demonstrated that opioid receptor agonists might activate different G proteins in a cell, but a partial agonist may only be able to stimulate a subset of Ga coupled signaling pathways. These different pathways can activate different enzymes and signal transduction mechanisms and therefore cannot be considered identical.
hupenorphine treated animals a complete prevention of immune alterations related to surgery was observed.

Finally recent advances in pharmacogenetic are describing polymorphism of the gene encoding for the MOR. Some of these allelic variations can affect both the activity of the receptor and the protein and opioid molecule coupling of MOR. Other polymorphisms have been related to the development of opioid tolerance. For a few a few a small number of genes have already been described, which are responsible for the development of tolerance to opioids. This implies a need for a better understanding of the role of pharmacogenomics for the development of opioid tolerance.

In conclusion, the new acquisitions on the molecular mechanisms linked to opioid receptors and ligands will hopefully lead to new analogies or to a better drug choice for each patient.

Abstract number: PS24.3
Abstract type: Parallel Symposium
Distinct Sensory Neuron Opioid Receptor Expression in Different States of Disease
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Although opioid receptors have been initially discovered in brain neurons, subsequent studies have demonstrated their expression and analgesic efficacy also at the level of the spinal cord and the peripheral nervous system. Opioid receptors on peripheral sensory nerves can be targeted either by direct local topically applied opioids or by the systemic administration of peripherally restricted opioids that do not pass the blood brain barrier. The advantage of this approach might be similar analgesic efficacy compared to systemic opioids without the occurrence of central side effects. In non-activated sensory nerves local application of opioids does not elicit any effect on the primary afferent and excitatory excitation of sensory nerves local application of opioids produces antinociceptive effects due to opioid receptor coupling and subsequent inhibition of the excitation and pain transmission of sensory nerves. This antinociceptive effect is increased during states of persistent inflammatory pain caused by an up-regulation of opioid receptor expression and coupling. Inflammatory pain leads to an elevated NCP concentration in the area of inflammation, its increased retrograde axonal transport towards dorsal root ganglia and an enhanced opioid receptor expression in sensory nerves. In contrast, in neuropathic pain states due to a nerve injury or to metabolic disturbances (e.g. diabetic neuropathy) the expression of opioid receptors is greatly reduced. Preliminary findings suggest that this might be due to an opioid receptor tolerance towards the antinociceptive property of opioid receptor the expression of opioid receptors is greatly reduced. Preliminary findings suggest that this might be due to an opioid receptor tolerance towards the antinociceptive property of opioid receptor.

Abstract number: PS25.2
Abstract type: Parallel Symposium
PRISMA: Results from a Co-ordinating Action to Improve Outcomes in Palliative and End of Life Care across Europe
Higgenbotham L1,2, Davidson B3, Lopes Ferreira E1,2, Antunes R1,2, Kaasa S3,4,5, Benalia H6,7,10, Derycke N.1,0, Harding R.1,5, Gysels M.6, Gomes B.1,2, on behalf of the OPCARE9 Collaboration
1King’s College London, Cicely Saunders Institute, London, United Kingdom, 2Royal Marsden Hospital, Department of Palliative Care, London, United Kingdom, 3Norwegian University of Science and Technology (NTNU), European Palliative Care Research Centre, Trondheim, Norway, 4Radboud University Nijmegen Medical Centre, Faculty of Medicine, Nijmegen, The Netherlands, 5Division of Oncology/Hematology, Department of Internal Medicine and Palliative Care Center, St. Gallen, Switzerland

Symptom management is one of the key tasks in cancer care. A systematic assessment of symptoms is crucial in order to achieve a correct diagnosis, and to monitor the effect of treatment. It may also be applied as one of several quality indicators to support quality assurance and continuous improvement of health care programs. Three EPCRC Work Packages were assigned to the task to develop methodologies for assessment and classification of pain, depression, and cachexia. A systematic approach was applied (1) consisting of literature reviews, focus groups, national and international empirical data collections and finally software development for a computerized assessment tool.

Based upon these findings and processes, a total set of items for the diagnosis of depression in palliative care has been finalized. An assessment tool and a classification system for cancer cachexia has been published (2) as well as a revised system for cancer pain classification (3). Electronic patient records are implemented in many institutions today. An electronic format of symptom assessment opens for opportunities for a dynamic approach which may increase validity, usability, friendliness and applicability in clinical practice. In order to incorporate symptom assessment and classification into the routine decision making process in the future, the data collection and presentation need to be in an electronic format.

Abstract number: PS26.3
Abstract type: Parallel Symposium
Identifying Outcome Indicators – OPCARE 9
Kissane D.W.1,2, on behalf of the OPCARE9 Collaboration
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The work packages (1) signs and symptoms of clinical care for cancer patients in the last days of life. Quality Indicators were assigned within this project. An overarching objective was to identify and evaluate quality indicators (QI) against which to measure future care, with a particular focus on the last days of life. Of all QIs that were identified as a “cross-cutting theme” for all working groups within the OPCARE9 collaboration and a special taskforce with involvement from all the participating countries had been appointed.

To identify and published and available QI referring to the last pages was one of the key areas of focus. An international panel of experts in palliative care was consulted and all QIs that were identified as a “cross-cutting theme” for all working groups within the OPCARE9 collaboration and a special taskforce with involvement from all the participating countries had been appointed.

To identify published and available QI referring to the last pages was one of the key areas of focus. An international panel of experts in palliative care was consulted and all QIs that were identified as a “cross-cutting theme” for all working groups within the OPCARE9 collaboration and a special taskforce with involvement from all the participating countries had been appointed.
on outcome. Interestingly, a high number of ideas for additional QI were raised by the experts.

As yet, no definitive set of QI for the last days of life of cancer patients exists. Both existing and newly generated QI need to be further developed, tested and implemented, focusing clearly on the dying patients, their families and health care professionals. Accordingly, the OPCARE9 cross cutting QI task force could focus on the research to develop and carry out studies on QI in end of life-care, evaluating their reliability, validity and effectiveness in European quality improvement strategies and facilitating the transfer of knowledge between settings and countries.

Abstract number: PS25.4
Abstract type: Parallel Symposium

Implementation of Quality Indicators for the Organisation of Palliative Care
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In February 2011 we started a 7th framework project, IMPACT, with partners from 10 European countries, and in cooperation with an expert in Australia. Unique in this project is the focus on cancer and as well on dementia. Besides, the project group represents the relevant professionals that are involved in palliative care for these patient groups: GP, nurse, medical oncologist, psychiatrist, social worker, psychologist, sociologist, researcher, radiothepist etc.

It is an intriguing question why available knowledge is not used more when there is evidence of its effectiveness in helping to solve problems. Implementation research has developed models for stepwise implementation but it is still unclear which strategies are effective for whom and which factors influence the effectiveness of implementation strategies.

The overall objective of IMPACT is to develop optimal strategies for implementing quality indicators to improve the quality of end of life and palliative care for cancer and dementia care in Europe. These strategies should be applicable across diverse healthcare settings. Therefore we will focus on the implementation process and will concentrate the work packages on: the organization of palliative care, the development of a set of setting specific implementation strategy including an interactive website, the evaluation of the use of the selected strategies to implement quality indicators with regard to adherence to the quality indicators, factors influencing the effectiveness of the implementation strategies.

Work package leaders Yvonne Engels, Stevelife, Myra Vernooij-Dassen, Lukas Radbruch, Stein Kaasa and Rabih Chatatt.

How Should Palliative Care Deal with Patients Requesting PAS or Euthanasia

Abstract number: PS26.1
Abstract type: Parallel Symposium

How Should Palliative Care Deal with Patients Requesting PAS or Euthanasia

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Palliative care is involved in debates over physician assisted suicide and euthanasia (PAS/EU) for several reasons, some relating to the patient individually and some to the societal climate in which a request is made, and whether palliative care is seen as a recognised specialty or is provided by generalist services without recourse to specialist services. Research has been lacking and any question to the deeply determined individual, underdetermined by any intervention.

Possible responses can be considered under palliative care’s duty to respond if: the question is raised by an individual patient in the context of a serious illness, a patient population belong to a pressure group wishing to extend legalisation of PAS/EU, national policies are being formulated to legalise PAS/EU.

Individual terminally ill patients may ask about euthanasia for a variety of reasons. For some it is a way to test out what the future holds and openly discuss death, while for others it stems from determining to access PAS/EU or to have the ‘option’ of PAS/EU should they feel life is becoming too difficult. Some fear that lies ahead and, knowing death is the inevitable end point, see nothing to be gained by potentially enduring a situation that may be painful. Often such patients are suffering from existential distress or fears, rather than physical symptoms, a significant number of whom may have an undiagnosed and untreated depressive illness that can be undetected even though they proceed to physician assisted suicide.[i] So, the first question to be posed to the patient is to explore why they ask, what they fear and how they perceive their illness to progress. This may reveal misconceptions and desires on their thinking or unrecognised sources of distress that can be addressed and allow creative solutions. The response of the physician or around the hospital of the patient’s perception of how to proceed. Realistic reassurance and an active approach to problems is a core duty of palliative care, interpreting the integrated influence on distress from physical, emotional, social and spiritual domains.

If in doubt, should it be made as a test to sound out what lies ahead, the professional who agrees may be interpreted as signalling that ‘yes you are right, you would be better off dead’ since the doctor or nurse who has seen such patients before will have a far better idea of likely scenarios that the patient, even when that patient is a member of a health care profession.

In jurisdictions were euthanasia is legalised, the palliative care filter imposed by some hospitals in Belgium - a requisite time in which specialist palliative care is actively involved in providing care - results in up to 4 in 5 of such patients not proceeding with their request. This supports the theory that a patient cannot conceive how the experience rather than just the information about effective expert support can transform everyday living.

A difficulty for professionals involved in euthanasia is the tension that exists in providing active care to improve the quality and experience of life, yet simultaneously planning to foreswear life and abandon such patients as they become futile in the face of a fixed appointment to end life. If a utilitarian approach is taken to costs in a world with ever tighter healthcare budgets, this approach may prove impractical and overwhelming. This presentation will explore these scenarios through case examples and provideing examples of potential solutions.

Abstract number: PS25.7
Abstract type: Parallel Symposium

Core Competencies – What Has to Be Taught?

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Competencies are at the core of clinical practice, education and research. Services need to hire competent staff, provide ongoing professional development opportunities to staff and perform performance evaluations. All these require competencies that are appropriate to the level of service required (e.g. primary versus secondary care level). Education programs are based on learning objectives that are in turn guided by the competencies to be acquired. Establishing competencies are therefore critical. The level at which the competency is established (broad versus detailed) is equally important.

Competencies that are too broad and vague risk being irrelevant. They provide insufficient detail for the development of learning objectives. Frameworks and do not help in standardizing regional/national training programs or professional roles (such as what constitutes a specialist versus a non-specialist). On the other hand, detailed competencies risk being impractical and overwhelming. This presentation will explore these constructs through case examples and provideing examples of potential solutions.

Abstract number: PS25.2
Abstract type: Parallel Symposium

DACUM Process for Developing Palliative Care Core Competencies in Switzerland

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2 University Hospital, CHUV - Service de soins palliatifs, Lausanne, Switzerland
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In 2009 in Switzerland, the Federal Office of Public Health initiated a national strategy to coordinate the development of palliative care. In this context, Palliative care (National Palliative Care Association) commissioned his working group Swissiscud to develop a comprehensive curriculum and frameworks for health professionals working full time in palliative care. The aim was to create a document describing the activities of Swiss palliative care-trained professionals, providing key information for building curricula, assessing learning needs, constructing portfolios, establishing job descriptions, planning and assessing levels of competencies.Swissiscud decided to build this catalogue on two sources: international references (EAPC recommendations and course literature) and current activities of the Swiss practitioners. To capture these competencies, three sessions were organized in 2010. For the first workshop 8 nurses, 1 chaplain and 8 physicians working in palliative care units and mobile teams met during two days. During the second session, 5 nurses and 5 physicians working at an academic level completed the results of the first workshop, strengthening domains relating to research, education, quality assurance frameworks, project managers in palliative care trained in the DACUM (Developing a Curriculum) methodology. It is an occupational analysis where specialists in a field discuss their activities oriented by the facilitators helping them structuring the described tasks in major domains, general tasks and tasks. This method provides a faithful and organized picture of a field of expertise, at a specific time and location. It has the advantage of not getting lost in the result, but to reflect real practices. The three sessions have resulted in two documents, one for the nurses and physicians, the second for the other professions. Both are constructed on the same 20 domains. The nurses and physicians’ catalogue contains 64 general tasks and 350 steps, the catalog of the other professions lists 91 general tasks and 530 steps. The
strength of the process lies in the fact that we now have a comprehensive picture of the Swiss competencies in palliative care, enriched by the international experts and guidelines. Through its method based on the consensus, the process in itself has nurtured the national dynamic and reinforced the cohesion of the palliative care community. We faced many challenges during the process. Practices are very heterogeneous across the country and it has been difficult to reflect national competencies representatively. Then, experts in the psycho-social field are scarce and they encountered difficulties in describing and structuring their activities, although they clearly demonstrated their experience and professional competences. This is possibly due to the fact that these professionals have learned a lot by doing, as formal teaching in this field is still under development in our country. Translating their activity into a DACUM vocabulary has also been complex, as they rely less on concrete or technical activities and more on attitudes and interpersonal skills. These limits reflect the history of palliative care in Switzerland: until 2009 the development of palliative care occurred from bottom up without a coordinated political willingness. Future development of the project is to disseminate the catalogues, in coordination with the professional associations and the national strategy.
Meet the expert sessions

- Palliative Care in Long-Term Care Settings for Older People
- How to Create a Palliative Care Programme?
- Measures for Improved Access to Opioid Medication in Europe
- How to Get Informed About Palliative Care: Needs Assessment in Central and Eastern Europe
- Supporting Family Carers
- Palliative Care in COPD and Heart Failure
- Physiotherapy in Palliative Care
- The Development of Guidelines and a Core Curriculum for the Palliative Care for People with Neurological Disease
- Evidence-Based Treatment of Cachexia
- The Art and Science of Social Work
- Spiritual Care in Palliative Care
- What Can a Psychologist Do for Your Team?
Palliative Care in Long-Term Care Settings for Older People

Abstract number: ME1
Abstract type: Meet the Expert

**Palliative Care in Long Term Care Settings for Older People**

Hodgins L.1, Caride V.2
1St Christopher’s Hospice, Consultation for Care Homes, Sydenham London, United Kingdom, 2Caillau M., Bonn, Germany, 2Open Society Foundations.

This session will concentrate on sharing knowledge about the changing context in long term care settings for older people at the end of life. The European Union Geriatric Medicine Society (EUGMS) has recently drawn up a definition of Geriatric Palliative Medicine (JAGS 2010) that highlights the importance of palliative care management for frail older people with multiple health related problems from diseases that are progressive, incurable, and far advanced - many of whom have cognitive impairments. The objective of this session will be to discuss the importance of palliative care management for frail older people in long term care settings in Europe and will indicate the need to achieve a better balance between palliative care for older people in long term care settings in Europe.

Measures for Improved Access to Opioid Medication in Europe

Abstract number: ME4
Abstract type: Meet the Expert

**Measures for Improved Access to Opioid Medication in Europe**

Payne S.1, Scholten W.2
1Lancaster University, International Observatory on Health of the Elderly, Lancaster, United Kingdom, 2World Health Organization, Department of Essential Medicines and Pharmaceutical Policies, Geneva, Switzerland

**Aim:** The purpose of this meet-the-expert session is to describe the international work which has been conducted; improve access to opioid medication in Europe and to invite participants to discuss the issues from their own countries.

**Background:** There is evidence of considerable diversity in the availability and utilisation of opioid medicines across European countries. In many countries legislation and policy directives are required to balance access to opioids with prevention of misuse and dependence.

**Methods:** ATOME (Access to Opioid Medication in Europe) is an EU-funded project for the improvement of the availability of opioids across 12 European countries. The development of guidelines Ensuring Balance in National Policies on Substance Control (now published by WHO) was a fundamental starting point. To ensure that they were rigorously ground in best practice, a Delphi consensus procedure was undertaken in 2010. This process revealed both the commonalities and the divergence of views in experts. Next, the ATOME Project will review national policies and legislation, and make recommendations to the Ministers of Health in each target country, a national seminar will be organised for generating support for improved access to controlled medicines, including opioid medicines.

**Discussion:** This session will suggested a number of ways to improve access to opioid medication in Europe and will indicated that local links between national associations and policy makers are developing rapidly.

Supporting Family Carers

Abstract number: ME6
Abstract type: Meet the Expert

**Supporting Family Carers**

Firth P.1
1Free lace, St Albans, United Kingdom

**Introduction:** Family Carers will be defined as any person who the patients wishes to be designated as their family. There is both anecdotal and research evidence to demonstrate the need to provide a range of different support mechanisms to support carers.

In July 2010 the National End of Life Care Programme Board UK produced the Social Care Framework. The author was part of a six person project team who wrote the document and some of that work will be discussed. Although this presentation will examine some of the suggestions proposed in the UK the author will particularly focus on her clinical practice in offering a range of family focused interventions and in the vital work in liaising, consulting and educating social care staff.

**Aims:**
1. To briefly look at the range of interventions for carers in the hospital and show how government policy has focused attention on the need for all carers to receive support as part of the End of Life Care Strategy, this will include group work interventions of differing types.
2. To demonstrate the value of family focused interventions
3. To show how a systems theory and mediation model can help patients and families
4. To show how the palliative care social worker has a big role to play in this area of work.

**Method:** The author will describe her work using case examples. These will include a range of interventions from families about their experiences. Many carers are elderly themselves and suffer from health problems which are according to demographics and the health being a bigger factor when considering services. Therefore the need for health and social care agencies to work together is crucial. The palliative care social worker role is vital in helping to bridge the gaps between health and social care systems. This can be done in various ways, consultation and other approaches.

Some examples of education to staff in sheltered housing will be used to show what can be achieved particularly in helping staff understand the issues around death and dying and communicate better with family carers.

**Conclusion:** The needs of the family are often practical, financial, physical and spiritual. There are many ways to offer support. Two ways in particular are addressed.
Palliative Care in COPD and Heart Failure

Abstract number: ME8
Abstract type: Meet the Expert

Meet the Expert: Palliative Care in COPD and Heart Failure

Bannister C.1, Murray S.2
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There is a recognized need to expand palliative care beyond cancer to patients with advanced disease irrespective of diagnosis. COPD and chronic heart failure are two typical conditions representing patients with organ failure. Both conditions are not necessarily linked to death and dying by patients and carers, in fact patients learn to adapt to the lifelong condition. Nevertheless, it has been shown that symptom burden and palliative care needs for both conditions are as high as in cancer patients but that disease trajectories may differ from those with cancer. Prognosis is challenging in both groups and more difficult to establish compared to the cancer population. Thus, the best palliative care models for these patient groups have still to be determined. In this session, we will have a discussion around the following questions: What are the needs of people (and their family carers) with COPD and heart failure? Are there typical trajectories of physical, social and psychological needs? What care do people with COPD and heart failure want? Where? When? From whom? How can services best be organized to meet patients’ and family needs? How can services be configured to prevent distress, deal with acute exacerbations, and prevent excessive medical treatment?

Physiotherapy in Palliative Care

Abstract number: ME9
Abstract type: Meet the Expert

Meet the Expert: Physiotherapy in Palliative Care

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The role of the physiotherapist in palliative care is an evolving one which in recent years has needed to embrace the current climate of survivorship. While continuing to maintain the core skills (including therapeutic exercise, functional rehabilitation, lymphoedema management, electro- and hydrotherapy, drinking, relaxation), more open and interactive attitudes are now reflected. Higher expectations of patient quality of life and more readiness to access the unique skills of the physiotherapist have combined to shift the focus from a symptom-driven model of care to a more subjective and problem-focused approach which can deliver an attractive, mutually supportive and empowering approach which can deliver an attractive, mutually supportive and empowering treatment.

The Development of Guidelines and a Core Curriculum for the Palliative Care for People with Neurological Disease

Abstract number: ME10
Abstract type: Meet the Expert

Meet the Expert Session - Development of Guidelines and a Core Curriculum for Palliative Care for People with Neurological Disease

Oliver D.1, Volz R.2, Borasio G.D.3,4, Caraceni A.5,6, EAPC Taskforce on the development of guidelines and a core curriculum for the palliative care of people with neurological disease

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The EAPC Taskforce for neurological palliative care has been formed to look at:
- The development of guidelines for palliative care for people with neurological disease, primarily: Amyotrophic lateral sclerosis
- Multiple sclerosis
- Parkinson’s disease
- Huntington’s disease
- Stroke

These guidelines would provide an evidence based approach to palliative care and would be of use to neurologists, to encourage palliative care approach throughout the disease progression and for palliative care providers, as they become involved.

Evidence-based treatment of cachexia

Abstract number: ME11
Abstract type: Meet the Expert

Evidence-based Treatment of Cachexia

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Cancer Cachexia impacts patients and family members during the trajectory of advanced cancer through many symptoms, psychological distress, and decline in physical and organ functions. Recently an internationally accepted (Agles J et al. J Am Med Assoc 2010;303:1070) new definition, diagnostic criteria and classification of cancer cachexia was published (Fearn K & Straten E, et al. Lancet Oncology 2011 Feb 4), a result of the EPCRC, based on systematic literature reviews, patient interviews and consensus (Delphi) process.

Both the interpretation of published evidence for the treatment of cancer cachexia and the design of new clinical trials meets consideration of the new key concepts and EPCRC, guidelines of cancer cachexia: (a) cachexia phases (early cachexia, cachexia syndrome, refractory cachexia), (b) cachexia diagnosis and assessment (storage, intake, catabolic drive/potential, performance/function), (c) cachexia severity (BMI, weight loss), and (d) cachexia phase-dependent (predominant anorexia and decreased food intake, sarcopenia / muscle loss, inflammation).

The meet the expert session will focus on:
1. Clinical assessment of cancer cachexia patients (primary/secondary, considering both intake and catabolism, muscle not [only] weight) and clinical implications to guide multidimensional interventions (nutrition, physical function, psychosocial, anti-cachexia drugs).
2. How to define and interpret clinical meaningful outcomes (which, how and when to measure) in all 3 cachexia phases.
3. Multidimensional cachexia treatment in clinical care and within clinical trials.
4. A brief outlook which clinical trials are “cooking”.

The Art and Science of Social Work

Abstract number: ME12
Abstract type: Meet the Expert

The Art and Science of Social Work

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In a changing global environment, with palliative and end of life care offered in a variety of settings, resource restrictions, increasing regulation, the challenge to deliver professional roles and services is even more important. The Social Work Taskforce was accelerated and informed by the gathering of social workers and other professionals meeting at the EAPC Congress in Vienna in 2009. It was agreed that wide international input was valued, building on the competency work in Ireland, the USA, Canada, Spain and Sweden. The session will aim to overview work in progress on the Taskforce on Social Work skills and competencies and to set up work streams focusing, on the core content of specialist training. The meeting will draw on the experience of participants in palliative and psychosocial care in both palliative and end of life care settings. The stated aims and objectives of the Taskforce are to offer leadership to palliative care social workers in End of Life and Palliative Care across Europe to agree a set of competencies to examine the skills needed to look at the provisions of specialist training to encourage the formation of country wide groups which can link up with the Taskforce The Taskforce welcomes working links with the other EAPC Taskforces relating to the psychosocial focus to integrate knowledge and skills for the benefit of patients and their families.

Spiritual Care in Palliative Care

Abstract number: ME13
Abstract type: Meet the Expert

Meet the Expert: Spiritual Care

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Spiritual care is seen as one of the four main areas of attention according to the WHO definition of palliative care. Despite the exponential growth of the amount of (scientific) literature on the subject, the development of spiritual care in palliative care is still in its initial phase. One of the challenging characteristics of spiritual care is that it is embedded in and determined by the local culture in which palliative care takes place. From a European perspective this means that one can find both diverse and common problems and challenges for the next decade. In this session three experts from different areas in Europe (Germany, Spain and the UK) will give short presentations on the developments and characteristics of spiritual care in their country, followed by a discussion with the participants. The aims of this session is to learn from each other’s
experiences and to identify common interests and possibilities of collaboration. This session is organized by the Taskforce Spiritual Care, which will be launched at the conference.

What Can a Psychologist Do for your Team?

Abstract number: ME14
Abstract type: Meet the Expert

What Can a Psychologist do for Your Team?

Jünger S., Travado L., Payne S.

1RWTH Aachen University, Department of Palliative Medicine, Aachen, Germany; 2Central Lisbon Hospital Centre, Hospital de S. José, Clinical Psychology Unit, Lisbon, Portugal; 3Lancaster University, Division of Health Research, International Observatory on End of Life Care, Lancaster, United Kingdom

A Europe-wide survey among psychologists involved in palliative care has revealed that one of the major challenges perceived by the respondents is their work in a multiprofessional team. Overall, there seems to be a considerable uncertainty as to what psychologists can contribute to the work of a palliative care team. On the one hand, there is evidence of a lack of acknowledgement of a psychological perspective in palliative care, as well as a lack of respect regarding the psychologist’s role and contribution to the team. On the other hand, psychologists are confronted with high - sometimes unrealistic - expectations regarding the effect of their work on patients and their relatives. This can complicate the psychologists’ work, for example because of their late involvement in the course of the therapy planning, or because of a work climate that does not appreciate an integrative patient approach.

One important way to facilitate collaboration of different professions involved in palliative care will be information and transparency regarding the professional profile, the core competences, the opportunities and the limitations of each profession. Therefore, exchange with psychologists experienced in the area of palliative care can provide an important contribution to more transparency and openness with regard to the role of psychologists in palliative care. The aim of this “meet the expert” session is to improve the understanding of the skills and the expertise of psychologists, and of what they can contribute to multidisciplinary palliative care teams. Representatives of different professions working in a palliative care team such as physicians, nurses, physiotherapists or occupational therapists are invited to share their experiences and ideas. Also young psychologists or those who are only recently involved in palliative care can benefit from this exchange.
Free communication sessions

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**Free communication sessions**

**Free Communication – Assessment and Measurement Tools**

**Abstract number:** FC1.1

**Title:** The Measurement of Spirituality in Palliative Care: A Systematic Review Identifying and Appraising Tools Validated Cross-culturally

**Authors:** Salomon L.1, Handling R.1, Gyseyn M.J., Speck P., Siegent R., Higginson I.J.2

1King’s College London, Palliative Care, Policy & Rehabilitation, London, United Kingdom, 2University of Barcelona, Barcelona Centre for International Health Research (CRESIB), Barcelona, Spain

**Aims:** To identify and categorise spiritual outcome measurement tools available in advanced cancer, HIV or palliative care populations, assess tools’ cross-cultural applicability and, for those measures validated cross-culturally, appraise their psychometric properties and multi-faith appropriateness.

**Design:** Systematic review.

**Methods:** Databases were searched to identify relevant validation and research studies, using search terms in 3 categories: palliative care, spirituality, and outcome measurement. Tools were evaluated according to 2 criteria: (1) Validation in advanced cancer, HIV or palliative care. (2) Validation in an ethnically diverse context. Tools that met criterion 1 were categorised by type. Tools that also met criterion 2 were appraised with respect to psychometric properties (validity, reproducibility, responsiveness and interpretability), multi-faith and time to complete.

**Results:** 191 papers were identified, yielding 85 tools. 55 tools met criterion 1: general multi-dimensional measures (38), functional measures (11) and substantive measures (6). 26 tools (representing 4 families of measures: WHOQOL-HIV, FOS, MVQOL and MQOL) met criterion 2; of these, adequate psychometric properties were found as follows: content validity (n=24), internal consistency (n=26), construct validity (n=8), test-retest reliability (n=7), responsiveness (n=2), and interpretability (n=2). 8 tools had been tested in multi-faith populations.

**Conclusion:** The clinical and cultural population in which spiritual instruments have been validated should be taken into account when selecting an appropriate measure for research purposes. At present the MQOL, QUAL-E, and FOS are the most appropriate multi-dimensional means containing spiritual items for use in multi-cultural palliative care populations as they demonstrated solid psychometric properties across perfectly on all psychometric criteria, and their multi-faith appropriateness needs further testing.

**Abstract number:** FC1.2

**Title:** An Examination of Opioid Consumption in the World: A Multi-country Perspective

**Authors:** Mauser M.A.1, Ryan K.M.1, Cleary J.F.1, Gilson A.M.1, O’Brien M.1, Lohman D.1, Thomas L.2

1University of Wisconsin, Pain & Policy Studies Group, Madison, WI, United States, 2International Cancer Control and American Cancer Society, Global Access to Pain Relief Initiative, Washington DC, DC, United States, 3United States, 4Health, and Human Rights Watch, Health and Human Rights Division, New York, NY, United States

**Aims:** Health professionals from 9 developing countries were awarded International Pain Policy Fellowship grants to develop policies and remove barriers to patient access to opioids for pain relief and palliative care. A country’s annual consumption of opioids is one indicator of availability and accessibility of medicines for severe pain. This study is designed to characterize opioid consumption in the 9 countries by calculating a morphine equivalency (ME) metric, which represents the total consumption of several opioids and allows for equitable comparisons among countries.

**Methods:** Applying conversion factors (from the World Health Organization Collaborating Center for Drug Intelligence) to government- reported opioid consumption data (from the International Narcotics Control Board) creates an ME metric for several principal opioids used to treat severe pain. Descriptive analyses were used to compare each country’s ME opioid consumption from 1999 to 2008.

**Results:** Globally, opioid ME consumption more than doubled in the 10-year period. Colombia’s ME consumption decreased, while Georgia and Vietnam had increases of 6 and 17-fold respectively. Guatemala and Kenya’s increases were less than two-fold and ME consumption remains low in both countries.

**Conclusion:** Of the 9 countries, the ME consumption in Guatemala, Kenya, Nepal, Sierra Leone, and Vietnam fell below the global median, while the other countries were above the median. However, the global median ME consumption was low (3 mg/capita in 2008) compared with the median for high-income countries (120 mg/capita in 2008).

**Abstract number:** FC1.3

**Title:** Is Measuring Spiritual Wellbeing also an Intervention? Findings from UK Pilot-testing of the EORTC QLQ-SWB38

**Authors:** Vaur F.1, BORTY Quality of Life Group

1Brunel University, the Sciences and Social Care, Uxbridge, United Kingdom

**Background:** The EORTC Quality of Life Group is developing a spiritual wellbeing (SWB) measure for palliative care patients with cancer. Spiritual care is often underestimated because many caregivers are not willing to bring up this topic when they think that spiritual issues are not important for their patients. We sought to identify and categorise spiritual outcome measurement tools available in advanced cancer, HIV or palliative care; to review these tools’ cross-cultural applicability and, for those measures validated in advanced cancer, HIV or palliative care, to appraise their psychometric properties and multi-faith appropriateness. One of these measures is the SWB measure which is currently ongoing.

**Aim:** To identify and categorise spiritual outcome measurement tools available in advanced cancer, HIV or palliative care populations, assess tools’ cross-cultural applicability and, for those measures validated cross-culturally, appraise their psychometric properties and multi-faith appropriateness.

**Methods:** Databases were searched to identify relevant validation and research studies, using search terms in 3 categories: palliative care, spirituality, and outcome measurement. Tools were evaluated according to 2 criteria: (1) Validation in advanced cancer, HIV or palliative care. (2) Validation in an ethnically diverse context. Tools that met criterion 1 were categorised by type. Tools that also met criterion 2 were appraised with respect to psychometric properties (validity, reproducibility, responsiveness and interpretability), multi-faith and time to complete.

**Results:** 191 papers were identified, yielding 85 tools. 55 tools met criterion 1: general multi-dimensional measures (38), functional measures (11) and substantive measures (6). 26 tools (representing 4 families of measures: WHOQOL-HIV, FOS, MVQOL and MQOL) met criterion 2; of these, adequate psychometric properties were found as follows: content validity (n=24), internal consistency (n=26), construct validity (n=8), test-retest reliability (n=7), responsiveness (n=2), and interpretability (n=2). 8 tools had been tested in multi-faith populations.

**Conclusion:** The clinical and cultural population in which spiritual instruments have been validated should be taken into account when selecting an appropriate measure for research purposes. At present the MQOL, QUAL-E, and FOS are the most appropriate multi-dimensional means containing spiritual items for use in multi-cultural palliative care populations as they demonstrated solid psychometric properties across perfectly on all psychometric criteria, and their multi-faith appropriateness needs further testing.

**Abstract number:** FC1.4

**Title:** From Initial Request to Needs Identification: A Challenge decreased in the Care 4 conTact Tool

**Authors:** Maruvü F.1, Rochadeau A.2, Garnier P.A.H.2, Papillon B.2

1University of Ottawa, Interdisciplinary School of Health Sciences, Ottawa, ON, Canada, 2CHU Nantes, Nantes, France

**Research aims:** The challenges faced by Palliative Care Mobile Teams (PCMT) require them to adapt very quickly to unique and complex situations in which they must intervene. The purpose of this study was to better understand differences between carers’ motive and subsequent needs as evaluated by the PCMT. The ultimate objective is to develop new tools in order to improve interventions devoted to concerned people.

**Study design and methods:** We conducted a prospective study of 260 consecutive calls received by PCMT. Reason of the initial call and identified needs as evaluated by the PCMT at the end of the intervention were recorded using validated instruments (e.g. Edmonton Symptom Assessment Scale) and developed our own observation grid through focus group consultation with four PCMT. Criteria used to describe each situation included: (1) physical and psychological symptoms of the patient; moral, psychological, interpersonal difficulties related to (2) the loved ones and (3) the treating medical team; (4) ethical dilemmas. The observation grid were protested with 50 patients.

**Results:** Preliminary analyses revealed that calls’ motive and subsequent identified needs are consistent with regard to pain (F[1,259]=2,1; p=0,15) and ethical dilemmas (F[1,259]=0,8; p=0,37). However, some problems tended to be underestimated, such as moral and psychological problems related to the patient and the loved ones (F[1,259]=47,2; p<0,0001), but also interpersonal problems between the patient, the loved ones, and/or the treating medical team (F[1,259]=48,9; p=0,0001). More detailed analyses will be presented to better understand the complexity of involved situations.

**Conclusion:** Simple but adaptive tools for daily interventions of PCMT are needed. These present a real challenge if we want to capture the complexity of interrelated situations involving multiple actors at the end of life.

**Abstract number:** FC1.5

**Title:** Comparing the Accuracy of Four Methods to Predict Survival in Terminally III Patients Referred to a Hospital-based Palliative Medicine Team

**Authors:** Tavares F.1, Centre Hospitalier Lisboa Norte, EPE - Hospital de Santa Maria, Unidade de Medicina Palliativa, Lisboa, Portugal

**Aims:** Physicians cannot avoid facing requests from patients and relatives for individual prediction of residual lifetime after the diagnosis of a potentially terminal condition.

**Method:** To compare the accuracy and applicability to advanced solid cancer patients of four prognostic tools - the clinician’s prediction of survival (CPS), the Palliative Performance Scale (PPS), the Palliative Prognostic Index (PPI) and the Palliative Prognostic Score (Pau).

**Results:** Observational, prospective, cohort study. All advanced solid cancer patients admitted during an 18-month period by a hospital-based palliative care team at a Portuguese tertiary, university centre were recruited. On first visit CPS, demography and clinical data concerning other predictive tools were collected. Survival analysis was performed to compare the accuracy of the tools. Clinically-appropriate estimations of estimations was also considered.

**Conclusion:** 341 patients were included (58% male, median age 67 years, 46% digestive tumours, 51% hospitalized, median survival 26 days). All tools showed good survival discrimination. CPS had the strongest correlation with survival but only 2 out of 5 estimates were correct about the week of death. Overestimations were the most frequent error with CPS. Methods of actuarial estimation of survival also failed to prevent prognostic errors, particularly pessimistic ones. PPI was slightly more accurate than PPI (78% vs. 75%) but both were rated highly in their prognostication but they correlated even better with CPS. Regardless of the tools, clinically inadequate estimations were more frequent for intermediate prognosis.

**Conclusion:** Too frequently PPS provided underestimations while predictive tools should be used with caution as a sole prognostic model. Our study adds evidence that more accurate prognostication is feasible and non-invasive by combining clinical experience and Pau or PPI.
Free communication sessions

Abstract number: FC1.6
Abstract type: Oral

The Measurement of Extrapyramidal Side Effects (EPS) in Palliative Care Patients

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The incidence and prevalence of extrapyramidal side effects (EPS) in palliative care is unknown and has been systematically studied. One of the challenges is the absence of screening instruments specific to palliative care patients. Palliative care patients are frequently treated with anti-dopaminergic medications such as metoclopramide (first-line management for nausea) and haloperidol (first-line management for delirium). However, these medications may cause EPS. The presence of EPS side effects (EPS) including acute dystonias, acute akathisia and drug induced parkinsonism. EPS is often under recognized. Regular use of a reliable EPS screening instrument would help to ensure that the symptoms of EPS are not missed and assist in improving patient care. This presentation will review the epidemiology, pathophysiology, predictors and clinical characteristics of EPS. A summary of instruments used for screening symptoms from psychotropic and movement disorder literature will be provided. None have been validated in the palliative care patient population. The objective of this presentation is to familiarize the audience with the use of a reliable EPS screening instrument that may be used to help in early detection and treatment of EPS in this population.

Free Communication - Psychology and Communication

Researching Sexuality in Cancer Patients and Their Partners. Findings from a Binational Study

Roser T.D.1,2, MacKinnon C.1,4,5,6,4, Winner M.2,5, Pfleger M.1, Cohen R.S.3,4 1,2 Ludwig Maximilians University, Interdisciplinary Center for Palliative Care, Munich, Germany, 3College of Medicine, Saint Augustine's College of Physiotherapy, Munich, Munich, Germany, 4Medical University, Montreal, QC, Canada, 5Jewish General Hospital, Montreal, QC, Canada, 6Radboud University Nijmegen Medical Centre, Nijmegen, The Netherlands

Background: Research has shown the diversity, importance, and changes of sexuality at the end of life for patients and carers. Goals: The objectives of the present study included exploring patients’ and partners’ definitions of sexuality, changes in understanding and experience of sexuality, as well as assessing desired support from health care providers (HCP).

Methods: In this multi-centered, study, 14 patients and partners were recruited from two inpatient palliative care (PC) units in Montreal (Canada) and Munich (Germany) as well as an outpatient setting in rural Germany (GER 25, CAN 9, 27 patients, 7 partners; age: 31-86y, 24 in a partnership, 3 homosexual couples). Patients with advanced cancer and their partners were interviewed separately using a semi-structured interview guide. An interpretative phenomenological analysis was employed to identify convergent and divergent themes.

Results: During analysis, five themes emerged. First, the definition of sexuality tended towards either a reductionist or expansive understandings (strictly sexual intercourse (SI) to diverse experiential and relational aspects). Participants with a reductionist understanding reported a loss of SI while those with expansive understanding reported stable or increasing SI (sexual intercourse (SI) to diverse experiential and relational aspects). Participants with a reductionist understanding reported a loss of SI while those with expansive understanding reported stable or increasing SI (sexual intercourse (SI) to diverse experiential and relational aspects). Participants with an expansive understanding reported stable or increasing SI (sexual intercourse (SI) to diverse experiential and relational aspects). Participants with a reductionist understanding reported a loss of SI while those with expansive understanding reported stable or increasing SI (sexual intercourse (SI) to diverse experiential and relational aspects). Participants with an expansive understanding reported stable or increasing SI (sexual intercourse (SI) to diverse experiential and relational aspects). Participants with a reductionist understanding reported a loss of SI while those with expansive understanding reported stable or increasing SI (sexual intercourse (SI) to diverse experiential and relational aspects). Participants with an expansive understanding reported stable or increasing SI.

Free Communication - Social Sciences

Fear of Death and Humour - Comic Elements in Film Art. Bob Fosse: All That Jazz

Zana A.1, Zana K.2, Hegedus K.1 1Semmelweis University, Institute of Behavioural Sciences, Budapest, Hungary, 2Sanofi-Aventis Incl., Budapest, Hungary

Background: Research aims: The representation of death and dying has a prominent role in visual media. We have selected a scene from “All That Jazz”, a film of Bob Fosse, in order to analyse the relationship between the attitude towards death, fear of death and humour. Study design and method: On the one hand, the scene presents professionally and faithfully the procedures of dying described by Kübler-Ross (denial, anger, bargaining, depression, acceptance). On the other hand, further layers can be discovered once the scene is examined. We do not laugh at the protagonist: something sad and tragic. What are we laughing about, or what are we laughing at, ridiculing? What lays behind this laugh triggered by the anxiety induced by fear of death? Results and conclusion: The cinematic in the film becomes hilarious, and the more so he becomes, the more relief we feel. The audience laugh, as if the audience in the film melted in one great laughter. This “relief” may be the key. We attempt to contemplate the scene from the perspective of the viewers, Fereonczy and other authors, with reference to such a great masterpiece that can present both humour and the anxiety induced by fear of death.

Free communication sessions

Abstract number: FC1.7
Abstract type: Oral

The Measurement of Extrapyramidal Side Effects (EPS) in Palliative Care Patients

Bush S.H.,1,2* Perina J.1,2* 1University of Ottawa, Department of Medicine, Ottawa, ON, Canada, 2Bruyère Continuing Care, Department of Palliative Care, Ottawa, ON, Canada

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Free Communication - Psychology and Communication

Researching Sexuality in Cancer Patients and Their Partners. Findings from a Binational Study

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Abstract number: FC1.2
Abstract type: Oral

Psychological Consequences of Patient Assauts on Mental Health of Staff Members on a Palliative Care Unit - A Retrospective and Prospective Evaluation

Lorand S.1, Abigail C.2 1University of Munich, Palliative Care, Munich, Germany, 2University of Munich, Department of Palliative Care and Neurology, Munich, Germany

Introduction: Psychological consequences of patient assaults on staff members have rarely been in the research focus and have never been investigated or reported in palliative care. This might imply that it is not happening but it might also imply that systems for reporting these assaults are not established in palliative care.

We therefore have been interested how often patient assault happen on a palliative care unit and investigated the psychological consequences for the team.

Methods: We conducted a retrospective study for the year 2007–2009 and started a prospective study since January 2010. All assaults in the palliative care unit were interviewed with standardized questionaires and we were using validated instruments for PTSD research (CIC, C-GSI).

Results: We have documented 4 patient assaults in the retrospective part of our study and only one of the respondents found it disturbing. In the prospective study there has been no report of patient assaults so far. Patient assaults were only reported from female nurses and all other staff members. Patient assaults are often neglected in the seriously ill patients, even in case it has been a clear assault.

Conclusion: This “relief” may be the key. We attempt to contemplate the scene from the perspective of the viewers, Fereonczy and other authors, with reference to such a great masterpiece that can present both humour and the anxiety induced by fear of death.
Free communication sessions

questions changed were made. The reading grade was reduced from 8 to 6 to reflect the local population.

Discussion: Participants had a range of concerns around the end of life care, but they all agreed that the shared care and patient centered approach was beneficial for patients and families. The study design was successful in providing support to patients and families at the end of life.

Free Communication – End of Life Care II

Abstract number: FC3.1
Abstract type: Oral

Voices from the Community: People's Perspectives on Preferred Priorities for Care at the End of Life

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Research aims: The ‘Preferred Priorities for Care’ document (PPC; formerly named ‘Preferred Place of Care’) is a patient-held advance care planning tool that can be used to provide education, practicalities and emotional distress. The aims of this study were to provide depth and breadth about people’s experience of the PPC, and communication. Patients, family members and nursing staff in the community were invited to express their views about advantages and disadvantages to PPC, barriers to its use, and communication about end of life care in general.

Design and methods: This mixed methods study included semi-structured interviews and written surveys. Patients, family members and community-based nursing staff were recruited for both phases of the study. Phase One interviews were recorded, transcribed and analyzed by a multidisciplinary team using Atlas.ti software. Phase Two surveys were developed based on Phase One data. The anonymous surveys were sent by post to randomly chosen adult patients living in the community. Community-based nurses were invited via their nursing managers to participate in the survey on line or in hard copy. SPSS software was used to conduct descriptive and explanatory statistics.

Results: Study participants included people who had and had not used the PPC document. Results revealed people’s focus on how the content is used rather than how it is itself structured. Importantly, data illuminated perspectives on overall communication about end of life care.

Conclusion: Patients, family members and nurses who have and have not used PPC were willing to discuss their views about the advance care planning tool. Essentially, data illuminated perspectives on overall communication about end of life care. Providing too little care’ was reported in only 27% (439/1651) of HCP found that care was ‘Providing too much care’ (26%) were most parties involved in decision-making’ (26%) were most.

Introduction: Advances in medical technology enable more lives to be saved but sometimes may prolong the dying process and suffering of patients and families at the end of life.

Objectives: To determine the prevalence of inappropriate or non-beneficial care in Intensive Care Unit (ICU) patients as perceived by ICU healthcare providers (HCP), as well as the reasons for this perception. Second, to explore why disproportional care is continued.

Methods: A single-day cross-sectional survey among 1691 ICU HCP in 82 (adult patient) ICUs in 10 European countries.

Results: 27% (439/1651) of HCP found that care was inappropriate for at least one of their patients. ‘Providing too much care’ (26%) were most frequently evoking this perception of inappropriate care. ‘Providing too little care’ was reported in only
Abstract number: FCL6. Abstract type: Oral

The Impact of Dementia on the Cause and Place of Death

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Aims: One third of those over 60 years will die with dementia. Our aims were to examine the effect of dementia on the primary cause and original underlying cause of death, the association of dementia with the place of death and the frequency of reporting of dementia on death certificates.

Methods: Longitudinal study of 617 people, aged over 70, with emergency medical admission to general hospital (June-December 2006). Principle exposure was dementia. The main outcome was mortality; information on date, place and cause of death ("primary" and "original underlying" cause) was obtained from death certificates.

Results: 297 patients (48%) were deceased by June 30th 2008, 51% of these had dementia. Dementia was significantly associated with a primary cause of death of pneumonia (OR 5.95, 95% CI 1.44-5.48) but not with primary cause of death from cancer (OR 0.32, 95%CI 0.10-0.50). In 32% of those with dementia died in a hospice compared to 16% without dementia. 8.5% of those with dementia died at home (compared to 13.9% of those without). Only those with primary cause of death of cancer were less likely to die in a hospice. 38% that died from cancer died in hospices. Only 1/3 of those with dementia had this mentioned on death certificates (more likely in women, less educated and deaths in care homes).

Discussion: Patients with dementia were more likely to die from pneumonia and less likely to have an original underlying cause of death of cancer; cohort studies with subsequent autopsy have also confirmed this association. People with dementia were less likely to die in a hospice. While this was not a factor in the place of death in deaths of patients with dementia, the manner of death was less likely to be declared as a death from cancer in a hospice. The presence of dementia on death certificates is of concern as its impact may be underestimated in economic costs, health planning and funding priorities for research.

Free Communication – Ethics II

Abstract number: FC4.1. Abstract type: Oral

Efficacy of a Prognostic Test in Non Cancer Patients: a Randomised Controlled Observational Prospective Study

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2Background: Determining prognosis is more complicated in life-threatening non-malignant illness than in cancer. Objective: To test the efficacy of a prognostic test proposed for terminal non-malignant disease (survival ≤ 1 year). It includes diagnosis criteria [National Hospice and Palliative Care Organization criteria and specific criteria for some chronic progressive diseases - Acquired Immune Deficiency Syndrome (AIDS), Amyotrophic Lateral Sclerosis (ALS), ALS with Progressive Sensory criteria (functionality according to Palliative Performance Scale ≥ 50). The test is positive if the patient meets both criteria.

Methods: The test was calculated in all patients consecutively referred to a palliative care support team with a non-malignant disease, the diagnosis was data analysed by SPSS program.

Results: 94 patients were enrolled in the study. 59.6% were women. At admission, the average age was 80.7 years. The following diseases were assessed: Congestive Heart Failure, Dementia, Chronic Obstructive Pulmonary Disease, ALS, End Stage Liver Disease, End Stage Renal failure, AIDS and Parkinson. The average value for the PPS was 37.02. Every patient with a PPS ≤ 50 lived for more than a year. On the contrary, the test was positive for 58 patients (65%). The one year mortality was higher in that group (95% versus 80%, p = 0.04). The sensitivity was 65.5%, the specificity was 70%, the positive predictive value was 95% and the negative predictive value was 19%.

Conclusion: The proposed test of terminality has a high PPV in our population and predicts the probability of surviving less than a year in non-malignant proposed diseases. It could be a useful tool that used in conjunction with physician judgement and an individual evaluation of each patient would help to establish patient’s eligibility for care programs.
Physician Assisted Suicide, Euthanasia and Palliative Sedation: Attitudes and Incidence in Germany

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Background: The legalisation of physician assisted suicide (PAS) and iatrogenic euthanasia varies across Europe. Attitudes to, and incidence of, these practices are well known. Aim: To collect new evidence on attitudes to, and incidence of, PAS, euthanasia and palliative sedation from Germany. Methods: Critical review. Studies on PAS, euthanasia and palliative sedation, identified from a systematic review of care and end of life care in Germany (in 6 electronic databases, 3 journals, reference lists, and grey literature) were included. A qualitative meta-synthesis identified-cutting themes. Results: Twenty-five studies (1990-2008) were identified (80% quantitative). Key themes were: confusion, acceptance, attitude determinants, and incidence. The literature demonstrates healthcare professionals’ (HCPs) confusion of the legality of PAS and palliative sedation. The paucity of European literature on euthanasia. Conflicting results were found regarding public and HCP acceptance of euthanasia and PAS. Palliative sedation is widely accepted. Experience of palliative care was linked to low public and HCP acceptance of euthanasia and PAS. Students’ PAS acceptance was related to individualist attitudes. In cross-country comparison Germans showed relatively low acceptance of euthanasia for a secular society. Only a minority of patients considered PAS and a small minority of physicians had carried out euthanasia, whereas requests for, and use of, palliative sedation were common. Conclusion: Germany has low incidence of euthanasia and PAS. Palliative sedation, in contrast, is widely accepted and used. Confusion and oversimplified legality and definition and conflicting findings for acceptance were identified. No social concerns regarding palliative care and PAS was identified, though acceptance of both was linked to experience of palliative care and psycho-social factors.

Abstract number: FC4.5
Abstract type: Oral

How Much Longer Will It Take? The Role of the Family in the Palliative Sedation Trajectory

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Aim: In 2005 a Dutch guideline for palliative sedation (PS) was adopted. PS is considered to be part of palliative care. This study describes palliative care in an approach aimed at patients and their families. This paper presents qualitative data about the role of the family in PS in the experience of Dutch doctors.

Methods: We did a qualitative interview study among 47 doctors. Respondents were selected from participants in a project quantitative survey (n=793). Selection was based on survey-results and aimed to include doctors in different sectors, experience and attitudes considering end of life treatments. Interviews (semi-structured, ca. 60 minutes) were transcribed and analysed with qualitative data analysis software (Atlas/ti).

Results: Doctors spontaneously mention the family as an important factor involved in the decision to start PS. If a patient suffers from refractory symptoms, doctors report the patient and the family mostly embrace the suggested possibility of PS. Considering the period during which the patient is sedated until the end, varying from hours to almost two weeks in the doctors’ stories, the interviews contain recurring experiences and reflections of various themes as, PS trajectory, professional (P)- and family (F) experiences, and challenges, existential dilemmas, difficulties and conflicts. Also doctors report about family members becoming impatient or even considering it unacceptable or undignified for the dying process to take so long. Sometimes this leads to pressure on the doctor to end a situation that the doctor himself considers a normal dying process.

Conclusion: Doctors spontaneously mention the family as an important factor involved in the decision to start PS. If a patient suffers from refractory symptoms, doctors report the patient and the family mostly embrace the suggested possibility of PS. Considering the period during which the patient is sedated until the end, varying from hours to almost two weeks in the doctors’ stories, the interviews contain recurring experiences and reflections of various themes as, PS trajectory, professional (P)- and family (F) experiences, and challenges, existential dilemmas, difficulties and conflicts. Also doctors report about family members becoming impatient or even considering it unacceptable or undignified for the dying process to take so long. Sometimes this leads to pressure on the doctor to end a situation that the doctor himself considers a normal dying process.

Methods: A scoping of the literature following a systematic search procedure and a qualitative meta-synthesis identified-cutting themes. Results: Twenty-five studies (1990-2008) were identified (80% quantitative). Key themes were: Setting; Caregivers; Experiences of Minority Ethnic groups; Symptoms; Setting; Communication; Medical EoL Decisions (MELDs); Misunderstandings; Acceptance, attitude determinants, and experiences of minority ethnic groups. Conclusion: Germany has low incidence of euthanasia and PAS. Palliative sedation, in contrast, is widely accepted and used. Experience of palliative care was linked to low public and HCP acceptance of euthanasia and PAS. Students’ PAS acceptance was related to individualist attitudes. In cross-country comparison Germans showed relatively low acceptance of euthanasia for a secular society. Only a minority of patients considered PAS and a small minority of physicians had carried out euthanasia, whereas requests for, and use of, palliative sedation were common. Citation: Germany has low incidence of euthanasia and PAS. Palliative sedation, in contrast, is widely accepted and used. Experience of palliative care was linked to low public and HCP acceptance of euthanasia and PAS. Students’ PAS acceptance was related to individualist attitudes. In cross-country comparison Germans showed relatively low acceptance of euthanasia for a secular society. Only a minority of patients considered PAS and a small minority of physicians had carried out euthanasia, whereas requests for, and use of, palliative sedation were common. Citation: Germany has low incidence of euthanasia and PAS. Palliative sedation, in contrast, is widely accepted and used. Experience of palliative care was linked to low public and HCP acceptance of euthanasia and PAS. Students’ PAS acceptance was related to individualist attitudes. In cross-country comparison Germans showed relatively low acceptance of euthanasia for a secular society. Only a minority of patients considered PAS and a small minority of physicians had carried out euthanasia, whereas requests for, and use of, palliative sedation were common.

Abstract number: FC4.6
Abstract type: Oral

Cultural Context of End-of-Life Care: A Scoping Exercise of the Belgian Literature

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Background: As end-of-life (EoL) care is expanding across Europe and the rest of the world, service developments are increasingly mapped and studied. The cultural context in which such developments take place, however, is often neglected in research. We explored the cultural context of EoL care in Belgium as represented in the research literature, one portal for such an analysis.

Methods: A scoping of the literature following a systematic search procedure and a qualitative meta-synthesis of literature findings concerning EoL care in Belgium. Searches were carried out in eight electronic databases, five journals, reference lists, and grey literature.

Results: Eighty-nine original studies (60% quantitative, 36% qualitative, 4% mixed methods) met inclusion criteria. The majority (90%) of articles were written in English (2000 and 2010). Five major themes were identified: Setting; Caregivers; Communication; Medical EoL Decisions (MELDs); and Minority Health. Medical EoL Decision (MELDs) was the most frequent theme, with much of the literature addressing how different decisions were made and the extent to which different groups were represented, clarifying definitions of specific MELDs, and calculating incidences. Gaps in research included in research as practitioners: iatrogenic euthanasia; the role and experiences of informal caregivers; experiences of minority ethnic groups; issues of access to palliative care; symptoms, psychosocial and spiritual unmet needs. Among the following results (all favourable to the FT) were obtained: A statistical (p <0.007) and clinical relevant improvement in the individual QoL and in symptom control (Pain, dyspnoea, quality of sleep & bowel symptoms) and in the social isolation of the patient. A clinical moderate improvement in urinary and oral symptoms, other social and spiritual items not significantly different across a patient's diagnosis. This study has shown that SPCS can improve the quality of life of patients with progressive neurological disease.

Abstract number: FC5.2
Abstract type: Oral

Learning from Experience - Enabling Palliative Care Phase III Studies the Palliative Care Clinical Studies Collaborative (PaCCSC)

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Background: Research in palliative care is challenging. Trial participants are frequently deteriorating with deteriorating performance status, multiple co- morbidities and co-medications, and progressive disease. The level of discomfort and symptom burden is high. PaCCSC was formed specifically to undertake clinical research in this patient group and is now supporting six randomised controlled trials across Australia. PaCCSC holds an annual research forum to explore improved trial design. Methods: In 2010, 14 studies were presented, and solutions to improve rigorous trial design. Each presenter addressed 3 questions: 1) What has worked well; 2) What has worked less well; and 3) What would they have done differently. Results: 1) Trials are more successful if inclusion criteria are

Abstract number: FCS.1
Abstract type: Oral

The Mixed Methods Approach to Develop and Assess Palliative Care in Neurodegenerative Conditions

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Palliative care has been proposed for people affected by neurodegenerative conditions. The design and assessment of new services has been advocated because little evidence exists about the impact of a Specialist Palliative Care Service (SPCS) in this field. Following the MRC framework a mixed methods approach was used to assess the unmet palliative care needs of people severely affected by Motor Neurone Disease (MND), Multiple Sclerosis (MS), Parkinson’s Disease and related atypical syndromes (PDs) with a qualitative approach and identify individual Palliative Care needs. Four PCOs were used to evaluate the impact of a newly designed SPCs on these PCOs using quantitative methods. Free communication sessions

Attendance to how culture shapes notions of what is appropriate care at the EoL is needed to better inform decision-making and situate country-specific practices in an international context.

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wide. Trials of short duration are more likely to be completed. Patient assessments must be brief to ensure compliance.

- Participation is important. Sites have developed recruitment networks with other departments and other medical disciplines in their institutions/networks.

- The development of Standard Operating Procedures (SOPs) in palliative care has aided consistency across sites. Proxy consent has been supported by guardianships and ethics committees.

- Keeping records common, especially if the control or interventions vary from locally established practice. Funding for PaCCSC is undertaken by each of the investigator's primary care of potential participants.

- In planning studies, attrition rates of up to 40% should be anticipated independent of the intervention.

**Conclusion:**

The presentations demonstrated that it is feasible to undertake high quality RCTs in patients with life limiting disease. The findings will assist to develop guidelines and standards for palliative care research.

**Abstract number:** FC5.3  
**Abstract type:** Oral

**A Systematic Review of the Evidence on Views and Experiences of Participating in Research at the End of Life**

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**Aim:**

The evidence-base informing end of life (EoL) care is weak and the ethical issues are hampered by the assumption that patients at the EoL are too vulnerable to participate in research. We aim to systematically review the evidence regarding patient, caregiver and other stakeholders' views on involvement in EoL care research, and identify best practice to achieve this.

**Methods:**

Searches were performed on electronic databases, and hand searched three journals and the bibliographies of relevant papers. Inclusion criteria were full-systematic reviews and original research papers with standard study designs on involvement in EoL care research or its impact on participants. The findings were synthesised drawing on the principles of narrative synthesis.

**Results:**

23 studies were identified, from: USA (11), UK (6), and Australia (6). The majority of studies focused on patients with cancer (14) and were mostly conducted in hospices (9) and hospitals (9). Studies enquired about issues related to EoL care research in general (5), research using social science methods (13), and trial research (5). The studies evaluating willingness to participate in EoL care research showed positive outcomes across the different disciplines. Factors increasing willingness were mainly physical and cognitive impairment. Participating in research was a positive experience for the majority of patients and caregivers, but the condition of the patient was related to undertaking valid and sensitive research. Gaps in the evidence were identified.

**Conclusion:**

The evidence shows that the ethical concerns regarding patient participation in EoL care research are often not justified. But research studies require increased sensitivity to enable those at the EoL to participate. We present a conceptual model on research participation for vulnerable people.

**Abstract number:** FC5.4  
**Abstract type:** Oral

**Providing Infrastructure to Conduct Multi-site Research within Palliative Care: Learnings from the Palliative Care Clinical Studies Collaborative (PaCCSC)**

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PaCCSC is undertaking studies across 14 clinical services in Australia which vary in research capacity. To ensure consistent high quality research output from all sites irrespective of previous research exposure comprehensive infrastructure is needed.

**Methods:**

A number of process have been implemented, these include:

- Governance system incorporating a Trials Management Committee to oversee conduct of studies and Scientific Committee to provide internal peer review.
- Independent Data Safety Monitoring Committee.
- Standard Operating Procedures (SOPs) to ensure consistency across sites.
- Development of KPIs to ensure timely identification of potential problems.

- Funding for PaCCSC staff at each site to coordinate PaCCSC activities in addition to study specific funding for each study undertaken.

- Work instructions to provide additional guidance to staff.

- Training on clinical trial methodology and legislation.

- Mentoring system for less experienced research sites/individuals.

- Development of a support network between sites to share knowledge and experience.

- Real time data entry and checking for data accuracy and consistency.

- Internal monitoring process to ensure study sites comply with Good Clinical Practice Guidelines, trial protocols and SOPs and study protocols.

**Results:**

To date, more than 400 patients have been randomised in phase III studies, and data on more than 300 patients collected in Phase IV studies. A sense of team across all sites has been developed with less experienced sites being supported by sites with more research experience. Monitoring of data and site performance demonstrates the increasing research capacity. PaCCSC provides the ideal mechanism for future multi-site research within palliative care.

**Conclusions:**

Building research capacity within Palliative Care is a key aim of PaCCSC. The systems described above have ensured that all PaCCSC sites are producing high quality research that will inform clinical practice within palliative care in Australia.

**Abstract number:** FC5.5  
**Abstract type:** Oral

**Title: End of Life for Cancer Patients in Albania**

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In Albania, recently, cancer is ranked as second cause of death, after cardio-vascular diseases. In a year, only 70% of the patients with cancer diagnoses became part of palliative care (PC) treatment. As a new discipline PC is facing several challenges not only being part of health care system but even in social aspects of the end of life. Some of the common challenges are, how much the palliative care is known by the patients and relatives, what is the condition of the patient, and relatives refuse to discuss about the death and do not accept it, how high percentage of the patients don’t know the option of palliative care, etc. The aim of study is to explore the attitudes and perceptions of cancer patients, health professionals and relatives, regarding end of life. One of the main objectives is to find out and analyse the variables of patients, relatives and health professionals’ attitudes and perceptions. The authors have used the qualitative methods as suitable approach to reach the goal of study. There were developed 16 focus group discussions in 7 main cities of the country (with health professionals, 8 with patients relatives) each focus group had 10 participants and 40 semi structural deep individual interviews (10 with stakeholders and 30 with cancer patients). Main findings of the study are: Albanian Society is not prepared for the end of life. Albanians behaviour is denial of death, in the fact that they say that nothing beyond death is the main reason for fear. This fact distinguishes the believers from nonbelievers and atheists. Albanians in general express the thought of death. Albanians fear not only death, but pain in well. Cancer diagnosis is not communicated by the doctor, believing that the mentality of cancer is what can’t be managed. Albanian health professionals are not prepared to communicate the terminal diagnosis. Doctors themselves are part of the mentality that can’t be managed. Albanian health professionals are not prepared to communicate the terminal diagnosis. Doctors themselves are part of the mentality that can’t be managed.

**Acknowledgments:**

This study was financially supported by Czech Ministry of Health.

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The evidence-base informing end of life (EoL) care is weak but development is hampered by the lack of research capacity. PaCCSC provides the ideal mechanism for future multi-site research within palliative care in Australia. A sense of team across all sites has been developed with less experienced sites being supported by sites with more research experience. Monitoring of data and site performance demonstrates the increasing research capacity. PaCCSC provides the ideal mechanism for future multi-site research within palliative care.

**Abstract number:** FC5.6  
**Abstract type:** Oral

**Clinical Trial Methodology for Cancer Cachexia Patients: Phase I/II and Proof-of-Concept Trials Applying the New Cancer Cachexia Classification and Tailored Endpoints**

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**Aim:**

Effective interventions for advanced cancer patients (pts) suffering from cancer cachexia (CC) are needed. However, clinical trials (CT) provide only limited amounts of negative results, and early development studies are scarce. To develop CT methodology.

**Methods:**

Application of the Cancer Cachexia Classification (Steen & Strasser, Lancet Oncology) and assessment for CT design.

**Results:**

The clinical study “Effect of Imalium (Rivlumut®)” in solid tumour patients with inflammatory cancer cachexia syndrome on lean body mass and muscle strength. A multicenter, proof-of-concept study of fixed dose or CRP-response guided dose of Imalumab in relation to new standard basic cachexia management (receiving placebo)? 50% limit patients eligibility to cachexia (exclusing refractory cachexia), inflammatory cachexia (CRP >30g/dl), and diagnosis and treatment of secondary nutrition impact. The goal is to improve and develop a CT, where the patients can be treated prospectively.

**Conclusion:**

A phase II/III study of individual dose-optimized (dose escalation) bi-daily or on 24 hours intervals of Imalumab in relation to new standard basic cachexia management has to be performed to improve pain management but also new inclusion criteria.

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**Free Communication – Pain**

**Cancer Pain Classification: A Confirmative Study on Domains Associated with Pain Intensity and Treatment Response**

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**Aim:**

Cancer pain classification is important to improve research and pain management but knowledge about relevant domains including it, is still insufficient. Aim of the present study is to investigate if the variables identified in a previous association study (Knudsen 2010) are confirmed in an independent patient population.

**Methods:**

Data from the Cancer Pain Outcome Research Study, a longitudinal observational survey on advanced cancer patients involving 1237 centres, were analysed. In order to replicate the design of the European Pharmacogenetic Opioid Study, only patients on opioid treatment and only outcomes measured at baseline were considered. Average and worst pain (both measured on a 0-10 numerical scale) along with pain relief (measured on a 0-100% scale) were defined as outcomes. Associated variables to be tested were percentage of variance explained by the model, and coefficient of determination.

**Results:**

The sample includes 1562 patients on opioid treatment.
A Randomised Multi-site, Double-blind, Parallel-Controlled Placebo Controlled Study of Subcutaneous Ketamine in the Management of Cancer Pain

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**Background:** Ketamine is a parenteral anaesthetic agent that has been used for the induction and maintenance of anaesthesia. The evidence available through a wide range of clinical audits and case reports suggests a potential role for low dose ketamine in the management of refractory or neuropathic pain. The published evidence to date does not include an adequately powered trial at a valid palliative care site.

**Aim:** To compare the efficacy of parenteral ketamine versus normal saline used in conjunction with regular analgesics and standard analgesic treatment in the management of chronic uncontrolled pain related to cancer or its treatment in terms of: (1) pain relief, adverse events, quality of life, performance status, health outcomes and health service utilization.

**Study design:** A phase III randomised, multi-site double blind, placebo controlled trial of escalating dose subcutaneous ketamine over a maximum of 5 days. Hospital in patients > 18 years of age with chronic pain secondary to cancer and/or its treatment and Brief Pain Inventory average pain score of ≥3 despite optimal treatment. **Primary endpoint:** Brief Pain Inventory average pain score at start of day 6.

**Analysis:** Results will be considered superior to placebo if the response rate at start day 6 is 25% greater then that of placebo (assuming a placebo response type 1 error 0.05 at approximately 85% power, 75 completed patients will be required per arm (150 in total).

**Results:** Currently open for recruitment at 9 sites in Australia. Recruitment is expected to be completed in December 2010. To date 169 patients have been randomised, 130 have completed the study protocol. Final results will be available by May 2011.

**Conclusion:** This Australian, multi-centre, double-blind, randomised controlled trial will be the first adequately powered study to evaluate the role of subcutaneous ketamine in the treatment of cancer related pain in a palliative care setting.

Abstract number: FC6.3
**Abstract type:** Oral

Central Pain Processing in Chemotherapy Induced Peripheral Neuropathy

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**Background:** Whilst modern treatments have significantly extended life expectancy in multiple myeloma, a high incidence of chemotheraphy induced peripheral neuropathy (CIPN) has evolved. **Aims:** The primary aim is to determine whether differences exist between established pain processing pathways as assessed by functional Magnetic Resonance Imaging (fMRI) during noxious thermal stimulation in CIPN and non-CIPN patients. **Secondary aims** include determining the degree to which quantitative sensory testing parameters vary in correlation with severity of CIPN and also to qualitatively assess life with multiple myeloma.

**Method:** All patients underwent comprehensive neurophysiological and fMRI testing followed by the modified INT (31). Heat pain stimuli were applied to the dorsum of the foot and thigh. Brief Pain Inventory average and worst pain scores, functional outcome measures and fMRI scans were obtained during baseline and hot stimuli and analysis was performed using Statistical Parametric Mapping. **Results:** The study included 12 patients and 12 healthy volunteers. The neurophysiological tests showed abnormality in myeloma indicative of peripheral neuropathy. In the thalamus, nociceptive processing was altered in all patients and 12 healthy volunteers. The fMRI showed that painful stimuli delivered to the foot produced significantly greater thalamic activation than thigh stimuli in both patients and CIPN compared with healthy volunteers. **Conclusion:** In myeloma CIPN, patients can experience significant neuropathic pain in the extremities, in addition to fatigue and drowsiness. Imaging indicates that painful stimuli delivered to neuropathic-affected skin on the dorsum of the foot sites in CIPN evoke differential activation of distinct cortical regions, which could reflect abnormal central pain processing.

Abstract number: FC6.4
**Abstract type:** Oral

Effective Titrated Dosed of Fentanyl Pectin Nasal Spray Remains Consistently Effective in the Long Term and Is Not Correlated to Background Opioid Dose

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**Aim:** To compare the effectiveness of parenteral ketamine versus normal saline used in conjunction with regular analgesics and standard analgesic treatment in the management of chronic uncontrolled pain related to cancer or its treatment in terms of: (1) pain relief, adverse events, quality of life, performance status, health outcomes and health service utilization.

**Study design:** A phase III randomised, multi-site double blind, placebo controlled trial of escalating dose subcutaneous ketamine over a maximum of 5 days. Hospital in patients > 18 years of age with chronic pain secondary to cancer and/or its treatment and Brief Pain Inventory average pain score of ≥3 despite optimal treatment.

**Primary endpoint:** Brief Pain Inventory average pain score at start of day 6.

**Analysis:** Results will be considered superior to placebo if the response rate at start day 6 is 25% greater then that of placebo (assuming a placebo response type 1 error 0.05 at approximately 85% power, 75 completed patients will be required per arm (150 in total).

**Results:** Currently open for recruitment at 9 sites in Australia. Recruitment is expected to be completed in December 2010. To date 169 patients have been randomised, 130 have completed the study protocol. Final results will be available by May 2011.

**Conclusion:** This Australian, multi-centre, double-blind, randomised controlled trial will be the first adequately powered study to evaluate the role of subcutaneous ketamine in the treatment of cancer related pain in a palliative care setting.

Abstract number: FC6.3
**Abstract type:** Oral

Fentanyl Pectin Nasal Spray: Successful Dose Titration in a BROAD Cohort of Patients with Breakthrough Cancer Pain

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**Aim:** Breakthrough cancer pain (BTCP) affects most cancer patients with chronic pain. Fentanyl pectin nasal spray (FPNS) provides effective rapid pain relief compared with placebo or oral morphine. An ideal BTCP agent should both be easily titratable across a wide range of patient’s pain and be effective without the need for an increase in dose.

**Methods:** The FPNS clinical trial programme enrolled 511 patients experiencing 1-4 BTCP episodes/day while taking ≥60 mg/day oral morphine (or equivalent) for cancer-related pain entered a 16-week trial directly or after participating in a previous study. During the titration phase, an effective dose (FPNS 100-800 µg) was defined as that which treated two consecutive episodes of BTCP without unacceptable adverse events.

**Results:** In the modified intent-to-treat population (N = 403), 88 (22%) patients were titrated to ≥500 µg/day of FPNS compared with placebo or oral morphine. An ideal BTCP agent should both be easily titratable across a wide range of patient’s pain and be effective without the need for an increase in dose.

**Conclusion:** This report investigates the successful dose titration of FPNS.

Abstract number: FC6.6
**Abstract type:** Oral

Fentanyl Pectin Nasal Spray: Successful Dose Titration in a Broad Cohort of Patients with Breakthrough Cancer Pain

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time in family caregivers of palliative patients that receive structured, holistic, proactive palliative care with the GP as a team member.

Study design and methods: As part of an RCT general practitioners in the intervention group were asked to identify patients with cancer, COPD or CHF in an earlier stage and fit them from a palliative care approach. For each included patient, the GP made a proactive palliative care plan with attention for actual and expected problems regarding physical symptoms, care giving and daily living, social context and finances, existential and psychological issues, and daily living. Each GP was discussed with a specialist in palliative care.

Conclusion: The closest family caregiver (mostly the spouse) was asked to fill in a questionnaire at T0, 3 months, 5 months and 6 months after inclusion. The questionnaire included the GHQ-28, M-DZ and MITTZ (caregiver burden), the HADS and the MITTZ (satisfaction with care). Additionally, at 5 months, an open question was asked each family caregiver what the advantages of this proactive palliative care have been. We asked the GPs to inform us at what dates the patients died.

Abstract number: FC7.3
Abstract type: Oral

Family Caregiver Participation in Palliative Care: Effects of Instruction in Simple Touch and Massage Methods for Comfort and Quality of Life

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Objectives: Touch-based interventions such as light touch and simple massage have been shown to reduce pain, nausea, fatigue and other symptoms, but patients face obstacles to accessing such intervention. This present family study describes two initiative to study the training of family members in how to use simple touch and massage to provide comfort and symptom reduction for palliative patients.

Methods: Initiative 1: An NCI-sponsored, community-based, randomized controlled trial evaluated effects of a multimedia instructional program for 97 family caregivers/patient dyads in use of simple touch and massage techniques as the control. The intervention was delivered in three 1-hour sessions and DVD program. At T0 43 family caregivers filled in the GHQ-28, and yes/no questions if they were members of the NCI database and 23 completed Time 2 data (post intervention). Results: There were statistically significant improvements in preparedness, unmet needs and negative outcomes (GHQ-28) and declines in satisfaction (GHQ-28) and satisfaction with care (GHQ-28) at T0 and T1 in both groups. The increases in preparedness, competence, and decreases in unmet needs and negative outcomes at T1 were significantly higher in the intervention group than the control group. Conclusion: The intervention was feasible, acceptable and applicable. Further trials are needed to estimate the effectiveness of the intervention and explore its utility. Thereafter the single session intervention was delivered in 97 family care units in three states of Australia and it's effectiveness examined using a pre-test, post-test design. Outcome variables: caregivers' preparedness, competence, unmet needs and psychological wellbeing.

Results: The single session intervention was delivered to 97 family caregivers in 97 palliative care units in three states of Australia and its effectiveness examined using a pre-test, post-test design. Outcome variables: caregivers' preparedness, competence, unmet needs and psychological wellbeing.

Results: The single session intervention was delivered to 97 family caregivers in 97 palliative care units in three states of Australia and its effectiveness examined using a pre-test, post-test design. Outcome variables: caregivers' preparedness, competence, unmet needs and psychological wellbeing.

Conclusions: Family members may be an untapped resource for providing supportive care for cancer patients at home. Further studies are needed to determine optimal use of this intervention in diverse populations and settings.

Abstract number: FC7.4
Abstract type: Oral

How Can We Help them Cope? A Structural Model to Examine the Mediation Effects of Culture on Work Group Stress, Burnout, Compassion Fatigue, Compassion Satisfaction in Palliative Care Professionals

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Background: This study focuses on establishing Canadian baseline information on the palliative care workforce and their work, including the role of burnout as a positive response in the face of constant exposure to grief and bereavement. There is a paucity of research that looks into ways to increase positive while reducing the negative effects of this demanding work setting. This research is unique in that it shows how supportive healthcare professionals’ and patients’ heritage/cultural identity, accomplishes just that, while mediating the effect of workgroup stress.

Study objective: To test an empirical model that had indirect effects on palliative caregivers experiencing workplace stress and how the supporting of cultural identity factors can increase both their quality of life and that of the patients they serve.

Methods: Survey data was collected from professional caregivers using the ProQOL (Professional Quality of Life), NUCAT and Workgroup culture instruments. Measures of workgroup cultural differences increased burnout, compassion fatigue and compassion satisfaction as well as a measure of micro, meso and macro cultural beliefs were used. There were a total of 630 total professional caregiver responses. The ProQOL and NUCAT were 66.5% of organizations which are members of the Canadian Hospice Palliative Care Association.

Structural equation modeling was used to test the interactions among the aforementioned constructs and to test this study’s multiple hypotheses.

Results: The proposed structural model fit well (as indicated by the Chi-square test and fit indices). It was found that the stress due to workgroup cultural differences increased burnout, compassion fatigue and burnout while decreasing compassion satisfaction. Increased levels of compassion fatigue increased burnout. Stronger support for patient and caregiver cultural identity mediated the effects of stress reducing burnout, and compassion fatigue while increasing caregiver compassion satisfaction (significant p < .05).

Abstract number: FC7.5
Abstract type: Oral

Hospital Based Psycho-educational Intervention for Family Caregivers of Palliative Care Patients

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Aims: Although family caregivers are acknowledged as valid service recipients of palliative care, many have unmet needs and there is limited evidenced based supportive interventions. The purpose of this project was to develop and test the effectiveness of a psycho-educational group program delivered in the in-patient setting, designed to prepare family caregivers for the role of supporting a relative currently receiving hospital based palliative care.

Methods: A pilot phase was conducted to develop the intervention and explore its utility. Thereafter the single session intervention was delivered to 126 participants completed Time 1 (49.4%) also completed Time 2 data (post intervention). There were statistically significant improvements in caregivers’ sense of preparedness, competence and a significant reduction in unmet needs.
Conclusions: This study reinforces the notion that psycho-educational interventions for this population can be both feasible and effective. It is recommended that the intervention undergo further empirical inquiry.

Funding: National Health and Research Council (Australia)

Abstract number: FCB.7
Abstract type: Oral

How Can We Improve Formal Family Meetings? A Survey of Staff in Two Specialist Palliative Care Units

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The value of formal family meetings as a means of facilitating good communication between staff and patients’ families is widely acknowledged. Audits, conducted independently, in two specialist palliative care units have identified practice deficits in the conduction of family meetings. Staff cooperation is a vital part of the success of interventions to address these deficits. This questionnaire survey of clinical staff in two specialist palliative care inpatient units examines staff perceptions of deficits in current practice and issues recommendation for the conduction of family meetings, and the identification of potential opportunities for improvement of practice and documentation of family meetings. The response rate was 96/139 (70%) questionnaires returned. The majority of staff rated conduction of family meetings in their units as “very good” or “good” (74%). However, one in five staff reported that meetings were often too long. The other main areas of staff concern related to the lack of pre-meeting staff preparation (33.3%), poor chairing (16.1%), poor liaison with home care, day care and family doctors (16.1%). Staff considered that 33% of participants in family meetings varied considerably and it was noted that 83.3% had no training in chairing family meetings. Staff were observed to participate in family meetings varied considerably and it was noted that 83.3% had received no training in chairing family meetings. Staff were observed to participate in a family meeting prior to participating in one. When asked to rank four possible practice interventions in order of importance to improve their family meeting practice, specific communication skills training for staff being most important. It is clearly acknowledged by respondents that there is room for improvement in relation to conduction of family meetings. There appears to be a lack of staff attendance and training, both formal and informal. Communication skills training has been identified as a target for future improvements in practice.

Free Communication - Symptom Management

Do the Trajectories of Disturbed Bowel Habits Differ over Time in Palliative Care?

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AIMS: The work aims to determine if there are differences in the intensity of disturbed bowel habits by diagnosis over time in a consecutive palliative care cohort.

METHODS: Patients referred to a Palliative Care Service over a period of 6.63 years (until April 2010) had their bowel habits evaluated at every clinical encounter until death with a numeric rating scale categorised: upper gastrointestinal cancer; lower gastrointestinal cancer; secondary cancer to organs associated with the gut; primary cancers of organs associated with the gut; other cancers; non-malignant diseases at five time points (0hrs ± 75, 60hrs ± 74, 30hrs ± 74, 14hrs ± 74, 7hrs ± 70), where death (10), Group differences were assessed using analysis of variance. Regression models defined significant changes in mean bowel disturbance in association with disturbance intensity.

RESULTS: For 7,772 patients, data were collected from 174,783 visits. Overall mean bowel disturbance scores increased over time, but not significantly. No differences were identified between cancer vs non-cancer groups. Within the cancer groups, significantly higher scores were noted in the upper GI group 30 days before death (p<0.013). Stratifying the bowel scores into zero (no problem), 1-3 (moderate) and 4-6 (severe) revealed a decrease in the percentages with a score of zero and an increase in those falling into the moderate high range (p<0.001). In the last four days of life, the percentage of patients who scored zero increased again.

Conclusions: The prevalence of disturbed bowel habits increases as death approaches regardless of whether people have malignant or non-malignant diseases. However, very few studies are remarkable for the fact that disturbed bowel habits are no longer reported as a problem even if earlier severe dysfunctions had been reported.

Abstract number: FCB.8
Abstract type: Oral

Blood Transfusion Near the End of Life: A Systematic Review

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Background: The administering of blood to patients at the end of their life has become commonplace worldwide and blood transfusion in the face of diminishing blood supplies and increasing costs. The most common indication for blood transfusion at the end of life is anaemia accompanied by fatigue or breathlessness. Anaemia occurs in 68-77% of patients with advanced disease. Cost per transfusion for a patient receiving 2-3 units of blood is £560 (£670).

Research aim: To synthesise existing evidence on benefits and harms of blood transfusion near the end of life.

Study design: A systematic review was registered with the Cochrane Pain and Palliative Care (PaPa) Review Group. The review identified studies from seven databases that evaluated the role of blood transfusion at the end of life. MESH terms were ‘blood transfusion’, ‘palliative care’ and ‘hospice care’.

Results: No randomised controlled trials were found. Seven before and after studies were identified and provided evidence that Cates from four showed that 7% of patients received a blood transfusion. Transfusion can occur within a few days of death; 14% of patients in one study had within 24 hours and 16%-days and within one month. Symptomatic benefit may occur for about 1-76% of patients one week following transfusion though transfusion benefits appear to have diminished by 15 days.

Conclusion: The contribution of anaemia to fatigue at the end of life is probably much less than that in early stage disease. The difference between prevalence of anaemia (about 70%) and rate of transfusion (about 7%) suggests that many of these patients may benefit from other strategies to manage their symptoms but it is not clear how successful these strategies have been. A randomised controlled trial with 50 patients receiving transfusion and 50 patients not receiving transfusion would be needed to confirm this hypothesis.

Further trials need to be conducted to evaluate the role of blood transfusion near the end of life.

Abstract number: FCB.3
Abstract type: Oral

EMG-EEG Signal Coherence Impaired in Cancer Related Fatigue

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Introduction: Recently, we reported that neuromuscular junction (NMJ) propagation is impaired in cancer related fatigue (CRF) (Yavuzer et al. J Pain Symptom Manage, 38:587-96, 2009). Based on this we hypothesized that signals from the central nervous system (proximal to NMJ) would experience transmission difficulties distal to NMJ, which may lead to reduced functional corticomuscular coupling during voluntary muscle contraction.

Method: Fourteen patients with advanced solid cancer and significant CRF and 14 age- and gender-matched healthy controls performed a sustained isometric elbow flexion contraction of the right arm at 30% maximal level (S30) until self-perceived exhaustion. High-density (128 channels) scalp electroencephalographic (EEG) data and electromyographic (EMG) signals of the elbow flexor and extensor muscles were recorded during the S30. Coherence between the EEG and EMG signals was determined during the first (50 s) and second half (5 s) of the S30.

Results: CRF patients showed lower EEG-EMG coherence (p=0.05) at beta frequency band (15-35 Hz) during the S30. Coherence did not decrease as much in CRF as in controls under the condition of muscle fatigue.

Discussion: CRF was associated with weakened functional coupling between the brain and muscle activities in a sustained submaximal motor activity. Because muscle fatigue was less significant in CRF, this explains why fatigue influence EEG-EMG coherence was impaired in CRF. Impairment in NMJ propagation function in CRF contributes to diminished corticomuscular signal coupling during voluntary muscle contraction.

Conclusion: EMG-EEG coherence is impaired in CRF.

Abstract number: FCB.4
Abstract type: Oral

MRSA and Palliative Care: The Straw That Broke the Camel’s Back?

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Aims: The purpose of this study was to gain a greater understanding of the impact that an MRSA diagnosis had on patients with advanced cancer and their families, as little is known about this phenomenon. To date, research on MRSA in the palliative care setting has had a quantitative focus. No study has yet focused on the psychological impact of MRSA on patients with advanced cancer. This study is part of a larger study, aiming to explore the overall impact of MRSA in specialist palliative care.

Methods: This study used a qualitative approach. Interviews were conducted with a purposive sample: 9 with patients and 9 with family members (n=18).

Patients with advanced cancer either admitted to the palliative care unit had a quantitative focus. In the study. No study has yet focused on the psychological impact of MRSA on patients with advanced cancer. This study is part of a larger study, aiming to explore the overall impact of MRSA in specialist palliative care.

Results: Saturation was achieved. A number of themes emerged. The key finding (theme) in this study was the magnitude of the psychological impact of an MRSA diagnosis, as many patients reflected the comparable devastation that both a cancer and an MRSA diagnosis could have on life. The main need for transparency when patients are found to be MRSA positive, as patients reflected that this helped them in dealing with the news.

Conclusions: MRSA has a significant impact on advanced cancer patients and their families. This impact may be underestimated but early and careful care to face explanation about MRSA and its implications can help patients and their families to cope better with it. This and other findings will aid policy development in relation to MRSA management and infection control in specialist palliative care settings.

Abstract number: FCB.5
Abstract type: Oral

Falls: Is this Geriatric Giant an Even Bigger Issue in Palliative Care Cancer?

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Introduction: Fall rates reported in the literature, from inpatient palliative care and oncology settings greater exceed average falls rates in acute and community hospitals as per nationally collated data
from the UK. Incidence of falling in patients with advanced cancer over longer time periods or in community dwelling patients is not known. The aim of the study is to prospectively identify the incidence of falls in people with advanced cancer.

Methods: Consecutive adult admissions to community and inpatient palliative care services with a diagnosis of metastatic or loco-regionally advanced cancer who were able to sit-to-stand and mobile (unassisted) were recruited. Patients undergo a research assessment & questionnaire at baseline. Outcome measure is time to fall in days, determined by weekly telephone contact for 6 months or until time of fall or death if occur within 6 months. Descriptive statistics were computed and time to first fall examined using survival analysis methods, including Kaplan Meier plots and log rank test.

Results: Since Nov 2008-Sep 2010 153 patients have been recruited. 53% were male, mean age 67.48±12.72 years. 132 patients have completed follow-up, of whom 68 (51.5%) experienced a fall. The incidence density of falls was 2776 per 1000 person years. Median time to fall was 87 days (95% CI; 7.6-16.6) for persons aged <60 years and 80 days (95% CI; 50-110) for those aged ≥60 years or older (z = 2.03, p = 0.056). 44% of falls occurred in a hospital/hospital inpatient setting, 49% resulted in injury and 4.4% of falls resulted in dislocation or fracture.

Conclusions: The observed incidence density of falls of 2776 per 1000 person years is more than double that reported for healthy older persons. Our findings suggest that the exceptionally high incidence of falls observed is largely due to confounding rather than the demographic profile of cancer. Funded by the Health Research Board and Irish Hospice Foundation.

Abstract number: FC8.6
Abstract type: Oral
Do Patients with Cancer, COPD, Heart Failure and MND Experience Breathlessness Differently? Grace M.J.,1, Higgins L.I.2
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Aim: Breathlessness is one of the core symptoms, particularly persistent and frequent, towards the end of life (EoL). There is no evidence of how the experience of breathlessness differs across conditions. We aim to compare the experience of breathlessness in four conditions sharing heavy symptom burdens, poor prognoses, high breathlessness rates and palliative care needs.

Methods: A qualitative study with a purposive sample of 19 patients with COPD, heart failure or MND, and experiencing daily problems of breathlessness. Patients were recruited from a hospital, a hospice and a care home. Data were collected as semi-structured, in-depth interviews. Breathlessness was compared according to six components derived from existing models and symptom schemata, first within and then across groups. Frequency counts were used to check the qualitative findings.

Results: Breathlessness was experienced differently in the four conditions, as a physical sensation within the constraints of the illness and patients’ experiences with health care and social environment. In cancer, breathlessness functioned as a reminder of patients’ poor prognoses, high breathlessness rates and the burden and the suffering it causes at the EoL.

Free Communication – Ethics I

Free Communication – Ethics I

Abstract number: FC9.1
Abstract type: Oral

Cardio Pulmonary Resuscitation (CPR) Occurs Rarely and in Palliative Care Units in Sweden Rarely Occurs

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Established practices about CPR and DNR (Do Not Resuscitate) are designed to assist all patients with unexpected cardiovascular arrest when possible. For patients in palliative care routines vary and are occasionally confusing. In order to prepare for national guidelines, a survey was carried out at 24 Swedish palliative care units in 2010, within the framework of the national palliative research network, PANIS.

Method: A survey regarding practices around CPR and DNR was sent to each unit. A descriptive analysis was performed by authors. Both palliative care home teams and hospital-based teams participated.

Results: In the course of 1 year, team members cared for 6290 patients, of whom 481 patients died. 56 teams participated. 1 team had a documented decision of DNR. 10 units had written guidelines for DNR, 14 applied unwritten informal practices, 10 had close access to a defibrillator. 19 of the teams reported doctors being satisfied with current practice, frequently supporting satisfied nurses. In a cross-sectional part of the survey, a total of 1126 enrolled patients were registered at the units. Case records showed that 3 of the patients had a well documented decision of DNR. Team members assessed 58% of the patients as being capable of taking part in the decision making process (psychologically and mentally). Of these, patients had taken part in the decision in 26% cases, close relatives had been involved in 48% cases.

Discussion: This study shows that CPR is hardly ever performed in Swedish specialized palliative care. When performed CPR is proved medically successful. Decisions of refraining from CPR in palliative care vary extensively between different units. Generally, members of staff however, are satisfied with established practices. It appears a matter of concern to discuss further to what extent and in what way patients and their close relatives are to be involved in the decision making process.

Abstract number: FC9.2
Abstract type: Oral
Suffering and Euthanasia: A Qualitative Study of Cancer Patients’ Perspectives

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Introduction: Deliberations on euthanasia are mostly theoretical, and often lack first-hand perspectives of the dying patients. Suffering is a frequent argument in favour of euthanasia in debates, but how dying patients perceive this is less known. The aim of this study was to explore the perspectives of euthanasia in relation to suffering in dying cancer patients.

Method: 66 patients with cancer in a palliative phase were selected using random maximum- variation sampling and interviewed in-depth. The interviews were analysed with inductive qualitative content analysis with no predetermined category.

Results: The informants expressed different positions on euthanasia, ranging from support to opposition, but the idea was undecided due to the complexity of the problem. Core concepts in the patients’ perspective on euthanasia in relation to suffering were the lack of fear of pain and trust in help. Some argued that euthanasia was preferred to ongoing life with suffering, when 1) suffering was perceived as meaningless, 2) fear of severe pain, originating from multiple dimensions, or 3) mistrust in the possibility to receive help. Others argued that suffering never could motivate euthanasia, due to 1) there is always meaning to life, and even suffering is meaningful, 2) there is no intolerable suffering due to bodily or psychological adaptation reducing suffering, which was personally experienced by informants and 3) trust in help and support from health care to reduce future suffering.

Conclusion: Dying cancer patients with a confidence in possibilities to receive help and to personally cope in future difficult situations, oppose euthanasia due to suffering, in contrast to patients with fears of pain, meaninglessness and mistrust to receive help, who advocate euthanasia due to suffering. This indicates a need for palliative care to address issues of trust, fear and meaning.

Abstract number: FC9.3
Abstract type: Oral
Changes in Palliative Care Physician Attitudes and Beliefs Regarding Communication with Terminally Ill Cancer Patients: An American Survey One Decade Later

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Aims: To compare the attitudes and beliefs of palliative care physicians regarding communication with terminally ill cancer patients to those identified one decade earlier.

Methods: Two hundred hundred palliative care physicians from 16 Latin American nations were surveyed in 2010. Results were compared to findings from a survey conducted in a similar, smaller sample in 2000. Bivariate analyses using Chi-square tests and correlations were conducted to compare responses across both time point.

Results: Two hundred of 376 physicians completed the 2010 survey. Comparison with physicians in 2000 showed that at least 60% of these patients knew of their diagnosis increased significantly (52% to 75%, P = 0.001). Physician support for patient knowledge about stage of their illness rose over this period (P = 0.029), as did the proportion of physicians reporting that at least 60% of their patients felt they had control over their illness (24% to 52%, P = 0.009). Approximately twofold increases were also detected in the proportion of physicians indicating that at least 60% of patients knew of their diagnosis (P = 0.022) and families (P = 0.018) wanted to know the terminal stage of illness. At both time points, the majority of physicians agreed that shared decision-making (SDM) would be most appropriate in their workplace and a trend towards increased SDM was detected (P = 0.166). Finally, physicians in 2010 were more likely to support autonomy and beneficence over justice in contrast to their previous support of beneficence and justice over autonomy.

Conclusion: The findings suggest that there has been a significant shift towards enhanced disclosure in communication preferences in palliative care in Latin America over the past 10 years. This change in patterns of inclusiveness and disclosure most likely reflects the growth of palliative care in the region.
Free communication sessions

Abstract number: FC9.4
Abstract type: Oral

Not All Doctors See Palliative Sedation at the End of Life as Less Burdensome than Euthanasia
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Research aims: In 2009 the Dutch Medical Association passed a guideline for palliative sedation. Palliative sedation (PS) is practiced in about 10% of all deaths in the Netherlands. However in the Netherlands euthanasia is also allowed under strict conditions. There are indications that euthanasia is too burdensome for some physicians, and some stop performing euthanasia altogether. We wanted to find out what the experiences of Dutch general practitioners are regarding the burden of providing palliative sedation versus euthanasia.

Study design and methods (selection criteria, variables, statistics): This study is part of a large nationwide study on knowledge, opinions and experiences of end of life treatments. We performed 35 interviews with Dutch general practitioners. In these open interviews they were asked about their experience with both euthanasia and palliative sedation. The issue of relative burden and preferring one of these other was brought up. All interviews were typed verbatim and analysed using Atlas-Ti, using the method of grounded theory.

Results: There were great differences between physicians with regard to the burden experienced when providing palliative sedation at the end of life and the end of life euthanasia. For some physicians both acts counted as equally burdensome, others showed a great preference for palliative sedation. There were few cases where physician's personal experience led them once again as a reason that sedation typically involves a peaceful, quiet and natural death. Those who do not expect patients to suffer for a long time that sedation involves a final goodbye from loved ones that is similar in euthanasia.

Conclusion: Dutch general practitioners differ as to whether they experience palliative sedation as equally or as less burdensome than euthanasia. Based on the experiences of our respondents palliative sedation cannot be regarded as necessarily a less burdensome act for the doctor to perform at the end of life than euthanasia.

Abstract number: FC9.5
Abstract type: Oral

Shifts in Patient Involvement in End of Life Decisions Following Legal Changes Promoting Patient’s Autonomy in Belgium
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Background: Patients’ participation in decision-making is integral to palliative care. In Belgium, laws on patient rights, palliative care and euthanasia passed in 2002, all promote patient autonomy and self-determination. This study aims to examine changes in the rate of patient involvement in end-of-life decisions before and after these legal initiatives, and to identify patient groups more at risk of not being involved.

Method: In 2007 we repeated a postal survey, previously conducted in 1998, among physicians certifying 10% of all deaths in the Flemish region of Belgium. The original sample was comprised of 3,240 practicing physicians, who were sent a questionnaire asking about their experiences of our respondents palliative sedation and euthanasia. All interviews were typed verbatim and analysed using Atlas-Ti, using the method of grounded theory.

Results: There were great differences between physicians with regard to the burden experienced when providing palliative sedation at the end of life and the end of life euthanasia. For some physicians both acts counted as equally burdensome, others showed a great preference for palliative sedation. There were few cases where physician's personal experience led them once again as a reason that sedation typically involves a peaceful, quiet and natural death. Those who do not expect patients to suffer for a long time that sedation involves a final goodbye from loved ones that is similar in euthanasia.

Conclusion: Dutch general practitioners differ as to whether they experience palliative sedation as equally or as less burdensome than euthanasia. Based on the experiences of our respondents palliative sedation cannot be regarded as necessarily a less burdensome act for the doctor to perform at the end of life than euthanasia.

Free communication – End of Life Care I

Abstract number: FC10.1
Abstract type: Oral

Existent-atlal-developmental issues across the Life-span in Cancer & End of Life Care
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Purpose: End of Life literature examining terminally-ill patients’ desire for hastened death all point to existential crises that occur across the life-span, palliative care practitioners have a rich opportunity to unearth purposeful ways of reconciling past and present crisis points through the life-review and life-completion process.

Method: A Clinical Psych-Oncologist, with expertise in Existential Psychology and Palliative Care, will offer an overview of existential issues from a development perspective across the life-span in cancer care. Therapeutic case vignettes from Meaning-Centered and Dignity-Congruent interventions with terminally ill cancer patients will be examined to highlight existential-developmental themes across the adult life-span. Terminally ill patients experiencing existential distress, such as unmitting angst or profound guilt and despair, will be presented to show how EoL practitioners can track existential developmental issues across the life-span and help dying patients reconcile with life in the face of death. Findings: Existential distress, of terminally-ill cancer patients are delineated across domains of: 1. Chronological Age, 2. Developmental Milestones, 3. Life Events/Crisis Points (past & present), and 4. Cancer Events/Crisis Points (past & present).

Philosophical underpinnings of ‘existential suffering’ are outlined as an umbrella concept encompassing the existential angst, despair, isolation, and guilt across the life-span.

Conclusion: Tracking existential-developmental issues across the life-span allows dying patients to revisit positive and negative moments in life; giving patients the opportunity to re-script and re-store the life-events that help bring meaningful closure to life before death.

Abstract number: FC10.2
Abstract type: Oral

Patterns of Decision-making towards the End of Life in the Intensive Care Setting - A Qualitative Study
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Aim: To identify patterns in the timing, involvement and nature of decisions made in intensive care units (ICUs) towards the end of life.

Methods: We employed content analysis of 3 ICUs in an inner-city hospital that comprised: (1) semi-structured interviews with relatives of a representative sample of ICU patients for whom end of life discussions were taking place; (2) direct observations of care; (3) measurement of medical records.

Data were analysed through thematic content analysis and the ‘framework’ approach. Results: 24 relatives were interviewed (ages 28-80; variation in ethnicity and religious affiliation) representing 20 patients with differing diagnoses (age 19-57). Areas of decision-making were identified concerning: (1) resuscitation status; (2) system support; (3) medications / fluids; (4) interventions / monitoring; (5) specialty involvement; (6) aims of care; (7) place of care; (8) care needs.

A common factor influencing involvement was patient capacity. Relatives’ preferences for treatment were more varied, based on the incorporation of information about the process with no wish for greater input.

Some types of decision were more likely to be influenced by relatives (eg. place of death/some interventions e. tracheostomy) whilst others were more often clinician directed (e. resuscitation status).

4 broad patterns relating to the aims of decisions made were revealed: (A) curative aim throughout (B) initially for active management then a shift to comfort care (C) active management decisions interspersed with comfort measures (D) comfort care throughout. All occurrences of differing preferences or opinions were in group C.

Conclusions: The findings from this study identify that decision-making towards the end of life in ICUs is complex and multifactorial. By understanding these complexities we will be better able to improve end of life care.
life care in this setting and enhance the potential of reaching agreement between all parties.

Funding: National Institute for Health Research

Abstract number: FC10.3
Abstract type: Oral

Dying Is a Transition - Between Total Pain and Total Serenity

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Background: Knowledge is scarce about dying patients’ inner experiences, their mode of perception, state of consciousness and reasons for anxiety or total pain. A shift in perception might explain the dying patient’s experiences and that dying is a special form of experience comparable to near-death, intrauterine and spiritual experiences and sometimes expressed in the language of C.G. Jung’s archetypes.

Aim: To explore whether phases of transition and associated factors can be identified in the dying process.

Methods: Patients were referred in an inpatient pc unit for palliative care. Data collection applied participant observation, the investigator utilized Joungian depth psychology (e.g., symbols, apocalyptic images in myth and religion, dream interpretation), trauma and music therapy and its effects both in borderlines of transition (verbal-nonverbal, timelessness, individual-archetypal), and in psychopathology, and acknowledged spiritual experiences.

Data analysis used Interpretative Phenomenological Analysis of therapist’s reports, performed by two researchers applying constant comparison. Emerging themes from the pilot phase (n=80) entered the full study (n=600).

Results: Out of 800 (n=668, 21.86%, 351 F / 329 M) suggest that dying is a transition that involves a transformation of perception in 3 phases: pre-transition (subconscious), transition, post-transition (ego-distant perception, serenity, spiritual openness). 51% of pts expressed a state of serenity, 25% communicated their experience of transition. Anxiety, struggle and total pain seem to happen only in the first 2 stages.

Conclusions: The study suggests that dying is a transition process, requiring a “whole” care beyond physical care. The difficulties experienced by health care staff in reconciling and relinquishing their caring roles to family members/whanau (Maori term for family) is needed to have an awareness of how different cultural groups view death and dying to enable health care staff to provide culturally appropriate end of life care. Conclusion: Best practice requires an understanding of different social and cultural aspects of life and death to enable health care professionals to best meet the needs of their patients and families. Planning and preparation can ensure that health care professionals have an understanding of, and can meet different cultural expectations for the provision of good end of life care.

Abstract number: FC10.5
Abstract type: Oral

Pathway for Improving the Care of the Dying (PICD) in the Auckland Hospital – Changing the Culture in the Desert of the Death Deniers

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With advances in medical science dramatically increasing treatment options there is the risk of seeing death as a failure of medical management, rather than the inevitable end of a lived process. Hence, Palliative Care teams in general hospitals often operate within a death-denying environment reflective of the viewpoints of health care providers and of the broader community. With 65% of Australians dying in acute hospitals the Supportive and Palliative Care Unit (SPCU) consult service is only involved with one-third of these patients thus the SPCU determined to import the principles of the PICD model to improve the care of patients dying in general hospital wards. A multi-disciplinary committee developed PICD by adapting the living with dying (LWdY) model. PICD consists of a number of prompts, medical and nursing care plans and medication algorithms for common symptomatology at the terminal phase as well as written material to help families and carers through the experience of a loved one’s death. A SPCU nurse oversaw the pilot project for 4 months with the following summarised audit results.

Pre PICD - A, Pilot Nov/Oct 07 - B
Documented patient is dying A 87%, B 100%
Discussion with family, goal is comfort care A 87%, B 100%
Pastoral care offered A 0%, B 70%
Current medications assessed A 73%, B 100%
Morphine A 93%, B 100%
Midazolam A 67%, B 90%
Hyoscine A 0%, B 100%
Metoclopramide A 47%, B 100%
Review medical management A 80%, B 100%
Revised nursing care management A 73%, B 95%
Social Worker involved A 40%, B 75%
We will discuss the findings of a 96 bed general medical wards and how we addressed the subsequent roll out of PICD across the network. Three years later PICD is in most of our wards and in our local country hospitals which have very limited specialist Palliative Care input. The Patient: Palliative Care, Death and Dying, Pathway for Improving the Care of the Dying, PICD, End of Life Care pathways, LCP, The Palliative Approach.

Abstract number: FC10.6
Abstract type: Oral

Increased Sense of Peace and Similar Levels of Pain Control and Family Distress When Dying at Home vs. in Hospital: Results from a Mortality Followback Study in Cancer

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Aim: To report the impact of a pain management intervention in a randomised controlled trial on pain, patient and family care outcomes at end of life care facility. Intervention development and implementation was prompted by a low satisfaction (40%) pain management score for patients and carers. An intervention to increase in Veterans with multiple complex chronic diseases. The average length of stay decreased from 22 months in 2005 to 4 months in 2009. A palliative philosophy of care was needed.

Methods: The pain management intervention was guided by Kotter’s collaborative model to select and implement an assessment tool to be used 3 times a day, an expansion of the means for pain control, staff education on pain assessment and management, and audits of pain assessment and control documentation. All residents and staff were involved.

Results: Veterans were an average of 88 years. Over 85% have dementia or cognitive impairment. The Abbey scale was selected as the pain assessment tool since it was validated for people with cognitive impairment and is relatively easy for care providers to incorporate into regular care. Non-pharmacological treatments for pain (acupuncture, music therapy, music therapy, hot/cold packs, cervical collars, pressure reduction mattresses, physiotherapy, radiation) increased from 16% in 2004 to 49% in August 2010. Regular orders of analgesics increased from 53% to 76%, and acetaminophen plain decreased from 93% to 49%. Other analgesics (acetaminophen CR, diclofenac drops, hydromorphone, morphine, pethidine, codeine...) increased from 7% to 43%. Inpatient survey, pain management satisfaction was 100%.

Conclusions: Veteran and family satisfaction with pain management improved. There was increased patient diversity and use of pharmacological and non- pharmacological management. Pain was incorporated as the 5th vital sign with pain assessment and documentation of both physical and spiritual pain, increased staff knowledge of pain, and development of a philosophy reflecting changing needs.

Funding: CHSRF

Free communication - Life Span

Free communication sessions

Abstract number: FC11.1
Abstract type: Oral

Results from a Pain Management Intervention in a Veterans’ Long Term Care Facility

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Aim: To report the impact of a pain management intervention in a randomised controlled trial on pain, patient and family care outcomes at end of life care facility. Intervention development and implementation was prompted by a low satisfaction (40%) pain management score for patients and carers. An intervention to increase in Veterans with multiple complex chronic diseases. The average length of stay decreased from 22 months in 2005 to 4 months in 2009. A palliative philosophy of care was needed.

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Funding: CHSRF

Free communication sessions
When to Involve Hospital Palliative Care Team in the Care of Teenagers and Young Adults with Cancer - A Theoretical Analysis of Practice

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Background: There is published support for palliative care for teenagers and young adults (TYA) with cancer at the end of life but little discussion about the place of hospital palliative care (HPC) at other times of illness.

Aims: To analyse the inter-relationship between TYA and HPC services to inform debate about the contribution and timing of palliative care for TYA with cancer.

Method: Bourdieu’s theory of practice was used to analyse 6 cases from practice. Bourdieu describes practice as a structured social space in which relationships determine the capacity of a particular practice to achieve the scope intended. We analysed the timing, appropriateness and impact of these on the process of care, case by case.

Results: Whilst both teams have a patient care focus, their fields of practice differ temporally and socially. The TYA team’s practice is shaped by sequential interpersonal events that importantly bridge pivotal moments in a young person’s illness. The HPC team’s practice is shaped by intermittent interactions, located at any point in illness, and preferred place of death at the very end of life. These interactions can potentially be dislocated from the continuity of HPC teams. The study highlighted that when integrated the synergy created between teams provides both access to practice that would otherwise be out of bounds (TYA team to nurse community palliative care and HPC to people less than 18 years old). This develops the capacity of both teams to provide palliative care to TYA.

Conclusion: In contrast to existing literature which describes the additional expenses (4.08), lack of time (3.11) and lack of special knowledge (3.09) as the most important problems, the nursing services described the additional expenses (4.08), lack of time (3.5), emotional stress (3.21) and the uncertain prognosis (2.91) as the most relevant questions (physician vs. others: all p<0.03). In general a specialized team including 24 hour on call duty and the intensification of educational programs was emphasized.

Conclusions: The assistance of service providers by paediatric palliative care specialist is essential to provide appropriate home care for children suffering from life-limiting diseases in Lower Saxony. The implementation of a paediatric palliative care team in April 2010 can meet this demand.

Abstract number: FC11.4

Intensive Care Outreach Network (ICON) and End-of-Life Decisions in a Children’s Hospital

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Introduction: Children with predictably poor outcomes are often referred to the Intensive Care Unit (ICU) even where death is a likely outcome. In many situations, a predictable but acute deterioration occurs before palliative care services can help. Families have taken the lead with the family and in most situations there has been no involvement of palliative care services. Many bereaved parents were also told, feeling they were given options before their child deteriorated, and may not have opted for ICU if they had been provided with accurate information and alternative options of care.

Aim: To identify the number of advanced care planning discussions initiated by the ICON team.

Methods: Retrospective review of the ICON database over a 12 month period to identify where advance care planning discussions had been initiated.

Results: There were 18 referrals to ICON that led to advance care planning discussions. 7 families agreed that ICU admission was not appropriate and 6 of these children died. Two families pursued ICU admission and both children died. A number of children were discharged to local services for longer-term care planning.

Conclusion: ICON involvement occurs earlier than traditional ICU and leads to the opportunity to have advance care planning discussions with families.

Abstract number: FC11.5

Paediatric Palliative Home Care in Lower Saxony, Germany by Paediatricians, Hospice Services and Nursing Teams

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Background: Paediatric palliative care requires a broad multidisciplinary approach. Concerning the home care setting in Germany, paediatricians, palliative nursing services and (paediatric) hospice services are important providers in paediatric palliative care.

Method: The objective of the study is to evaluate the working conditions and needs of paediatric palliative care setting in Germany. A survey was carried out among practicing paediatricians (n=137) return rate (n=141, 90.8%), paediatric nursing services for out-patients (n=322/ return rate n=134; 41.6%).

Results: The 141 paediatricians treated 800 children suffering from life-limiting diseases (LLD) in 2008. This corresponds to the estimation of ~2500 children with LLD in Lower Saxony. The nursing services treated 168 children and the hospice services took care of 84 children in 2008. Identifying the most relevant problems, the nursing services described the additional expenses (4.08), lack of time (3.5), emotional stress (3.21) and the uncertain prognosis (2.91) as the most relevant questions (physician vs. others: all p<0.03). In general a specialized team including 24 hour on call duty and the intensification of educational programs was emphasized.

Aims: The elderly population is increasing. Many will spend their last few years in a care home. Residents often have complex health care needs and cognitive impairment. Our aim was to develop a new and sustainable service model to deliver (Gold Standards Framework endorsed, individualised, end of life care in all nursing homes in the borough.

Design, methods and statistics: Each Palliative Clinical Nurse Specialist (CNS) was assigned 2 nursing homes (NH) and set up a complex intervention as follows:

- Weekly patient review and educational meetings with NH staff
- Identification of patients in the last year of life, including those with non-malignant diagnoses, by Care Home Staff, General Practitioners and Head Care of the Elderly teams, using a range of tools for hospital inpatients plans were completed prior to end of life care

Development of an individualised Advance Care Plan (ACP) for each patient, stating preferences with regard to place of care, symptoms management and avoidance of unnecessary treatment, including advanced admissions

Aims: To provide relevant health care providers.

Conclusions: The number of patients identified, number of deaths and place of death were recorded before and after the introduction of the project.

Results: The 141 paediatricians treated 800 children suffering from life-limiting diseases (LLD) in 2008. The number of patients identified, number of deaths and place of death were recorded before and after the introduction of the project.

Abstract number: FC11.6

Development of a New Service Model to Deliver End of Life Care to Elderly Patients in Nursing Homes

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Aims: The elderly population is increasing. Many will spend their last few years in a care home. Residents often have complex health care needs and cognitive impairment. Our aim was to develop a new and sustainable service model to deliver (Gold Standards Framework endorsed, individualised, end of life care in all nursing homes in the borough.

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Abstract number: FC11.1

An Evidence Based Model of Palliative Care in Long Term Care

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In Australia 7% of persons aged 65 and over live in a long term care (LTC). This study was a 2 year national project implementing an evidence based model of palliative care in LTC. The project was funded by the Australian Government Department of Health and Ageing under the EBRPAC. The program of model included three key processes: 1. Advance Care Planning 2. Palliative Care Care Conferences 3. End of Life Care pathway

Ninety LTC facilities around Australia participated and in each link nurses were trained to implement the model of care and act as champions of change within their LTC facility. One of the key features on the model of care including monthly reviews with a specialist palliative care nurse. This paper reports on the resident outcome data.

Data was collected on 83 residents who had died in the nine LTC 12 months prior to the model of care implementation. After education, a total of 24 residents received the new model of care. Chart audits were completed on the last month of care for residents in both groups. There were significant improvements in documentation of end of life (EOL) wishes (55.4 v 72.6%, c2 = 4.94, p< 0.05), evidence that next of kin were involved in EOL discussions (71.1 vs 55.7%, c2 = 5.85, p< 0.001), the use of palliative care (30.4 vs 49.4%, c2 = 115.21, p< 0.001) and an EOL care pathway (21.7 vs 84.6%, c2 = 37.65, p< 0.001).

There was a significant improvement in pain assessment (41.6 v 70.3%, c2 = 11.66, p< 0.001), the effectiveness of non-pharmacological treatments for pain (21.4 v 62.5%, c2 = 22.09, p< 0.001), use of effective analgesia (56.7 v 64.5%, c2 = 2.82, p< 0.30) and prn analgesia (62.1 v 77.6%, c2 = 3.47, p= 0.05).

Significant improvements were also noted for assessment of dyspnoea (2.4 v 44.4%, c2 = 21.58, p< 0.001) and the use of non-pharmacological strategies for dyspnoea (31.7 v 57.1%, c2 = 4.42, p< 0.05). An evidence based model of palliative care can improve the care provided for residents in LTC.
Free Communication – Bereavement

Abstract number: FC12.1
Abstract type: Oral

RCT of Family Therapy during Palliative Care and Bereavement

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Aims: Family therapy delivered during palliative care and bereavement to families ‘at risk’ of morbidity bereavement outcomes, on the basis of IFI screening profiles at study entry, has the potential to prevent depressive disorders and complicated grief. The objective is to study the impact of a standardized family therapy aimed at helping parents and patients who are currently caring for their children and those who were bereaved.

Abstract number: FC12.3
Abstract type: Oral

Parents’ Journey through Deaths of Their Child - Rites of Passage?

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Research aims: As numbers of children requiring palliative care increase, a more substantive research base underpinning care to include children with non-malignant conditions and, as well as children with cancer is required. Aimed at redressing gaps in knowledge this qualitative study examined bereaved parents’ experiences of providing palliative care to their child.

Study design and methods: An interpretative qualitative approach was used and data collected through in depth interviews with mothers (n=16) and fathers (n=9). Through the use of Van Gennep’s ‘rites of passage’ framework and the application of narrative approaches researchers tackled the identified themes and their inter-relationships, an explanatory framework of how parents’ respond to their child’s illness, including how they seek to care for their dying child was developed.

Results: The analytically defined journey took parents through a series of transitions into a new social stage, that of bereaved parent. From the first sign of their child’s health deficit onwards parents repeatedly sought to protect, preserve and pilot their way through emotional chaos and uncertainty. Throughout, the child was central, their care, their need for understanding, their need for help. In adjusting to ever-changing circumstances parents were continually ‘doing’ for their child and family. Further such ‘doing’ appeared to have helped parents accommodate their emotional responses and better cope with the stress they faced.

Conclusions: Journeying through the loss of a child is a major life changing experience for a parent and the enormous impact it has on the whole family cannot be understated. Health and social care professionals are in a unique position to journey with families, supporting them in their need to grieve, giving advice and enhancing emergency activities as they adapt their life in response to their child’s illness and eventual death. This study gives insights as to how such professional support can be provided.

Abstract number: FC12.4
Abstract type: Oral

After the Death of a Newborn Child: A Study of Parental Grieving and Involvement in a Decision on Restriction of Intensive Care (RIC)

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Aim: To identify the factors that allow parent caregivers to survive and even grow in the face of the stressful circumstances of caring for a child with a life-limiting illness.

Methods: Data was collected by survey and in-depth interviews of parent caregivers. The survey included measures of stress, health spirituality, meaning in life, parental involvement in caregiving, posttraumatic growth, optimism, and self-esteem. Participants were recruited through children’s health care hospitals throughout Canada and the United States. Semi-structured, face to face interviews were conducted with a sub-sample of parents (n=23) from a larger cohort of the study (N=237). Interviews lasted about 2 hours and explored experiences of stress and personal growth. After being transcribed, text was coded using an inductive, comparative method.

Results: Results will be presented where the qualitative data and contrasts the quantitative results of this study. Examples of high and low growth will be discussed as measured with the Posttraumatic Growth Inventory.

Conclusions: This research expands our understanding of the factors influencing bereaved parents who are caring for a child with a life-limiting illness, which in turn enhances the practice of pediatric palliative care. The data illustrated the importance of parents experiences and emotions co-occur, not replace one another. The next phase of this project is to study personal growth of bereaved parents who are currently caring for their children and those who were bereaved.

Abstract number: FC12.5
Abstract type: Oral

A Community Based Approach to Supporting Bereaved Children, Young People and their Families - A Ten Year Retrospective

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Background: Many palliative care services offer support to the bereaved children of patients under their care. Limited resources often suggest that this support should be extended to any child bereaved through death in the local communities surrounding the service. Children’s bereavement services based on a public health model using a quality of life rationale can reach disadvantaged groups and seek to prevent or mitigate the potential negative consequences of bereavement and promote stress-related growth.

Aim: This paper will describe a children’s bereavement service based at a London hospice which delivers a multi-system approach, with a wide range of coordinated interventions that seek to enhance the confidence and competence of: the individual child; the family; communities; other professional agencies; and national policy development. It is argued that such an approach does more to maximise possible benefits than a sole focus on individual outcomes defined only in terms of reduction in problem behaviours and symptoms.

Methods: The paper will report on an analysis of ten years’ activity data across all service offerings including demographics and cost and evidence from recent stakeholder and user surveys.

Indicative results: Two thirds of children supported come from non-white British families. 65% have experienced the sudden death of someone close. 80% live in areas below halfway mark in Government index of multiple deprivation. 75% of parents and carers would support specific ways in which things have got better for their child.

Conclusion: Small projects with very limited resources can have a significant cost effective impact if based on a collaborative partnership with families and a focus on community integration and capacity building.

Abstract number: FC12.6
Abstract type: Oral

Supportive Group Psychotherapy for Relatives of Palliative Care Patients

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Background: Many studies found that relatives of palliative care patients suffer from intense psychological distress. Psychological interventions, however, have mainly been developed for cancer patients and only few programs exist for relatives. Based on newer developments in family therapy, the program includes mindfulness meditation, meaning-

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centered interventions, acceptance-enhancing approaches and value-based commitments.

Objectives: Are there positive effects on quality of life and psychosocial symptoms in the intervention group compared to untreated controls?

Methods: The applicability and effectiveness of the group interventions were evaluated in a randomized controlled trial. The sessions were led by a group of trained psychotherapists and video-taped for treatment analysis. Participants were relatives of inpatients of two palliative care units and a radio-oncology department. Self-report questionnaires included psychological symptoms (Brief Symptom Inventory, BSI) and a numeric rating scale on quality of life (QoL, 0–10). They were administered at baseline, pre-/post-treatment, and at a 3-month follow-up.

Results: 13 relatives (51% intervention, 71% female, age 54.7±13.2 years, 60% partners) participated in the study. Preliminary results show a positive effect (p<0.05) of the intervention on QoL (eta²=0.09, p=.001), and a small, not significant effect on psychological distress (BSI anxiety: eta²=0.03).

Conclusion: Preliminary interpretation of effect sizes shows a positive effect of the group intervention on quality of life. Detailed analyses of the data will be presented at this session.

This study was supported by the Deutsche Krebshilfe e.V.

Free Communication – Policy

Abstract number: FC13.1
Abstract type: Oral

Can Donors Support the Generation of Evidence to Enhance the Provision and Access to Palliative Care in Low and Middle Income Countries? A Case Study of a Clinical and Public Health Research Strategy

Dix O.1

1The Diana, Princess of Wales Memorial Fund, Head of the Palliative Care Initiative, London, United Kingdom

Aims: The provision of palliative care in low and middle income countries is hampered by the lack of academic credibility and career pathways and evidence of need and effectiveness, with a resulting policy void. The role of donor agencies has not been fully examined and there is a lack of strategic support to address these fundamental barriers. Donors are generally not experts in the research field and are wary of the complexity of the process. As part of its overall policy scale up palliative care, this foundation has developed and implemented a strategic approach that integrates education and research into its strategy for palliative care advocacy.

Design: Our foundation considered the greatest needs in palliative care research and how research could support stakeholders. It identified experts in the field, developed a strategy for research-led advocacy and designed a number of responsive and open calls for grants for research aligned to strategic objectives.

Results: We have given 11 research grants for amounts between £3,000 and £300,000 for topics ranging from barriers to disclosing life-threatening illnesses to children to the impact of introducing palliative care into outpatient ART clinics. All research is intended to provide evidence for advocacy to influence governments and other donors. All grants build research capacity in country, through North/ South partnerships in research and support for the development of research units at two leading universities in sub-Saharan Africa. Individual research projects include: research bursaries, specific training, and with submitting articles and abstracts.

Conclusion: We would encourage other donors to have a strategic approach to palliative care research. It is possible to do it well with expert help and to have impact on: career pathways in palliative care and institutional development as well as use the evidence base for lobbying and advocacy.

Abstract number: FC13.2
Abstract type: Oral

Policy and Palliative Care in Africa - What Does the Landscape Look Like?

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1African Palliative Care Association, Management and Policy, Kampala, Uganda, 2African Palliative Care Association, Grants, Kampa, Uganda, 3African Palliative Care Association, Management and Policy, Kampala, Uganda, 4African Palliative Care Association, Grants, Kampa, Uganda, 5African Palliative Care Association, Management and Policy, Kampala, Uganda

Abstract number: FC13.3
Abstract type: Oral

Barriers to Palliative Care and Pain Management in Ukraine

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Aims: The African Palliative Care Association (APCA), through a grant funded by the Open Society International Palliative Care Initiative and Open Society Institute South Africa, conducted a 1-year project that reviewed national legislation, policy documentation and implementation guidelines across 10 southern African countries. The review assessed opportunities for, and gender issues that can be addressed or strengthened to support palliative care at the national level.

Methods: Document review tool was developed based on evidence from rapid appraisal in Zambia and Zimbabwe and information from Uganda, Kenya and South Africa.

Results: 123 relatives (51% intervention, 71% female, age 54.7±13.2 years, 60% partners) participated in the study. Preliminary results show a positive effect (p<0.05) of the intervention on QoL (eta²=0.09, p=.001), and a small, not significant effect on psychological distress (BSI anxiety: eta²=0.03).

Conclusion: Preliminary interpretation of effect sizes shows a positive effect of the group intervention on quality of life. Detailed analyses of the data will be presented at this session.

This study was supported by the Deutsche Krebshilfe e.V.

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Abstract number: FC13.4
Abstract type: Oral

1There’s a Specialism as Well which Makes things Difficult Sometimes: Changes in Negotiating ‘Generalist’ and ‘Specialist’ Palliative Care Provision in England and New Zealand

Goff M.1, Inglisott O.2, Seymour J.3, Bellamy C.4, Gardiner D.5

1University of Auckland, Auckland, New Zealand, 2University of Sheffield, Sheffield, United Kingdom, 3University of Nottingham School of Nursing, Nottingham, United Kingdom, 4University of Auckland, School of Nursing, Auckland, United Kingdom

Background: England and New Zealand, in common with most developed countries, are facing significant challenges in ensuring adequate palliative care provision for ageing populations who are increasingly dying from conditions other than cancer. It is within this context that palliative care policy in both countries acknowledges the central role of non specialist palliative care provision in ensuring access to care for those who need it.

Aim: To explore understandings of, and the relationship between, ‘generalist’ and ‘specialist’ palliative care providers working within primary and secondary care settings.

Methods: Qualitative data were gathered via focus groups and individual interviews with 58 health professionals in England and 30 palliative care professionals in New Zealand. Participants in both countries comprised ‘generalist’ and ‘specialist’ palliative care providers working within primary and secondary care settings.

Findings: Few differences between the two countries were identified. Only specialist palliative care providers used the term ‘generalist palliative care’ and ‘generalists’ had difficulties defining both ‘palliative care’ and their specific role in this area. The view of palliative care provision as a valued component of the ‘generalist’ workload was challenged. For ‘generalists’ to assume a role in palliative care within acute hospital settings was seen as particularly difficult because of the curative focus of acute medical practice. Participants also identified that advising professional status to palliative care may have inadequately reduced generalists’ perceived responsibility for palliative care provision.

Conclusion: Our findings indicate a need to further understand and to define the role of the ‘generalist’ palliative care provision, including the unintended negative consequences of specialism.

Funding: National Institute of Health Research (UK); University of Auckland (New Zealand).

Abstract number: FC13.5
Abstract type: Oral

The International Visiting Scholars Program: Effectiveness of a 4-week Curriculum in Palliative Medicine

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1The Institute for Palliative Medicine at San Diego Hospice, San Diego, CA, United States, 2University of Auckland, Auckland, New Zealand, 3University of Sheffield, Sheffield, United Kingdom, 4University of Sheffield, Sheffield, United Kingdom

Background and aims: The International Visiting Scholars (IVS) Program was a pilot project to determine whether a 4-week course in palliative medicine (PM) would improve knowledge and skills in physicians from around the world. The 5 areas of focus were: basic PM knowledge and skills; teaching and presentation skills, and effective feedback; population-based model of palliative care; goal setting; and self-care/burnout avoidance.

Study design and methods: 21 physicians from 14 countries participated in 1 week of didactic and 3 weeks of bedside training in the intensive care unit, consultation, and home care settings. The 4 cohorts each completed online pre- and post-course evaluation and provided qualitative feedback. The objective evaluations of attitudes, concern, and knowledge were analyzed using the Wilcoxon Signed-Rank test. A ‘repeated measures with grouping factor’ analysis was performed to evaluate the individual knowledge scores by group. The Friedman test was used to evaluate the changes in competence at 3 time points.

Policy and Palliative Care in Africa - What Does the Landscape Look Like?
Dying in Europe: A Public Health Perspective on Palliative Care

Hasselaar J.

Aims: To develop a public health perspective on palliative care in Europe.

Methods: A model was constructed, based on the literature, to identify persons that may benefit from a palliative care approach and to consider differences across European countries.

Main outcome measures: It was measured to what extent people across European countries died from cancer and other chronic diseases in 2007. Additionally, detailed specification was given of which particular diseases people were dying from.

Results: Of 4.8 million deceased Europeans were included. In 2007, 2 out of 5 people died of cancer or other chronic diseases. Cancer counted for the majority of the deaths (26.2%). Additionally, it was shown that general crude death rates for cancer and chronic diseases in particular, largely vary across European countries indicating different needs for public health strategies on palliative care.

Conclusion: European policy makers should take into account that:

(1) palliative care for non-cancer deserves more attention.

(2) European countries may differ in their need for long and/or short palliative care strategies (3) norms on palliative care provisions in Europe should be based on the (expected) number of dying people in a country.

Costing Palliative Care Services in Romania

Masoyi D., Dumitrascu M., Titaru S.

Aim: To develop a costing framework for homecare and in-patient services in order to facilitate inclusion of palliative care services in the public funding scheme.

Method: Surveys of district insurers, health boards and palliative care providers using FOA was performed to inform about actual allocation of resources and cost/patient. Minimum standards for palliative care homebased services and inpatient units were developed with the National Palliative Care Coalition and agreed in a meeting. On this basis costing frameworks for palliative care in homecare and in-patient settings were developed with support from European experts. The frameworks were refined through consultation with economists from district boards. Advocacy at various levels was carried out.

Results: Public money was previously allocated only for in-patient services. The existing funding mechanism overcharged the amount ranging from 90 to 420 RON. There was no uniformity in data collection or the rendering of cost at district level. The new homecare/inpatient standards established the core team, workload/staff categories, contact time and minimum costs. Further funding needs, required for setting up homecare and in patient services. The agreed unit costs were per visit and episode of care for home care services and bed/day for in patient. Frameworks to calculate these unit costs were developed. They included staff cost, direct cost, indirect cost and set up cost of palliative care as a developing service in our country. Unit cost was 103 RON/visit and 329 RON/bed/night. On this basis the National Funding Body accepted the new cost calculation and included funding for palliative home based services in the public regulation allocating 100 RON/visit.

Conclusion: This is a major policy change achieved by the use of solid research grounded data. It is a foundation program in line with the strategy of the National Nursing Council.

Evaluation of the Marie Curie Cancer Care 'Delivering Excellence in Care' programme in the United Kingdom: Controversies, Politics and Evidence

Payne S., Seymour J., Inogleton C.

Aim: Problematic: Marie Curie Cancer Care, a UK based charity, implemented the Delivering Excellence Programme (DCP) in a number of areas across the UK starting in Lincolnshire in October 2004. A key objective of the DCP was to help providers and commissioners of palliative care to redesign services in order for patients to have more choice over their place of care and death.

Study design: Marie Curie Cancer Care commissioned an independent formative mixed methods evaluation involving: interviews, focus groups, documentary data from patients, family carers, nurses, GPs, key stakeholders. The study involved baseline evaluations prior to the DCP by 2007, and final evaluations after implementation of the DCP by 2009 in three areas: Lincolnshire, Tayside (Scotland) and Leeds. This paper presents a comparative analysis across all the evaluated sites, examining 9 complex interventions, drawing upon the RA-EIM framework.

Results: The evidence will be presented in five categories:

- Reach: the extent to which the DCP reached its intended audience
- Effectiveness - improvements or adverse effects of the DCP
- Adoption - the extent to which the DCP was taken up in various parts of the country
- Implementation - the extent to which the DCP was delivered as intended
- Maintenance - sustainability of the change attributable to the DCP at both individual and organisational levels

Conclusions: The DCP interventions tended to focus on:

- co-ordination of care; delivery of high quality of care in all settings; care in the last days of life.

- Multi-disciplinary, co-ordination of care, improved communication and access to sites in which DCP interventions were introduced. In addition, it is clear that because of the whole systems approach taken, the DCP is valuable for change, even if at times this was a painful and difficult process.
used a systematically developed and piloted questionnaire to measure public preferences and priorities for end of life care. We sampled households using random digit dialling and interviewed 9,270 subjects aged ≥16 in Germany, England, Netherlands, Belgium, Portugal, Spain and Italy. We assessed preferences in a scenario of serious illness with < 1 year to live. Data were analysed using descriptive & bivariate statistics.

Results: Home was the most preferred place of death in all countries (83% in the Netherlands to 56% in Portugal), followed by hospices/palliative care units (29% in England to 8% in Belgium). The least preferred place of death was hospital in England, Belgium, the Netherlands, Spain (41, 40, 35, 29%), and care homes in Portugal and Italy (30 and 26%). No single factor influenced a preference to die at home across all countries. In England, home was more often the preferred place for younger and healthier people (p < .001 and .03), those separated/divorced and with no experience of family/friends’ death in the last 5 years (p=.009 and .02). Hospital was more often the least preferred place for younger people, women and those with higher education in the Netherlands (p=.005, .003 and .02); and for women in Belgium (p=.01). Preferences of people who reported having a serious illness did not differ from those without a serious illness.

Conclusions: This is the first survey to demonstrate key commonalities and considerable cross-national variation in EU citizens’ preferences for where to die, and in how they rank their preferences. Service planners should consider this when organising palliative care services, and also the way in which facilitating conditions affect preferences in their country.

Abstract number: FC14.5
Abstract type: Oral

Outpatient-based vs. Hospital-based Palliative Care in America: A Prospective Comparison of Patient Needs between Service Delivery Locations

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Research aims: In America, non-hospice palliative care is predominantly a hospital-based consultative model (HBPC). Outpatient-based palliative care (OBPC) is growing to meet the increasing palliative care needs of community patients. Most available data focuses on inpatients; we explored how this compares to the growing outpatient palliative care population.

Methods: Standardized prospective data were obtained during all consultations from 5/08 to 7/10 from 1 HBPC and 2 mixed model sites in The Carolinas Palliative Care Database. Comparisons focused on the first OBPC or HBPC consultation; descriptive statistics, Fisher’s exact test and chi square analyses were used.

Results: 3441 patients were included (OBPC=1033; HBPC=2408). Groups did not differ significantly by age or gender. Fatigue, anorexia, and pain were the most common symptoms in both groups. Presence of any fatigue severity was significantly higher in the OBPC group (86% [95% CI: 84-88] vs. 69% [95% CI: 67-72], p<0.0001); although moderate/severe fatigue didn’t differ between groups. Moderate/severe anorexia was significantly higher in HBPC (42% [95% CI: 40-45] vs. 26% [95% CI: 24-29], p<0.0001). Pain was more frequently reported in OBPC (51% [95% CI: 48-54] vs. 39% [37-41], p<0.0001), although pain requiring intervention didn’t differ between groups. Depression across all severities was significantly more prevalent in OBPC (p<0.0001). Palliative Performance Score and quality of life were lower in HBPC (both p<0.0001). Reasons for consultation differed greatly; OBPC referrals were more commonly for symptom management and psychosocial needs while HBPC concerned goal-setting and end-of-life issues (p<0.0001).

Conclusion: In America, there are unique symptom management needs and consultation goals for OBPC vs. HBPC. There are differing roles for these palliative care models; staffing expertise must be matched to patient populations and needs. Funding provided by a grant from The Duke Endowment.
Poster discussion sessions
Poster Discussion Sessions

**Free Communication – Poster Discussion I**

**Abstract number:** PD1.1

**Abstract type:** Poster Discussion

**Title:** Giving the End-of-Life Back to People: Advance Care Planning in Flanders

**Introduction:** Advance care planning (ACP) concerns a process of thinking and communicating between patients and professionals about future care. The last decades ACP receives more and more attention as a mean to improve care at the end of life. Research indeed has shown that ACP improves patient and family satisfaction with care and reduces anxiety, depression, and stress in surviving relatives. Yet, in Flanders (Belgium) a generally accepted framework for ACP was lacking.

**Aims:** Therefore the Federation of Palliative Care Flanders 'Casa Sperantei', Medical, Brasov, Romania

**Results and Discussion:**

**Conclusion:**

**Abstract number:** PD1.2

**Abstract type:** Poster Discussion

**Title:** The Impact of an Incurred Illness on Patients’ Personal Development

**Gateau I.**

**Hospice ‘Casa Sperantei’, Medical, Brasov, Romania**

**Aim:** To explore personal development and specific needs of patients with an incurable illness.

**Methodology:** A survey of patient notes was completed including content analysis of illness narratives and of semi-structured focused interviews. The participants were hospice patients.

**Results:** The narrative of the patient's illness was found to be divided into two parts: the first part reflects the patient’s individual needs and the second part reflects the support people and services provided by professional caregivers.

**Conclusion:**

**Abstract number:** PD1.3

**Abstract type:** Poster Discussion

**Title:** Needs Assessment for Palliative Care Services in a Tertiary Referral Hospital in Sub-Saharan Africa: Opportunity to Reach Out to Those in Need of Palliative Care

**Lewington J.**

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**Aims:** To identify palliative care need in a Uganda hospital to assist service development.

**Methods:** A survey of patient notes was completed on four wards. Patients were interviewed using a structured questionnaire concerning physical, psychosocial and spiritual need. The palliative care framework was aligned with the model developed by the hospice for India which is likely to be suitable for the patient’s needs. This included HIV/AIDS, malignancy and chronic organ failure. Inclusion criteria were patients 13 years and older with available notes. Patients with no available interpreter were excluded. Data were entered into SPSS for analysis.

**Results:** Of 267 patient notes examined, 122 (46%) were found to have an active life limiting disease. The most prevalent diagnoses were HIV/AIDS (142/172, 61%), then cancer (22/122, 18%), renal failure (11/122, 9%), liver failure (11/122, 9%), chronic obstructive pulmonary disease (1/122, 1%). 78% of 122 patients consented to be interviewed. The commonest reported symptoms were lethargy/weakness (36%), pain (69%) and cough (62%). Of patients with high pain scores (37%, 47%) three received oral morphine. Social problems included limited food (31%), and unemployment (14%). The most patients worked to make $72,929 and had no satisfactory medical services (39%, 50%). All cases with a high pain score (76%) found strength in this but 33% expressed need for increased faith support.

**Conclusion:** The prevalence of ALL reported here (46%) is greater than reported in European studies (12-23%). This reflects the increased disease prevalence, presentation at a later disease stage and increased access to treatment services in Sub-Saharan Africa. There is need for symptom control, food, financial assistance and spiritual support. Service development should be tailored to meet this need.

**Abstract number:** PD1.4

**Abstract type:** Poster Discussion

**Title:** Serum Concentrations of Opioids when Comparing Two Switching Strategies to Methadone for Cancer Pain

**Moksnes K.**

**1Pain and Palliation Research Group, Norwegian University of Science and Technology (NTNU), Department of Circulation and Imaging, Trondheim, Norway, 2Pain and Palliation Research Group, Norwegian University of Science and Technology, Department of Cancer Research and Molecular Medicine, Trondheim, Norway, 3St.Olav’s Hospital, Department of Oncology, Trondheim, Norway, 4Telemark Hospital, Department of Medicine, Palliative Medical Unit, Skien, Norway, 5Sunniva Clinic for Palliative Care, Haraldsplass Deaconess Hospital, Bergen, Norway, 6Department of Biomedical Sciences, Norwegian University of Science and Technology, Department of Laboratory Medicine, Workforce, Health, Trondheim, Norway, 7Pain and Palliation Research Group, Norwegian University of Science and Technology, Department of Circulation and Medical Imaging, Trondheim, Norway, 8St.Olav’s Hospital, Department of Anesthesiology and Emergency Medicine, Trondheim, Norway**

**Aim:** Pharmacokinetic aspects of two switching strategies from morphine or oxycodone to methadone were compared; the stop and go (SAG) and the 3-days switch (3DS) strategy.

**Methods:** 42 cancer patients were switched from morphine or oxycodone with pain and/or side effects were randomized in this prospective, open, parallel group study. The methadone dose was calculated using a dose dependent conversion ratio. Trough serum concentrations of total methadone, R-methadone, morphine 6-glucuronide and oxycodone were measured day 1, 2, 3, 4 and 7. Primary outcome was the number of patients with methadone free days. The patients were randomized in this prospective, open, parallel group study. The methadone dose was calculated using a dose dependent conversion ratio. Trough serum concentrations of total methadone, R-methadone, morphine 6-glucuronide and oxycodone were measured day 1, 2, 3, 4 and 7. Primary outcome was the number of patients with methadone free days. The patients were randomized in this prospective, open, parallel group study. The methadone dose was calculated using a dose dependent conversion ratio. Trough serum concentrations of total methadone, R-methadone, morphine 6-glucuronide and oxycodone were measured day 1, 2, 3, 4 and 7. Primary outcome was the number of patients with morphadone free days. The patients were randomized in this prospective, open, parallel group study. The methadone dose was calculated using a dose dependent conversion ratio. Trough serum concentrations of total methadone, R-methadone, morphine 6-glucuronide and oxycodone were measured day 1, 2, 3, 4 and 7. Primary outcome was the number of patients with morphadone free days.
and fully transcribed. Qualitative descriptive analyses.

Results: The interviews were finished in September 2010. Mean age of the participants (14 female, 11 male patients was 71.98 years. Living conditions: 13 alone, 5 with spouse/relatives, 3 assisted living and 4 in nursing homes. Ongoing qualitative analyses. The findings as well as experience in conducting the interviews will be presented at the congress.

Conclusion: To improve our understanding of the experience of older patients with advanced heart failure within the framework of the German healthcare system, and help to develop future models of appropriate palliative and end of life care services. The study will be continued (longitudinal design) up to 18 months with interviews every 3 months to explore changes of the patient perspectives over time when the disease progresses.

Funding: Robert Bosch Foundation

wherever They May Be! An Audit of All Deaths in All Settings

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Background: The End of Life (EoL) Care Strategy 2008 suggests the terminal ill should be included on a care plan where the patient or EoL carer, should be respected and integrated care pathways for the dying (ICP) should support all expected deaths. In 2006 a retrospective audit of all cancer deaths looked at these, but only accounted for a quarter of all deaths.

Aim: To see how these three standards were met in the local area for all deaths.

Method: May-July 2009 data was collected on local death, from all causes in all healthcare settings. An audit proforma was completed by a specialist palliative care service clinician, from the clinical records & speaking directly to health professionals who were involved in care or who had supported the patient.

Results: 560 audit forms were completed (approx 800 deaths), 169 (30%) cancer, 242 (43%) male & 458 (82%) over 65 years of age. 72 (13%) sudden deaths in apparently previously well patients, 83 (15%) predictable deaths after a short illness and in 15 (3%) a complete information was unobtainable.

The remaining two groups were those with advanced disease or multiple co-morbidities. 242 (43%) expected death after steady decline & 148 (26%) unpredicted rapid decline. The results of the analysis showed that the extent to which the ICP principle is presented here.

Conclusions: 64% cancer & 8% non-cancer, non sudden, deaths were on an Eol register. A preferred place of care is more likely to be known for cancer patients but a PPC of ‘home’ is more likely to be met in non cancer & those living alone. 90% are patient & carer & agree. An ICP more likely to support dying in those where death is from cancer, is predicted, is outside hospital, whose dying is not diagnosed more than 48 hours before it happens & where the patient is on an Eol register or known to specialist palliative care services.

Free Communication – Poster Discussion II

Antibiotic Therapy within a Specialist Palliative Care in-patient Unit – Too Much of a Good Thing?

O’Reilly V., Gleeson A.1
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Background: Infection is frequent in patients with significant impact upon quality of life. Antibiotic therapy can play a pivotal role on reducing symptom burden but also associated with adverse effects and higher rates of nosocomial infection.

Objectives: To evaluate the incidence of infection and antibiotic use in an in-patient hospice within an independent hospice population. To determine current patterns of antibiotic prescribing with view to intervention development of a contemporary antibiotic policy.

Methods: Case notes of 48 consecutive admissions over an 8 week period in 2004 and a retrospective review with extraction of relevant data pertaining to diagnosis and treatment of infection. Outcome measures included rate of completion of antibiotic course, documentation of symptomatic benefit within case-notes, death within 7 days of treatment discontinuation and documentation of adverse effects.

Results: 48 discrete episodes were diagnosed amongst 62% (n=30) patients admitted with length of stay ranging between 2-80days. Antibiotic therapy was received in 91% (n=44) of cases. Empiric treatment was usual and oral monotherapy (n=12,68%) favoured over parenteral

Artificial Hydration at the End of Life? A Q-methodology Study

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Context: Artificial hydration (AH) is used to palliate patients with reduced fluid intake at the end of life but is a controversial practice. Patients’ involvement in decision making varies and little is known about patients’ understanding of the benefits and burdens of AH.

Objectives: To identify the factors that patients consider most important when making decisions regarding artificial hydration (AH) at the end of life.

Methods: Interview study using Q-sort methodology contacted with 10 patients who advanced disease. Participants in a Q methodology study are given a a number of statements about the topic in question. Respondents are asked to rank-order the statements according to the extent to which they agree with them (Q-sorting.) Completed Q sorts are subject to factor analysis in order to identify the number of natural groupings of Q sorts by virtue of their being similar or dissimilar to each other. People with similar views on a particular topic will agree to the same factor.

Results: Several domains appear to influence a decision about AH: the patient’s understanding of AH, their phthisis, and the end of life care process of discussion, and who makes the final decision. Patients generally based their decision on whether AH would improve quality of life through prolonging life was important for some. Hydration was not a considered burden. Many would want a trial of AH in the event that they could no longer drink. Patients wanted to be guided by medical opinion. All patients welcomed the opportunity to discuss AH.

Conclusion: Patients regard AH as an important issue and are keen to be involved in decision making. Healthcare professionals may with hold AH at the end of life because they do not want to burden on patients though this is not shared by patients. Some patients lack understanding regarding the likely benefits of AH. Research must examine the impact of clinical information regarding AH on patients decision making is now needed.
route. Symptomatic benefit was documented within 72 hours in 45% (n=20) of cases with ESAS reflecting a reliably good. Symptomatic benefit was documented within 72 hours in 45% (n=20) of cases with ESAS reflecting a reliably good. Symptomatic benefit was documented within 72 hours in 45% (n=20) of cases with ESAS reflecting a reliably good.
Exercise Programme for the Management of Cancer-related Fatigue in Palliative Care Patients: A Pilot, Randomised, Controlled Trial

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1Nicolaus Copernicus University, Collegium Medicum, Bydgoszcz, Poland

**Research aims:** Cancer-related fatigue (CRF) is a common and relevant symptom in palliative care patients, significantly decreasing patients’ quality of life (QOL). The management of CRF is difficult because it is not yet fully explained and it has a variety of causes. The aim of this pilot study was to evaluate the effect of exercise program, as an adjunct physiotherapy, on CRF.

**Study design and methods:** The study was designed as a randomized controlled trial (RCT). Thirty advanced cancer patients receiving palliative care were randomly assigned to an exercise (n=15) or control (n=15) group. Fatigue was assessed by Brief Fatigue Inventory, pre and post a 2-week physiotherapy intervention. In addition, Handgrip Strength Test with the use of hydraulic dynamometer was performed in all the participants. The exercise group trained three times a week. The program included: active, breathing, and relaxation exercises.

**Results:** Exercise program caused global fatigue scores reduction (BFI) and it concerned both the severity of fatigue and the impact of fatigue on daily functioning. In the control group no significant changes in global fatigue scores (BFI) were observed. Moreover, in the exercise group the handgrip strength improved. None of the patients complained about their worse physical state due to the performed exercises.

**Conclusion:** Physiotherapy program including active, breathing, and relaxation exercises, had beneficial effects on cancer-related fatigue in advanced cancer patients, who received palliative care. Therefore, it positively influenced their daily functioning. The results of the study suggest that physiotherapy treatment is a safe and effective method of CRF management. This pilot study gives the reasons for further randomized controlled trials assessing the effectiveness of physiotherapy in reducing cancer-related fatigue.

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**How We Have Managed to Reach out to the Disadvantaged People who Need Palliative Care**

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**Background:** The HIV/AIDS pandemic has sharply increased the number of patients needing palliative care, which called for the national Hospice Palliative Care Association (HPCA) to strategise to meet this demand. This led to a strengthening of relationships between HPCA and relevant government and non-government organisations at local, provincial and national levels.

**Issues:** Palliative care is an essential component of a comprehensive package of care for people living with HIV/AIDS because of the variety of symptoms they can experience. In communities the absence of palliative care places a needless burden on hospitals or other clinical resources.

**Research aims:** One of the main activities is to sustain an on-going liaison with relevant government officials. Partnerships with state and non-governmental organisations include the sharing of resources, capacity building, promotion of referrals and working with tertiary institutions to include palliative care in under and post-graduate training courses.

**Methods:** To raise the awareness of palliative care the organisation has:

- Influenced policy makers to promote access to palliative care by working with the Departments of Health, Correctional Services and Defence.
- Identified and educated civil society partners to promote access to palliative care by working with the SA Nursing Council, traditional healers and Faith Based Organisations.
- Influenced universities to include palliative care in their curricula and private health facilities to include palliative care in caring for patients.

- Increased public awareness through Hospice Week and World Hospice and Palliative Care Day.

**Results:** Increased awareness of the role of palliative care. An increase in the number of patients and families receiving palliative care. Increased referrals from public and private hospitals and NGOs.

**Conclusion:** MOUs have been signed with departments of health and other stake holders.
Poster sessions (Thursday)
Using Mobile Phone Technology to Assess Symptoms in Patients Receiving Palliative Care, the Advanced Symptom Management System (ASYMS©)

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The use of telehealth can empower individuals experiencing life-limiting illnesses, and their carers, by facilitating the provision of real-time communication between patients and health care providers. The ASYMS© system, developed by the authors, is an innovative, nurse-led tool that aims to improve patient outcomes and enable nurses to deliver high quality, evidence-based, multi-professionally supported care. This study aimed to test the ASYMS© system for the management of symptoms in patients receiving palliative treatment at home and assess the feasibility and acceptability of the system within practice.

Design & methods: The study followed the prospective design and incorporated a mixed methods approach, advocated for the evaluation of new technologies within healthcare. Phase 1: development intervention; Phase 2: development of tool, trial, focus groups; interviews with patients, carers and clinicians; Phase 3: development of software into mobile phone; testing of system with patients and HCP’s in 2 areas of Scotland; to assess suitability of core measures for use in a future RCT, 4 standard outcome measures used; POS; Self care efficacy scale; state trait anxiety; FACT-Pal. Data collected from 16 Oct 2009 to 10 Feb 2010. In one month of care, patients completed the symptom questionnaire using the mobile phone and the ‘real time’ symptom information sent to the study server. The risk model identified symptoms reports of concern. Patients completed outcome measures and perception questionnaires for 5 random samples of patients, HCP’s and carers interviewed.

Results: Early results (complete Dec 2010) indicate ASyMS© tool improves care, with significant reduction in documentation time. The system allows patients to easily and quickly report symptoms which are then automatically sent to the relevant HCP’s. The system provides easy access of symptoms, which are more quickly identified by the HCP’s and carers interviewed.

Conclusion: Current technology can improve patient care for palliative patients. Further piloting of the system is needed.

Abstract number: P3
Abstract type: Poster
An Examination of Verbal Descriptors in Cancer Induced Bone Pain

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Background: Cancer induced Bone Pain (CIBP) is a common cause of pain in cancer but the clinical diagnosis can be a challenging. Traditional textbook teaching is that patients use particular words to describe CIBP such as dull or aching; however the verbal descriptors of CIBP may vary according to the site and type of pain. This study was designed to explore verbal descriptors of CIBP using an established, systematic fashion. Accurate verbal descriptors may assist in the diagnosis of CIBP. The aim of this study is to identify patients’ CIBP descriptors of CIBP.

Methods: A secondary analysis of data from two studies in CIBP. Patients had radiological proven bone metastases and pain at the corresponding site. Patients completed the McGill Pain Questionnaire (MPQ) and the Brief Pain Inventory (BPI).

Results: Data were available on 120 patients; 61 (50.8%) female, mean age of 63.7years (SD 12.2). Words from the “dullness” section of the MPQ (dull, sore, hurting, achy, wearying) were the most commonly reported, 84 (70%) patients. Patients with higher BPI scores (19 patients, mean BPI 71.6 (SD 18.6)) tend to use descriptors from the ‘pain’ section of the fear (fearful, frightened or terrifying) of the MPQ. Patients with lower mean BPI scores (25 patients, mean BPI 51.3) use descriptors from the ‘numbness’ section of the MPQ (numb, cold, anesthetic). Analysis of the answers revealed that patients used words from the fear section (fearful, frightful or terrifying). Prospective studies examining descriptors of CIBP would be an important next step. This may allow the development of a comprehensive assessment tool for CIBP.

Conclusion: The project VOICES-SF was further revised following these consultations. This resulted in a reduction from 100+ questions to 50. VOICES-SF was then used in a pilot survey of 1446 deaths in Southern England (including, for the first time, on-line completion), which included around 200 interviews were conducted with 20 respondents. VOICES-SF was further revised following these interviews, and questionnaire analysis.

Conclusions: VOICES-SF provides a useful measure of the quality of service provision at the end of life for bereaved relatives. Advice on its use will be provided.

Funder: The Department of Health.

Abstract number: P5
Abstract type: Poster
Use of Outcome Measures in Palliative Care in Africa: Results of an Online Survey

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Aims: In 2008, the Department of Health of End of Life Care Strategy. Rigorous attention to the principle that question responses should be able to lead to action ensured a reduction from 100+ questions. VOICES-SF was then used in a pilot survey of 1446 deaths in Southern England (including, for the first time, on-line completion); around 200 interviews were conducted with 20 respondents. VOICES-SF was further revised following these interviews, and questionnaire analysis.

Conclusions: VOICES-SF provides a useful measure of the quality of service provision at the end of life for bereaved relatives. Advice on its use will be provided.

Funder: The Department of Health.

Abstract number: P5
Abstract type: Poster

The Development and Introduction of Two New Palliative Care Outcomes Measures: Designed for Use in Palliative Care Services

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Aim: Valid, reliable measurement of the outcomes achieved by palliative care services is essential. However, identifying the specific outcomes that are relative is challenging. Partly this is because many palliative care patients are too ill to cope with existing questionnaire methods. Another problem is the difficulty of re-designing a new tool, which makes it difficult to demonstrate whether a move to a palliative care setting has changed the quality of the patients experience.

Action: Our service has developed two outcome measures specifically for use in a palliative care setting, either in patient or community-based. The first of these (SKIPP) is a new 11 question instrument for use with patients. It assesses a small number of key palliative care outcomes and uses the principles of patient-generated quality of life measurement. SKIPP is not a measure of an underlying concept of ‘quality of life’ or a comprehensive inventory of palliative care outcomes, but is designed to detect whether and how the service has improved for the patients receiving care, their perspective, as from a single use it compares patient-identified concerns at two time points. The second measure is the second component of the established VOICES questionnaire, for use with bereaved relatives.

Results: SKIPP was tested twice on samples of hospice in patients and community services. It was acceptable to patients and detected change over time, unlike an existing scale administered alongside it.

Conclusion: The combination of SKIPP and VOICES provides for the first time a validated, sensitive method of assessing patient and carer outcomes in palliative care and demonstrating the contribution that a service has made to the wellbeing of both these groups. They have been accepted as quality measures by the hospice by its Health Service Commissioners and are incorporated in the service’s electronic patient record. It is hoped that increasing the availability of information delivering end of life care will adopt these tools, offering opportunities for benchmarking.

Abstract number: P6
Abstract type: Poster

Poster sessions (Thursday)
Background: Measurement of end-of-life care (eolc) on patients & families is key to high quality care & research. Yet little is known about the experience of professionals using outcome measurement instruments (OM) in Africa where eolc research is under-developed & under-resourced. Therefore within the PRISMA project, an online survey was undertaken in order to identify which OM were being used in Africa.

Methods: A questionnaire was developed for a similar survey in Europe addressing the use of OM, & adapted for Africa. Invitation emails were sent out in Jan 2010 with a reminder in Feb 2010. Participants were sampled through the APACA contacts database.

Results: Over 300 invited contacts (40%) from 24 countries responded, with 78% of respondents having used OM in clinical practice (65%), research (12%) or both (28%). The main reasons for not using OM were lack of guidance/training on using & analyzing OM, with 49% saying that they would use them if this was given. 40% of those using OM in clinical practice used the POS, & 80% used them to assess, evaluate & monitor change. The POS was the main tool used in research with the main criteria for use being whether it was validated in Africa, access to the tool & completion time. Challenges to the use of tools were shortage of time & resources, lack of guidance & training for the professionals, poor health status of patients & complexity of OM. Researchers also had problems relating to the use of OM. The APACA African POS was seen to be a valuable tool for measuring outcomes.

Conclusions: This was the first survey on professionals views on OM in Africa. It showed that a variety of tools are used, with the APACA African POS being the most frequently used & supported by need to help professionals utilise OM in palliative care, however, it is clear that they have an ongoing & important role in palliative care in Africa.

Abstract number: P7
Abstract type: Poster

The Conceptual Content of Spiritual Measures Validated Cross-culturally in Palliative Care: A Model to Guide Research and Practice

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Aims: To explore the concepts used to measure spiritual outcomes in tools validated in cross-cultural palliative care populations, in order to inform our understanding of spirituality in the palliative care arena.

Design: Systematic review to identify spiritual measures validated in cross-cultural palliative care populations in order to build by qualitative content analysis of identified tools.

Methods: 8 databases were searched to identify research on validation and research studies, using search terms in 3 categories: palliative care, spirituality, outcome measurement. Included tools were those validated in cross-cultural settings, including in palliative care and support from regional authorities. The study was carried out in accordance with the PRISMA guidelines.

Results: The study found a range of measures of spirituality with different levels of validity. There appears to be a lack of validated instruments available for use in cross-cultural palliative care research and practice.

Conclusions: The study found that there are only a few, mainly descriptive, European studies on palliative care populations residing in a long-term care facility. Most instruments were used as proxy ratings. Symptom (management) was the most frequently measured outcome. There is a lack of consensus on the definition of the palliative care population in long-term care facilities, which might have affected the findings of this study. This is due to the fact that not all studies on a population residing in a long-term care facility were described as a palliative care or terminal population and, therefore, were excluded from the analysis. This has been repeated in the previous study.

Abstract number: P7
Abstract type: Poster

Building Community-centred Care: Examination of a Palliative Care Network in Ontario, Canada

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Background: In Ontario, a palliative care network (PCN) has been developed in each healthcare region to create palliative care (PC) systems that are more cost-effective and responsive. However, organizing care across these large areas tends to marginalize smaller communities. We examined a PCN that used the Ontario Health Quality Improvement (OHQI) model to identify and build capacity for PC in each distinct community in the region, with the goal of achieving an integrated PCN.

Methods: We evaluated the PCN at structural (administration) and process (health care provider) levels using quantitative & qualitative measures. Validated survey instruments were used to capture administrator and provider perspectives for evidence of interprofessional collaboration, Palliative care education and other indicators of quality PC. In-depth data collection also involved document review and interviews with the network execution team and PC providers.

Results: Data were collected from 80 providers and 20 administrators. The PCN has identified natural community boundaries, which will be used to create 14 distinct communities at different stages of development within the region. Despite some key features to efficient PC delivery across the region, i.e., common assessment tools, our findings at process and structural levels were generally favourable. To provide decision-makers with actionable information, we will provide recommendations for improvements in interprofessional collaboration, education and other indicators of quality PC.

Conclusions: The study has taken a community development approach to recognizing specific needs in each local area. Change is gradual & difficult to implement, & may negatively affect PCN functioning, thus require further consideration.

Abstract number: P7
Abstract type: Poster

“Palliative Prognostic Score, PPS”, an Useful Tool in Clinical Practice

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Aims: To evaluate PPS (practical) usefulness in improving clinical prognosis. PPS: 30 days predictive survival tool, which evaluates subjective and objective performance status, KPS, symptoms (anorexia, anorexia syndrome). Tool: PPS: Including Karnofsky Performance Status, KPS, symptoms (anorexia, dysphagia, weight change, leucocytes, % lymphocytes), and clinical assessment by the clinician. The score obtained was distributed in 3 subgroups: A-<60%, B-60%<70%, C-70%<90%. Statistics: Positive predictive value PPV, which determines prognostic accuracy, FPPS, Kaplan-Meier log-rank test to compare subgroups and Cox proportional hazards model.

Results: 80 evaluated/assessed patients (34 of them with anaesthesia-anorexia syndrome). Mean age 70.2 years: 70.0-75.0, range 24-97, 45±11.6, median 60.49 years. There was a high survival rate, mainly due to an adequate treatment. The PPS score was determined in several tools (e.g. outlook on life, the connection to God, spirit or supernatural being (n=4). Peace with God (n=5); life worth/value (n=4); belief in the future or the world (n=8 tools); meaning/the purpose of existence (n=3 tools). The most prevalent concepts identified were: outlook on life, the connection to God, spirit or supernatural being (n=4). Peace with God (n=5); life worth/value (n=4); beliefs in the future or the world (n=8 tools); meaning/the purpose of existence (n=3 tools). The most prevalent concepts identified were: outlook on life, the connection to God, spirit or supernatural being (n=4), Peace with God (n=5); life worth/value (n=4); beliefs in the future or the world (n=8 tools); meaning/the purpose of existence (n=3 tools).
Methodology to Help Collegial Decision-making: Experience after 10 Years Using the DDE (Décision après Démarche Ethique à: Decision after Ethical Approach)

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Introduction: The Décision après Démarche Ethique (DDE à: decision after ethical approach) has been published in 2001. It is the first French-speaking structured methodology to help decision-making in cases of conflicting values. The DDE draws on the works by the founders of the palliative care movement, and the principles of clinical ethics. It is a practical tool used in healthcare units, in acute pain services or in geriatrics in cases of ethical conflicts and is included in legal decision-making proceedings.
Method: Interviews have been conducted with 17 professionals who use the DDE. The interviews have been associated with a retrospective analysis of 50 decision made, documented in files and indicating the help brought by the DDE.
Results and discussion: The DDE is a methodology help: it categorizes and prioritizes questions, it organizes the evaluation, it forces to devote time to it and to the examination of the specifications, it encourages the team to work in interdisciplinar ways. The number of new decisions that were not planned but adopted in the end (15%) and the number of decisions made in disagreement with the team head (15%) show the relevance and the efficiency of the DDE.
But this study shows that the DDE poses a problem for teams which have not integrated a "real team-functioning": when there is a lack of listening and of mutual respect, the decision is made on the basis of the decision of one single doctor on its own, the DDE can even become a pretence for team work. Moreover, the dichotomy values are not always spotted as doctors and medical staff refuse obstinately and unreasonably to miscommunicate. This dichotomy, therefore, is not always experienced as a problem by the figures (unlike scales).
Conclusion: The DDE is one of the rare published, practical, field-adapted tools, that offers a collegial decision-making methodology, including criteria of conflicting values. Yet this "doctor-medical staff" decision will remain unique, patient-oriented.
Health Care Professionals’ Use and Perceptions of the Utility of a Standardized Symptom Assessment System for Oncology Patients

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Purpose: Patients struggle with the physical and emotional strain caused by advanced cancer symptoms. The Edmonton Symptom Assessment System (ESAS) is a validated measure of symptom burden in palliative care that has been adopted into Ontario’s cancer centres to assess symptoms for cancer patients. This study examined the perceived value and barriers of ESAS among clinical teams towards improving patient care and the relationship between ESAS scores and documented clinical actions.

Methods: Self-completed surveys were administered online to clinical teams at a large cancer centre in Greater Toronto and a chart audit was performed of a random sample of breast and lung cancer patients seen in clinic (20%) with advanced disease, respectively, and stratified by four ESAS score groups each for pain and dyspnea.

Results: A total of 130 nurses, oncology physicians, and allied health professionals completed the survey. The majority of nurses (89%), physicians (55%), and other (57%) providers reported referring to ESAS in cancer care settings. “Always” or “most of the time” was chosen by those who either “never” or “rarely” looked at ESAS scores reported finding it more efficient to talk to the patient or do their own assessment to determine symptom issues. The chart audit captured clinical activities from 912 visits (372 breast / 276 lung cancer patients) with 26% seen in clinic (26% / 80% with advanced disease). ECOG 3 patients died shortly after standard treatment for brain metastasis from lung cancer. Whole brain radiotherapy (WBRT) was a standard treatment for brain metastasis. 7% of the medical letters mentioned a performance status score.

Discussion: Espiritshadan present a strong argument in favour of the need for a comprehensive holistic assessment of supportive and palliative care needs. A systematic review of the literature was undertaken to research the evidence base. Aim(s): To provide an overview of holistic needs assessment in the fields of supportive and palliative care.

Method(s): A comprehensive systematic review of the literature was undertaken to identify both published and unpublished material on holistic assessment tools in supportive and palliative care. The following sources were searched; electronic databases; grey literature sources; hand-searching of key journals; and contacting experts in the field.

Results: A total of 63 papers were included in the review. There is overwhelming evidence to suggest that patients with cancer need non-malignant chronic progressive illnesses can experience some very distressing symptoms, issues and problems, which can often remain unrecognized. There is little disagrement that routine systematic questioning is useful in identifying symptoms, problems and issues, that would otherwise not be identified by other means, such as during a routine consultation, or by using open-ended questions. The need for systematic questioning is essential if holistic needs are to be identified and addressed. Recommendations for holistic assessment are also presented.

Conclusion(s): This review has presented a strong argument for the need for a comprehensive holistic assessment of supportive and palliative care needs. There is evidence to suggest that further research is needed on the clinical utility of tools. Early identification of and monitoring of symptoms is only useful if effective treatments exist. Programs/systems are in place and to be identified needs, and we must consider and evaluate new methods to achieve practice change.
Abstract number: P21
Abstract type: Poster

FAMCARE - 2 Translation and Cultural Adaptation for Use in Sweden: Back-translation Relevance

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Background: Cancer accounted for 13% of the deaths in the world in 2007. Research reports that depression, fatigue and mood disturbance are common in family caregivers. The FAMCARE scale has been previously translated into several languages and is a reliable and feasible instrument with adequate psychometric properties in cancer patients.

Translation and adaptation of the instrument into the second language requires researchers to go beyond the literal translation and translation to a translation that captures the connotations of the original language. The Brislin’s model introduced in 1970 consists of translation, back-translation and using an expert committee to discuss discrepancies in translations. Back-translation has been used as an essential tool for evaluating the feasibility of translated instruments. It is not devoid of error however, and some argue that the back-translation is optional. The aim of this study is to translate and culturally adapt the FAMCARE Scale for use in Sweden and evaluate whether the back-translation method generates valuable insight motivating its use.

Method: For the translation and cross-validation of the FAMCARE instrument, the Brislin guidelines by Guillemin, Bombardier and Beaton will be used. Firstly the instrument will be translated into Swedish as the forward-back-translation and validated by a bilingual team of experts. A review committee will discuss and compare the different translated versions. Pre-testing of the instrument is conducted on a small population using both versions of the translated instrument. A multi professional expert committee meeting will be held to collectively look into the back-translation to English. A review committee will discuss and compare the different translated versions. Pre-testing of the instrument is conducted on a small population using both versions of the translated instrument. A multi professional expert committee meeting will be held to collectively look into the back-translation to English. A review committee will discuss and compare the different translated versions. Pre-testing of the instrument is conducted on a small population using both versions of the translated instrument. A multi professional expert committee meeting will be held to collectively look into the back-translation to English. A review committee will discuss and compare the different translated versions. Pre-testing of the instrument is conducted on a small population using both versions of the translated instrument. A multi professional expert committee meeting will be held to collectively look into the back-translation to English.

Results: From a total of 398 patients admitted in the department, 211 patients took part in the study (53.0%). Demographics: 46.9% men, 53.1% women, 83.4% urban home, 15.6% rural home, 36.4% had higher education, 12.5% primary education and secondary education, 15.2% had higher education. Physical needs: 77.7% had fatigue, 57.3% pain, 41.3% nausea and vomiting, 37.5% constipation, 51.9% diarrhea. Psychosocial needs: 59.7% anxiety, 55.5% sadness, 50.7% insomnia. Social needs: 70.6% decreased functioning due to the illness, 55.3% insufficient income for buying medication, 5.3% insufficient income for food, 55.7% insufficient income for home maintenance. Spiritual needs: 36.3% from patients feel not in peace, 57.3% have not support for home maintenance.

Conclusion: The identified needs were in the 4 areas, over 6% of the patients had uncovered basic social needs - food and shelter, needs beyond the scope of any patient report. The model of the FAMCARE instrument is valid for the Swedish population as the needs were identified to be present in a majority of the patients enrolled in the study.

Abstract number: P22
Abstract type: Poster

Validation of the Spanish Version of the Oral Assessment Guide (OAG)

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Introduction: Oral care assessment is a key aspect to professionals when dealing with oncology and palliative care patients. The Oral Assessment Guide (OAG) (Fossman et al 1998) is an instrument designed to assess oral care in patients with cancer. A Spanish version has not been yet validated.

Aim: Validate the Spanish version of the OAG by translation and back-translation evaluation on the psychometric properties of the scale in cancer patients.

Methodology: The translation process was obtained using the Brislin’s model and back-translation method, a method commonly recommended by experts when cross-cultural studies are undertaken (Brislin 1970). The psychometric properties were evaluated in 40 patients receiving chemotherapy, radiotherapy or both. Patients were from the Oncology hematology department. Reliability was studied by determining internal consistency (Cronbach’s Alpha). The concurrent validity with the Oral Mucositis Assessment (OMAS) was also studied. To evaluate interrater reliability, two different nurses evaluate the oral cavity. The feasibility was measured asking to patients and nurses about the perception of the OAG.

Results: There was no significant differences in the translation process according to the instrument. The author of the OAG approved the final Spanish version of the questionnaire. Cronbach’s alpha for the translated scale was 0.66. Correlation of the translated version of the OAG and the OMAS was significant (0.458**). Intra-class correlation coefficient between the two nurses scores was 0.830**. Total value of the OAG scale was better correlated with patient perception of oral pain (4.415**) than the OMAS scale (0.395**). Patients and nurses perception of the assessment process was positive. Conclusion: The OAG is a feasible tool that can be successfully implemented in clinical practice. The small nurses scores were used to calculate importance and satisfaction of nursing areas. The OAG is a feasible tool that can be successfully implemented in clinical practice. The small nurses scores were used to calculate importance and satisfaction of nursing areas. Then a new metric is derived: need for improvement, which shows how much the improvement in a particular aspect would influence the overall quality of life. The research has shown that PESQ is a powerful tool to identify patient’s important needs and improve their quality of life. PESQ proves useful in palliative care as the tool to quickly discover the areas that would benefit the most with the improvement reports. PESQ can assess patients` mental adjustment as the expectations named by the patient can predict the strategy and mental adjustment.

Abstract number: P25
Abstract type: Poster

Assessing Symptoms in Hematological Malignancies from the Patients’ Perspective: Feasibility of a Patients Reported Instrument in Clinical Research

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Aim: To investigate:

i) the feasibility and sensitivity of a validated cancer patient-reported symptom tool (MD Anderson Symptom Inventory-MDAIS) in patients with hematologic malignancies;

ii) the pattern of symptoms prevalence of patients according to the phase of treatment (curative vs. palliative).

Methods: Patients with hematological malignancies who were being enrolled in an observational study assessing their symptoms’ burden with the MDASI, which consists of 19 items (i.e. 13 items assessing symptom severity and 6 items assessing symptoms interference with the patient’s life). Descriptive statistics and linear regression analyses were used.

Results: To date 86 patients with a mean age of 65 years (26% in curative phase and 74% in palliative phase), affected by acute myeloid leukemia (42%), non Hodgkin lymphoma (20%) and myelodysplastic syndrome (10%) are evaluable. Accuracy of questionnaire completeness was optimal with more than 80% of patients completing all items. The percentage of missing items was low ranging between 1% to 5%. The top three most severe symptoms in terms of prevalence were: fatigue (80%), dry mouth (57%) and distress (54%) in the palliative group, and fatigue (50%), lack of appetite (46%) and nausea (38%) in the curative treatment group. Except for lack of appetite, vomiting and nausea, all mean scores were statistically significant different at (P < 0.05) between two groups. Means of symptom interference for those in curative and palliative phase of treatment were 4 (SD2.5) and 6.6 (SD2.5) respectively, indicating symptoms severity having a higher impact on patients’ life undergoing palliative treatments.

Conclusions: The results suggest the MDASI being a feasible tool that can be successfully implemented in hematological malignancies method by bilingual translators, an approach that would use different profiles based on type of treatment (curative vs. palliative).

Intrahospital Cancer Mortality Risk Model: A Useful Tool for a Hospital-based Palliative Care Team?

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The Bozcuk’s Intrahospital Cancer Mortality Risk Model (ICMRM) is recognised as a useful prognostic tool to evaluate patients’ risk of death in hospitals. Recent research however shows that ICMRM has low performance and does not allow one to make an accurate prediction regarding patient’s mortality risk.

Aim: To re-evaluate the Bozcuk’s Intrahospital Cancer Mortality Risk Model and largely present a new model: ICMRM 2011. We tested the ICMRM 2011 model in three different hospitals using main data from the literature (the INCA study). We added a new variable to the ICMRM 2011: performance. We also added the survival time of the patients in the hospital. We compared the performance of the ICMRM 2011 and ICMRM 2011p in two hospitals and in one hospital.

Methods: We collected data from the literature (2002-2015) from the INCA study. All patients admitted to the three hospitals were included. We used the ICMRM 2011 to predict the patients’ risk of death in the hospital. We also added a variable to the ICMRM 2011: performance. We also added the survival time of the patients in the hospital. The patients were divided in two groups according to their performance: patients with a score ≥ 0.7 and patients with a score < 0.7. We compared the performance of the ICMRM 2011 and ICMRM 2011p in two hospitals and in one hospital.

Results: We found that the ICMRM 2011p model was more accurate than the ICMRM 2011 model. The ICMRM 2011p model had a better performance in predicting the patients’ risk of death in the hospital. The ICMRM 2011p model had a better performance in predicting the patients’ risk of death in the hospital.

Conclusions: The ICMRM 2011p model is a useful tool for hospital-based palliative care teams. It allows one to make an accurate prediction regarding patient’s mortality risk. It is also a useful tool to evaluate patients’ risk of death in hospitals.
tool for a general population of solid cancer patients, requiring data readily available. Its meaningfulness is for hospital-based palliative care (PC) patients remaining.

**Aim:** To validate the ICMCM in patients on a HBPC program at a Portuguese teaching centre.

**Methods:** During a 9-month period the model was prospectively applied to all admitted solid cancer patients on the oncology wards. Length of stay (LOS), cancer treatment status, admission setting (elective/emergency), and survival were compared for patients who died in or who were discharged. Recruits: 205 episodes were recorded (152 patients, 59% male, median age 66, 20% colorectal cancer, 34% of patients with a Karnofsky survival 50%). In 60% of admissions the ECOG performance status (PS) was 4. Elective (22%) of admissions were more frequently recorded for de novo PS other than PS (59% vs. 35%, p<0.001). The admission setting, treatment status and outcome (death/disharge) failed to significantly influence the PS. We interviewed until we reached a point of saturation. After the review of the items by 7 palliative care medicine experts and 2 nurses, the validity and reliability of the items via a sort procedure and a test-retest procedure. After this we completed the items. Finally a big subgroup among a group of first year nursing students took place.

**Results:** In total we held 7 focusgroupinterviews and 8 individual interviews. The result of the project is a measuring instrument with 35 items which can be used to examine the image of PC. Within these 35 items there are 15 items that examine the opinion of potential respondents and the other 20 items gauge the level of knowledge concerning the Flemish palliative care image.

**Conclusion:** We developed a measuring instrument that can be used in different ways for example within descriptive studies (what is the particular part of the population think about PC) and within the evaluation of information interventions (in which way and on which points did a situation improve).
Symptoms Clusters in Patients with Advanced Cancer

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Introduction: For a Palliative Care (PC), adequate symptom control presents important quality of life. Differences in the severity and frequency of symptoms can depend on the moment of diagnosis in combination or suffer influence from each other. Clusters approach may target multiple symptoms simultaneously, resulting in a greater benefit. This study describes the symptoms of patients undergoing PC and the symptoms clustering.

Methods: Is a retrospective study. Review of 109 patients referred for the PC at a tertiary cancer public hospital between January and May 2010. The Edmonton Symptom Assessment Scale (ESAS) measures the frequency and severity of 11 symptoms including pain, fatigue, nausea, depression, anxiety, drowsiness, appetite, constipation, diarrhea, pruritus and dyspnea. Variables included gender, age, diagnosis and the symptoms. To evaluate the clusters in patients with advanced cancer, descriptive and factor analysis were performed.

Results: The majority was male (58%). The mean age was 63, range from 28 to 90. The prevalent diagnosis was: Gastrointestinal (55%) and Head and Neck (19%). The most common symptoms were: pain (74%), fatigue (73%), depression (69%), anxiety and somnolence (62% each), anorexia (57%) malaise (52%), nausea (62%) loss of appetite (38%), anorexia and drowsiness. After analyzing, symptoms were grouped into three factors: Factor 1: pain, depression, anxiety and poor well-being; Factor 2: fatigue, nausea and loss of appetite; Factor 3: drowsiness and shortness of breath. For Gastrointestinal tumors, the clusters have changed to: Factor 1: fatigue, nausea, loss of appetite and poor well-being; Factor 2: pain and shortness of breath; Factor 3: depression and drowsiness. For Head and Neck tumors, the clusters were: Factor 1: pain, anxiety, loss of appetite and poor well-being; Factor 2: depression and shortness of breath; Factor 3: fatigue, nausea and drowsiness. Conclusion: The presence of symptom may positively interfere in other included in the specific cluster improving the overall quality of life of the patient.

Abstract number: P34
Abstract type: Poster
What Does the Answer Mean? A Qualitative Study of how Palliative Care Patients Interpret and Respond to the Edmonton Symptom Assessment System (ESAS)

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Objectives: ESAS is a widely used and well-known self-reporting tool for assessment of symptoms in palliative care (PC). Research has shown that patients experience difficulties in the scoring and the interpretation of the questionnaire, which may lead to suboptimal treatment. Aims: To examine how palliative cancer patients interpret and respond to the ESAS. The research questions were: 1. How did the patients interpret the different symptoms? 2. Did the response format influence their interpretation and their responses? 3. Did previous experience with the ESAS influence their answers? Methods: A convenience sample of PC inpatients were interviewed by means of cognitive interviewing, according to an interview guide immediately after having completed the ESAS. Results: Ten eligible patients declined participation. The sample consisted of 11 patients (W:3/M:8) with mixed diagnoses, range 34-95 years. The highest mean scores were found for tiredness (6.3) and oral dryness (5.7). Reports of sources of errors were related to how the symptoms were interpreted and to differences in the understanding and use of the response format. Depression and anxiety symptoms were viewed as difficult to interpret, while the appetite item was particularly prone to misunderstandings (n = 4). Contextual factors like mood, specific events and time of the day, influenced the patients´ answers. Lack of information and feedback from the health care providers influenced how the patients chose to score. Some patients stated that they put random scores because they did not understand why and how the ESAS was used. Conclusion: The patients´ interpretation must be considered in order to minimize errors. The ESAS should always be reviewed together with the patients after completion in order to improve symptom management, thereby strengthening the usability of the tool.

Abstract number: P35
Abstract type: Poster
The Correlation of Plasma Endotoxin and Components of Systemic Inflammatory Response Syndrome in Terminally Ill Cancer Patients

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Results: Most of terminally ill cancer patients died of multiple organ failure (MOF) preceding Systemic inflammatory response syndrome (SIRS). Serion endotoxin known as the cause of multiple organ failure and shock, stimulates the secretion of various cytokines and acute phase reactants. This study will investigate the correlation between the endotoxin and inflammation indices by the degree of the systemic inflammation of terminal cancer patients.

Abstract number: P36
Abstract type: Poster
Symptom Assessment in Palliative Care

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Introduction: Skills in bedside symptom assessment are especially important for patients with advanced illness because they may be too weak to undergo diagnostic studies. Understanding how symptoms and their functional impact can yield insights into patient’s disease and its effect on patient’s life. Patients with advanced illnesses have multiple symptoms. The importance of assessing them efficiently is increasingly recognized. Instruments are not always available that assess multiple symptoms and provide a summary index. Aim: Review the utility of rating instruments in symptom assessment in palliative care. Methods: Research in Evidence Based Medicine sites of articles published between 2001 and 2009, written in English, with the keywords “symptom assessment” and “palliative care”. Results: Patient descriptions and symptom ratings are the primary data for symptom assessment. Asking patients about their symptoms requires gentleness and patience. Frequently encountered symptoms include pain, fatigue, dyspnea, nausea, dry mouth, edema and confusion. In evaluating symptoms, it’s helpful their open the patient’s rating of symptom severity in a given time frame. Some are unable to rate their symptoms on a numerical scale. An alternative approach is to ask them for their rating of symptom distress rather than severity and to give categories of response. The assessment of interference with daily activities caused by a symptom also can illustrate its severity. Instruments are available that more uniformly characterize symptoms. They generally ask patients to rate different aspects of symptoms: severity, distress, effects on function, etc. They’re available for specific groups of symptoms, and have been tested on groups of patients to ensure that they are valid and meaningful. Conclusion: The use of rating instruments has helped deepen the understanding of symptoms. However, detailed instruments are not available for all symptoms, and patients may not be able to answer the multiple questions in them.

Abstract number: P37
Abstract type: Poster
The Most Prevalent Nursing Diagnoses Assessed in a Palliative Care Support Team

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Objectives: Our proposal was to know the most prevalent nursing diagnoses when a patient is included in Palliative Care Program in Badajoz Area. Study design and methods: A retrospective and descriptive study was conducted. Data were collected

Poster sessions (Thursday)
Results: 184 clinical records were included. 171 of them had nursing report. The average age was 71.5 years (5% men and 37% women). We also extracted from the sample that the majority suffered of cancer (15.8%). 59.7% was assessed at first in hospital, 15.2% in urban homes, 21.7% in rural homes and only 2% in rural hospitals. We collected 342 nursing diagnoses and the most prevalent were: 0045 risk for impaired skin integrity (16.6%), 0011 constipation (11.9%), 0133 chronic pain (15.4%).

Conclusions: We could observe the most prevalent diagnoses detected at inclusion time were related to physical impairment. We highlight the importance of making early interventions to improve the quality of life for the patient, the anxiety of the family and in total the quality of life of the patient. In the Edmonton consultation the study population of 19 patients showed improvement. We obtained from the POS, depression, anger, the importance of life for the patient and family anxiety, whereas the 6 patients followed in hospital showed improvement in appetite and depression.

Results: 105 patients was assessed. 60% moderate/intense. The effort degree to face the situation its psychological, social support) in 48%, pain in 32%, continuity of care in 16% and other symptoms in 4%. As for the Functional Level, measured by the Eastern Cooperative Oncologic Group (ECOG) and Karnofsky Performance Status Index(KPS)It was no difference in the degree of functional capacity in two phases, within an oscillation between grades 2 and 3 of the ECOG. With regard to the KPS, the sample remained approximately the average of 50%.

Conclusions: We highlight the importance aspects related to psychological, appetite and depression. In other aspects, there were significant changes evident in the related to the importance of life for the patient, the anxiety of the family and in total the quality of life of the patient. In the Edmonton consultation the study population of 19 patients showed improvement. We obtained from the POS, depression, anger, the importance of life for the patient and family anxiety, whereas the 6 patients followed in hospital showed improvement in appetite.

Results: It was observed some barriers: a high number of cancer patients for 2009 - 10054, the new patients was classified as being nutritionally at risk at hospital admission (27,1%), 0047 risk for impaired skin integrity (16.6%), 0011 constipation (11.9%), 0133 chronic pain (15.4%).

Conclusions: We could observe the most prevalent diagnoses detected at inclusion time were related to physical impairment. We highlight the importance of making early interventions to improve the quality of life for the patient, the anxiety of the family and in total the quality of life of the patient. In the Edmonton consultation the study population of 19 patients showed improvement. We obtained from the POS, depression, anger, the importance of life for the patient and family anxiety, whereas the 6 patients followed in hospital showed improvement in appetite and depression.

Results: In Norway, 40% of all deaths (about 17000) occur at home (NH) every year. Most of them are unconscious or severe demented. A prerequisite for optimal pain and symptom management is systematically assessment of symptoms, like dyspnoe, nausea, death or anxiety or memory. This may be challenging in NH patients due to lack of memory, language, and abstract thinking. In the last years, the Edmonton Symptom Assessment System (ESAS), Liverpool Care Pathway (LCP), Resident Assessment Instrument for Palliative Care (RAI), Patient Outcome Scale (POS) and other relevant instruments are developed and implemented in palliative care settings, including patients with self-report capacity. This review aims to investigate the psychometric properties of relevant instruments, including unconscious patients evaluated by a proxy rater.

Methods: A systematic search of the PubMed and Cochrane databases for the period 1992-2010 was performed, using palliative care, dying, end-of-life care, assessment instruments, pain, pain assessment, dyspnoe, nausea, death, rattle, anxiety, depression, mouth care, unconsciousness, dementia, proxy rater, ESAS, LCP, RAI, POS, and systematic reviews. Inclusion criteria were: prospective studies including unconscious and demented patients receiving end-of-life care, interventional studies focusing on pain and symptom assessment and management. Results: Psychometric property studies of the existing instruments do not include unconscious and dying patients assessed by a proxy rater, and results regarding internal consistency, reliability, and validity are insufficient. Some of these instruments seem to be extensive, time consuming, and difficult to use in a clinical NH setting. Conclusions: The correlation is evaluated between both variables. We appreciated in women it is not significant (p=0,098).

Results: It was observed some barriers: a high number of cancer patients for 2009 - 10054, the new patients was classified as being nutritionally at risk at hospital admission (27,1%), 0047 risk for impaired skin integrity (16.6%), 0011 constipation (11.9%), 0133 chronic pain (15.4%).

Conclusions: We could observe the most prevalent diagnoses detected at inclusion time were related to physical impairment. We highlight the importance of making early interventions to improve the quality of life for the patient, the anxiety of the family and in total the quality of life of the patient. In the Edmonton consultation the study population of 19 patients showed improvement. We obtained from the POS, depression, anger, the importance of life for the patient and family anxiety, whereas the 6 patients followed in hospital showed improvement in appetite and depression.

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Abstract number: P44
Abstract type: Poster

Eroneous Opioid Prescriptions
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Background: Opioids are often recommended by the Hospital Palliative Care Teams (PCT). Opioids may be prescribed and/or administered incorrectly, due perhaps to a lack of education of healthcare professionals, lack of appropriate use. A review of opioid prescribing and administration was undertaken to ascertain the error frequency encountered in a tertiary referral hospital, where the PCT has an advisory role.

Objectives: To determine the number of opioid prescriptions over a two-week period for patients in whose care the PCT was involved and to note any errors in the treatment of the patients.

Method: The PCT noted when opioids were prescribed and whether there was an error in drug dose, legibility, interval or formulation and whether the pharmacist had documented the error.

Results: Sixty-six instances of opioid prescribing were recorded with nineteen (29%) noted. Of these, eleven (16.6%) of patients had an incorrect dose prescribed, eight (12%) had an incorrect dose interval, five (7.5%) had incorrect formulation and one (1.5%) had an incorrect route of administration prescribed. Verbal advice was given in twelve (18%) instances whereas written advice in four (6%) instances and to medical staff in eight (12%) instances. Of the written advice, advice was written in ten (15%) instances. Errors occurred with all opioid formulations and routes of administration, with none standing out as including more erroneous prescribing. The pharmacist had noted the error on the drug chart in 5 (7.5%) instances.

Conclusion: Opioid errors occurred in almost a third of cases. At risk. More pharmacy resources to review drug prescriptions and more education of healthcare professionals are needed to both ensure correct and administrative of opioids, if this high error rate is to be effectively reduced. A repeat audit is planned.

Abstract number: P45
Abstract type: Poster

Systematic Registration of Care Activities - A Method to Improve End-of-Life Care
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Introduction: The Swedish Register of Palliative Care (SRPC) collects data from deaths in all types of health care units with the purpose to improve end-of-life care. The data collection focuses on medical and nursing activities during the last week of life. The aim of this study was to examine if merely participation in the register could increase end-of-life care quality over time.

Method: Data from the 971 health care units that had reported their deceased patients to the register during a three-year period was compared year by year with logistic regression. A total of 25 043 patients were included in the analysis. A group analysis for the different health care unit types was performed.

Results: A number of improvements were seen over the years. For example, the number of patients that had been prescribed as needed medications for pain, nausea, anxiety and death rattle. Also, more patients died with their place of preference. Next of kin was more often informed by a doctor about the impending death of the patient and was also more often offered a follow-up appointment after the patient’s death. “Don’t know”-alternatives were used less frequently.

Conclusion: Hospital wards without palliative specialization showed limited improvement.

Abstract number: P46
Abstract type: Poster

An Evaluation of the Open Society Institute’s International Palliative Care Initiative
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Background: The Open Society Institute (OSI) International Palliative Care Initiative (IPCI) was formed in 2000, born out of the OSI Project on Death in America (FDIA). At the start of the initiative there was little systematic understanding of how palliative care was developed and then worked with activists to promote global palliative care improvement.

Method: An evaluation was organized around four thematic areas: (i) professional education/training; (ii) organizational capacity building; (iii) policy development; (iv) advocacy.

Results: (i) Several sustainable models in the area of education and training have been established including resource training centers, ‘train the trainer’ programs, and the development of palliative care curricula in under/post-graduate medical schools; (ii) Capacity development has been broadened through IPCI’s efforts to work with organizations/individuals that have pioneered palliative care either nationally, regionally or globally; (iii) Policy relating to drug availability has been developed and then worked with activists to promote global palliative care improvement. IPCI was involved in advocacy initiatives since 2000, analysing its core components, highlighting lessons learned and identifying opportunities for strategic development.

Conclusion: A review of the literature, A Retrospective Audit of Formal Family Meetings in a Specialist Palliative Care Unit
Clifford M. 1, Bhagat G. 1, Richardson M. 1, Moran S. 1, Mulcahy T. 2, O’Neill B. 1, Sheridan J. 1, Mainstone P. 1, Conroy M. 1, Milford Care Centre, Limerick, Ireland

Method to Improve End-of-Life Care
Systematic Registration of Care Activities - A Method to Improve End-of-Life Care

Abstract number: P48
Abstract type: Poster

A Retrospective Audit of Formal Family Meetings in a Specialist Palliative Care Unit
Clifford M.1, Bhagat G.1, Richardson M.1, Moran S.1, Mulcahy T.2, O’Neill B.1, Sheridan J.1, Mainstone P.1, Conroy M.1
Milford Care Centre, Limerick, Ireland

Formal family meetings are vitally important in the effective delivery of high quality care to patients and patients’ families. Therefore, it is imperative that family meetings are conducted effectively and efficiently and that the outcome documentation is accurate. The retrospective audit examines the frequency with which family meetings are conducted, pre meeting preparation, documentation of the content of the meeting, and post meeting follow up. A family meeting took place during 34 out of 106 admissions (32.1%) over a three month period. Meetings were discussed and agreed beforehand with 13.5% of families and a mere 8.8% of patients. The patient was invited to attend only 11.8% of meetings. A record of preparatory staff meetings was lacking (5.9%). A summary of the discussion and decision made during the meeting was recorded in 100% of cases but 14.7% of records did not state the purpose of the meeting. No post meeting staff meetings were recorded. In only 17.6% of cases it was clear that feedback had been given to the patient who had not attended. Clearly deficits exist in both practice and documentation of formal family meetings. It is possible that documentation of some elements of the pre meeting preparatory work and post meeting follow up may have taken place but not documented. A working group is currently collaborating with another specialist palliative care inpatient unit on a number of interventions. These include developing a protocol for collective documentation of family meetings incorporating checklists/reminders to improve practice; written guidelines for when and how to conduct a family meeting; written information for families prior to attending; and the development of a family meeting specific communication skills training module for staff.

Reference:
1Our Lady’s Hospice and Care Services, Dublin, Ireland

Abstract number: P49
Abstract type: Poster

Community Based Palliative Care Pain Assessment, Aspirations and Reality
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Background: The cornerstone of adequate pain management is a thorough patient assessment and timely intervention. The National Palliative Care Framework recommends optimal treatment in palliative care.

Aims and objectives: The aim of this audit was to identify how Palliative Care Nurses and Palliative Care Assistants (CNS) rated their pain assessment practice and to compare the findings to a pain assessment records audit.

Method: A questionnaire was developed to ascertain
how the CNS’s rated their pain assessment skills, their record keeping skills, and use of the pain assessment tool. There was a 76% reply rate. Following the questionnaire, a selection of 26 records were hand selected from 26 patients admitted over a one-week period to examine the quality of the documentation. 55% felt the available pain assessment tool was useful. 76% of CNS’s indicated that they physically examine the site of pain and 69% sometimes do. Only 36% of patients rate their pain using a NPS. 31% CNS’s felt they record non-physical aspects of pain in the record and where as 69% sometimes do. From the audit, pain assessments were more frequently recorded in the narrative rather than on the pain assessment tool. 28% of patients were not discharged with a steroid card.

Discussion: 21% of patients stayed on the same dose of steroids after hospice admission. The indication for steroids was documented in 33% at admission. The duration of steroid prescriptions were commenced prior to admission. Of those patients on steroids, 92% of steroid prescriptions were written where as 69% sometimes do. From the audit, pain assessments were more frequently recorded in the narrative rather than on the pain assessment tool. 28% of patients were not discharged with a steroid card.

Abstract number: P50
Abstract type: Poster
Audit into Steroid Prescribing and Monitoring in a Hospice Inpatient Unit Setting
Radcliffe C.1, Robertson M.2
1West Midlands Palliative Medicine Specialty Training rotation, 2West Midlands, United Kingdom.

Abstract number: P51
Abstract type: Poster
An Audit of Current Practice and Management of Metastatic Spinal Cord Compression at a Regional Cancer Centre in Ireland
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Introduction: Metastatic spinal cord compression (MSCC) is an oncological emergency requiring prompt recognition and management to preserve neurological function and mobility. We performed an audit to assess current practice and management of MSCC at a regional cancer centre in Ireland against current best practice as set out by National Institute for Health and Clinical Excellence (NICE).

Methods: One-year audit identified 10 patients from January 2009 to December 2009 with confirmed MSCC. Patients were excluded if they were not inpatients in our centre or those with impending spinal cord compression. 92% of steroid prescriptions were commenced prior to admission. Of those patients on steroids, 92% of steroid prescriptions were written where as 69% sometimes do. From the audit, pain assessments were more frequently recorded in the narrative rather than on the pain assessment tool. 28% of patients were not discharged with a steroid card.

Results: The most common primary tumours were prostate (30%), lung (20%) and breast (19%). Pain was the main presenting symptom (90%), followed by weakness (70%) and sensory changes (10%). 50% had MRI within 2 days, 29% within 5 days and only 60% underwent full MRI scan. Corticosteroids were started on 80% before MRI scan, with 90% on proton pump inhibitor and all had blood sugar checked. 60% received radiotherapy within 24 hours. Only 40% were referred to orthopaedics and none of these patients had been recommended to senior doctors. Up to 14 days following radiological confirmation of MSCC, we looked into patients’ mobility, weakness, pain control and discharge location. The number of patients who were unable to walk increased by 20% despite 80% improvement in pain control and 30% improvement in weakness. Of these 50% were discharged during this period of study.

Discussion: Our audit reported a number of variances in management of MSCC when compared to NICE guideline. These can be improved by following a ‘fast track’ referral pathway and regular education for junior doctors and primary care doctors.

Abstract number: P52
Abstract type: Poster
Management of Malignant Spinal Cord Compression in a Specialist Palliative In-patient Unit
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1Marymount Hospice / St Patrick’s Hospital, Palliative Medicine, 2University of Limerick.

Objective: Malignant Spinal Cord Compression (MSCC) is defined as spinal cord or cauda equina compression by direct pressure and/or induction of vertebroplaf/collapse/instability by metastatic spread or direct extension of malignancy that threatens or causes neurological instability. This audit examines the management of suspected MSCC in a Specialist Palliative Care In-patient Unit comparing it to NICE 2008 clinical guidelines for MSCC.

Methods: Two year retrospective audit of 51 patients with suspected MSCC in Marymount Hospice from July 2007 to July 2010 was completed. Data collected included: diagnosis, tumour type, site of MSCC, metastatic disease, MRI scan results, corticosteroids commenced, and whether MRI scan, with 90% on proton pump inhibitor and all had blood sugar checked. 60% received radiotherapy within 24 hours. Only 40% were referred to orthopaedics and none of these patients had been recommended to senior doctors. Up to 14 days following radiological confirmation of MSCC, we looked into patients’ mobility, weakness, pain control and discharge location. The number of patients who were unable to walk increased by 20% despite 80% improvement in pain control and 30% improvement in weakness. Of these 50% were discharged during this period of study.

Discussion: Our audit reported a number of variances in management of MSCC when compared to NICE guideline. These can be improved by following a ‘fast track’ referral pathway and regular education for junior doctors and primary care doctors.

Abstract number: P53
Abstract type: Poster
The COPE Palliative Rehabilitation Course - An Evolving Course for Patients with their Carers
Burnett J.D.1, Blagborough M.E.1,2, Clothier L.A.1, Audit and Quality Care Team, 1Dorothy House Hospice Care, 2Audit and Quality Care Team, 3Dorothy House Hospice Care, Physiotherapy/Occupational Therapy, Bradford on Avon, United Kingdom.

COPE is an 8 week rehabilitation course for patients with PC and their Carers in the Community Lauri (2004). The COPE course is designed to address the physical, psychological and spiritual needs of people with cancer and their carers. COPE was developed from the Chronic Disease Self-Management course (Diabetes, Heart Disease) by Bachman et al (1991). COPE+ is an 8 week group intervention in the hospice setting: the COPE course for patients and their carers. The group setting has been well received by participants and carers. The COPE+ course has been delivered in the hospice setting since 2006. The hospice participants felt the course was very beneficial. They reported the benefit of seeing those in the same situation, feeling less isolated, sharing ideas and support, and learning useful strategies.
Abstract number: P55
Abstract type: Poster
How the Criteria Quality Has Been Implemented in the Palliative Care Team’s Daily Activity?
Cabo Dominguez R.1, Bonito Timmermann F.1, Redzina Mauduin J.L., Ruiz Castellanos V., Diaz Dier F., Julián Caballero M., Menacho Ferre E.1, Piñol Peñate C.R.1, Sánchez Correas M.A.1
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Objective: The quality group from the Regional Program of Palliative Care of Extremadura has identified the 23 minimum indicators for a support team, which are followed by the team of Badajoz. The aim of the research was to know the level of achievement of these indicators in our team and give a proposal for improvement as a conclusion.
Materials and method: It is a descriptive and retrospective study. In order to achieve this objective, 23 quality indicators (divided in three groups, identification, evaluation and action) were monitored to observe degree of performance in the Palliative Care Support Team from Badajoz (Spain). 124 clinical histories from deceased patients between March and Jun of 2010 were studied. Results were showed in the team and an agreement proposal in those indicators we found more difficulties.
Results: The degree of accomplishment on each evaluation, identification, and implementation 100%, initial cycle 100%, annual cycle 100%, 20% (18/90) of them were re-audited. The only re-audit activity ensuring audit cycle completion.
Discussion: The degree of accomplishment of audits was high, 100% in identification, 100% in evaluation, 20% in implementation. Recommended changes need to be re-audited to assess the effect of implemented changes. The implementation audit is a mean to evaluate the patient’s mental state using in a scale from 0 to 10 and include a register whether the patient has a living will document, in the clinical history.

Abstract number: P56
Abstract type: Poster
An Audit of Audits, Carried out by Doctors over the Last 3 Years in a Hospice, Assessing whether the Audit Cycle Was Continuous
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Background: Audit is a mandatory element of registrant training in Ireland. Audit is considered good practice as a means of evaluating current practice and implementing change. Recommended changes need to be re-audited to assess the effect of implemented changes. The implementation audit is a mean to evaluate the patient’s emotional state using in a scale from 0 to 10 and include a register whether the patient has a living will document, in the clinical history.
Method: This audit looked for evidence of previous audits being kept in the hospice as a resource for future audits. We then collated a list of 50 hospice doctors from the last 3 years. 29 had contact details and 22 responded to the request for data. A standardised spreadsheet, the data was collated. The information gathered included: had Doctors carried out an audit in the original audit, were the recommendations made implemented, was the audit repeated, was a copy of the audit stored in the hospice. Results: Previous Audits available in the hospital: 4 audits, in paper form none on intranet.

Abstract number: P57
Abstract type: Poster
Bleeding Risk Stratification in Palliative Care Patients on Warfarin for Atrial Fibrillation
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Aims: Warfarin is proven benefit in reducing the risk of stroke and Venous Thromboembolism (VTE) associated with atrial fibrillation (AF). The risk of warfarin treatment in the context of advanced malignancy are greater. Physician perceptions of risk benefit are not always reliable. Bleeding risk may be over or underestimated.
The point prevalence of patients on warfarin for AF and assess bleeding risk using a validated Bleeding Risk Stratification Models (BRSM).
Methods: The notes of 207 patients of a Specialist Palliative Care Team in Ireland were reviewed. A specific data record sheet was developed. For patients with AF receiving Warfarin, two validated BRSMs, the Outpatients Risk Index (OBI, Beyth, 1998) and the Contemporary Bleeding Risk Model (CBRM, Shrierman, 2006). were used. The patients were categorized into low, intermediate or high bleeding risk. Results: 9/207 (4%) of patients are on Warfarin. 7/9 for AF and 2/9 for VTE. In patients with AF, the OBI and CBRM show 3/7 patients are considered low risk for bleeding and 4/7 intermediate risk.
The prevalence of patients on LWMIH for VTE is 7/207 (3%). APA are used in M/207 (26%). 3/3 patients have no data recorded for receive Aspirin and Clopidogrel. There were no patients prescribed Warfarin or LMWH and an APA.
Conclusion: The decision to continue a treatment can be more challenging than the decision to commence treatment. In patients on Warfarin, with advanced malignancy, the risk of significant bleeding and the burden to patients and their carers of International Normalized Ratio monitoring should be acknowledged. The documentation of an intermediate or high bleeding risk, using a validated stratification model, could aid decision making around discontinuation of Warfarin.

Abstract number: P58
Abstract type: Poster
Prescription of Primary Prevention Cardiovascular Drugs in the Last Months of Life
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Background: Current palliative care practice includes the rationalisation of “non essential” medicines as death approaches and may include cardiovascular prophylaxis in certain medicines such as statins, ACE inhibitors and antiplatelet agents. Appropriate cessation of such medication allows a reduction in the mortality and morbidity due to polypharmacy, potential drug interactions and side effects for the patient. The Gold Standards Framework encourages primary care teams to identify patients nearing the palliative stages of their disease and may be used as a trigger for rationalisation of medicines.
Aim: To investigate the number of patients referred to the Hospital Specialist Palliative Care Team (HSPCT) for supportive and terminal care who were receiving primary prevention medication for cardiovascular risk factors (hypertension, hyperlipidaemia) a month prior to their death.
Methods: The Health Care Records (HCR) of 81 patients with advanced malignant disease and documented cardiovascular risk factors were retrospectively reviewed for prescription of cardiovascular medications for secondary prevention or with diabetes. Results: 86 patients were eligible for inclusion, of these 27 (31%) were still receiving primary prevention
CVD medication. Of these 27, 56% had or two more primary prevention medications prescribed. As primary cardiovascular risk reduction; 28% (33%) patients were on antihypertensive therapy and 41% (46%) patients were receiving statins, and 6% (7%) patients had aspirin prescribed. Conclusion: Almost a third of patients with cardiovascular factors are still receiving primary prevention cardiovascular medications a month prior to their death. Consideration to the cessation of primary prevention cardiovascular drugs in those with life-limiting conditions should be highlighted in terms of benefit to avoid reduction in harm to the patient and in terms of reduction in costs to the Health Service.

Abstract number: P59
Abstract type: Poster
Advanced / Metastatic Soft Tissue Sarcoma: A Reflexive Evaluation of Practice. Palliative Care Referrals and Overall Survival in a Tertiary Referral Centre
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Background: Soft tissue sarcomas (STS) account for 1% of all cancers. In the last 3 years the number of patients referred to our hospice for palliative chemotherapy is the mainstay of treatment but results are often disappointing. Other approaches include active surveillance protocols and other best supportive treatment (BST). There is limited published data on some symptom burden or quality of life (QoL) outcomes.
Method/aims: A retrospective analysis of STS deaths in 2009. Patients were identified from an established STS database and data recorded from electronic/paper notes.
Results: 81 patients met inclusion/ exclusion criteria at first referral. 27% had S1 disease, 16% had metastasised, 72.8% metastases (commonest site lung). Median documented symptoms increased from 2 (Range 0-5) before 1st chemotherapy to 3 (1-6) at BST referral. Pain, dyspnoea and nausea/vomiting were the commonest symptoms. Median OS from 1st / 2nd line chemotherapy was 48.6 (1-67.1) and 42.1 (1.0-151.0) weeks respectively. OS for those with a BST decision (n=48) was 4.3 (1.4-6.7) weeks and for those with an initial AS decision (n=33) was 7.4 (6.3-172.3) weeks. 88% were known to a PCT (community or hospital), Median time from 1st PCT referral - death = 15.8 (0.1-110.3) weeks.67% of patients may benefit from the WHO Step 3 opioid for pain median of a 3rd of 13.9 (0.3 - 10.6) weeks before death. 30% and 15% were on neuroleptic and dopamine medications respectively. Place of death: 40% hospice, 39% hospital, 20% home and 1% other. Consideration to the cessation of primary prevention medication for cardiovascular risk factors are still receiving primary prevention cardiovascular medications a month prior to their death. Consideration to the cessation of primary prevention cardiovascular drugs in those with life-limiting conditions should be highlighted in terms of benefit to avoid reduction in harm to the patient and in terms of reduction in costs to the Health Service.

Abstract number: P60
Abstract type: Poster
An Audit of a Community Based Specialist Palliative Care Team’s Practice in Steroid Management
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Background: Steroids are frequently prescribed for patients with life limiting diseases to suppress inflammation, to treat symptoms such as fever and vomiting, pain relief, as anticancer hormone therapy and as a general ‘tonic’. Unfortunately the many uses of steroids can also lead to a number of side effects, with impact on quality of life (QoL). Aims and objectives: To identify the practices of a community based specialist palliative team (HCT) in supporting patients on steroid treatment. Method: A retrospective healthcare record audit was carried out. There were 240 patients under the care of...
the HCT during the chosen period and 60% of these had been prescribed steroids. A third of this cohort were audited (n=53). The literature was reviewed and a audit tool developed.

**Analysis and results:** The audit reviewed the initial assessment and subsequent follow up, focusing on the recording of the patient’s past medical history, indications for use, and side effects experienced. Sixty patients were most frequently consulted by hospital teams (56%). The HCT only initiated treatment in 16% of the cases, yet in a third of cases they played an active role in managing the treatment. In 30% of cases the HCT was responsible for initiating treatment, and in 29% of cases it wasn’t possible to identify who had been commenced. Hospital teams managed the treatment in a third of cases and GPs in 4%. The risk factors identified were as audited as were the side effects experienced.

**Recommendations:** The need was identified for clarification of the indications for use of steroids, the plan of care and a partnership approach between hospital, GP and hospice. The introduction of a steroid card may assist in achieving this. Another important point identified was that patient/carer education around the use of steroids was rarely recorded (2%). While in practice, team members often reported that they planned steroid therapy, we were unable to identify who was actually commencing it. Another important point identified was that while patient/carer education around the use of steroids was rarely recorded (2%). While in practice, team members often reported that they planned steroid therapy, we were unable to identify who was actually commencing it. Another important point identified was that while in practice, team members often reported that they planned steroid therapy, we were unable to identify who was actually commencing it. Another important point identified was that while in practice, team members often reported that they planned steroid therapy, we were unable to identify who was actually commencing it.

**Abstract number:** P61  
**Abstract type:** Poster

**Advance Care Planning - An Audit**

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**Introduction:** Advance care planning (ACP) allows patients to reflect on their values and beliefs, consider future treatment preferences and to document their wishes. The General Medical Council and Royal College of Physicians have published guidelines emphasizing the importance of ACP. In end of life care ACP improves patient and family satisfaction, also helping to relieve stress and anxiety in relatives.  

**Aims:** To assess the degree of ACP taking place in a major teaching hospital prior to implementing education and training.

**Methods:** An audit of 15 adult wards was carried out on 15/3/10. By asking the senior nurse in charge on each ward the Gold Standards Framework Surprise Question (“would you be surprised if this patient died in the next 6 months?”) about each patient, we selected those for whom the answer was “no” they would not be surprised if the patient died. The notes of these patients were then audited to see if any form of ACP had occurred.

**Results:** 28% of 438 patients were identified as being potentially in the last months of life using the ‘suitability question’. Of these, 9% had a documented opportunity to discuss ACP, 6% had documented evidence of ACP having occurred, 2% had documented opportunity to discuss ACP. Of the patient’s preferences for place of death and 19% had a valid DNAR (Do Not Attempt Resuscitation) decision (“would you be surprised if this patient died in the next 6 months?”) about each patient, we selected those for whom the answer was “no”-they would not be surprised if the patient died. The notes of these patients were then audited to see if any form of ACP had occurred.

**Conclusions:** No evidence to show any intervention was superior to placebo, in practice it is hard not to intervene.  

**Audit on Death Rattle (Noisy Breathing at the End of Life) and Usage of Anti-secretory Medications in an Inpatients’ Hospice**

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Noisy breathing due to secretions is common in end of life care situations. Even though a recent Cochrane review by Wee et al (2009) concluded that there is no evidence to show any intervention was superior to placebo, in practice it is hard not to intervene.  

**Abstract number:** P67  
**Abstract type:** Poster

**The Liverpool Care Pathway for the Dying Patient (LCP): Document of Its Use and Impact on Care in the Hospice Setting**

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**Background:** The LCP is an integrated care pathway recognised as a best practice model by the Department of Health End of Life Care Strategy 2008. It was originally developed for the care of cancer patients in the acute hospital setting, but has been adapted for use across all care settings. It aims to improve care of the dying.

**Aims:** To audit the use of the pathway in a hospice and establish whether it is being considered and introduced appropriately, whether prescribing practice is influenced by it and whether documentation is adequate.

**Methods:** A retrospective case note review of all deaths at a hospice over a 2 month period was undertaken. Data collected included use of the LCP in relation to recognition of dying, rationalisation of medication, anticipatory prescribing and completion of documentation.  

**Results:** 58 deaths were identified in the study period. Two sets of notes were available for 55.8% patients were on the LCP at death. The median length of time on the LCP was 2 days (range <1-8). Of those on the LCP 43.5% were recognised to be dying, but the LCP was not considered. 17.4% were recognised to be dying, but did not meet the criteria for use (version 11). 50% of patients on the LCP were started on it the same day they were recognised to be dying. 100% patients on the LCP had inappropriate medications discontinued and appropriate drugs administered to the subcutaneous route (64.7% and 82.4% in those on the LCP). Anticipatory prescribing was improved when the LCP was used. Documentation was variable; spiritual needs, communication with GP and care after death were particularly poorly documented.

**Conclusions:** The Liverpool Care Pathway is important guide to the delivery of care in the hospice setting. There is scope for the LCP to be used in more patients and there is often a delay in initiating the LCP after recognition of dying. Use of the LCP improves prescribing practice at the end of life. Education to improve documentation in areas points identified.
**Prognosis from 1° dose: 16/24 patients died within 24 hours.**

**Prognosis from start of SD: 5/7 patients died within 24 hours.**

**Conclusion:** In a majority of patients medications used appropriately and response assessment completed. The agreement of communication, non-pharmacological interventions rate is very high. The authors recommended inclusion of regular teaching sessions to junior doctors to improve their awareness and to re-audit in two years time.

**Abstract number:** P68

**Abstract type:** Poster

*"Error Alert!*" (Inter and Intra-professional Differences in the Identification of Analgesic Prescription Errors - A Survey of Oncology and Palliative Care Patients in a Large Teaching Hospital)

**Umbrigo F.A.,**

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Prescription errors are a common cause of medication errors in the UK with worldwide concerns amassing an important public health focus. Analgesic prescription error was amongst the five commonest prescription errors identified by Ridley et al. in the UK crisis. The perception and evaluation by healthcare professional groups, adverse events resulting from opioid-based prescription error remains a common source of medication error in oncology and palliative care patients.

**Aim:** To analyse the ability of healthcare professional groups (doctors, nurses & pharmacists) to correctly identify common analgesic prescription errors ranging from basic to serious adverse errors.

**Method:** A ‘survey-marked’ hospital drug charts were reviewed by 30 healthcare professionals: 6 nurses, 18 doctors and 6 pharmacists in a large non-specialised palliative care London teaching hospital. Common opioid-based analgesic errors were: basic error (chart 1), serious error (chart 2), sub-therapeutic error (chart 3) and no error (chart 4).

**Results:** The absence of ‘as required’ analgesia on chart 1 of the survey drug chart was correctly identified by 27/30 professionals (90%), 2 nurses (11%), 2 nurses (33%), 4 pharmacists (67%), 60% - 18 professionals (10 doctors (56%), 2 nurses (33%), 6 pharmacists (100%) spotted the ‘low dose (sub-therapeutic) as required’ error on chart 3. 30 professionals (100%) correctly identifying the serious morphine error on chart 2, and the absence of analgesic error on chart 4. However only 70% - 21 professionals correctly identified the incident form.

**Conclusion:** A co-ordinated multi-professional vetting system involving doctors, nurses and pharmacists minimise intra and inter-professional differences in the identification of common analgesic prescription errors within this vulnerable patient group.

**Abstract number:** P69

**Abstract type:** Poster

**The Perception of Cancer Pain Control Quality at District Oncologists in Republic of Moldova**

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**Aim:** To determine the opinion of district oncologists about pain control level and barriers.

**Introduction:** District oncologists are responsible for referrals for pain medication necessity, consume, requirement and ordering.

**Methods:** All the oncologists in each district were prepared to respond in written to a questionnaire.

**Results:**
1. How would you appreciate the efficiency of pain treatment at your patients during 2009?
2. Are the most important causes of under treatment at your patients S1, S2, S3, S4, S5. Answer S6.
3. What are the obstacles for adequate pain treatment in your activity? Answers 37.
4. Are what your proposals for pain control improving at your patients S5?
5. What are your proposals for pain control improving at your patients S6.
6. Sufficient delivery of pain medication 42; free access to pain medication 42; sufficient training high capacity facilities for patients in pain rehabilitation 11; enhancing of education level in pain 9.

**Conclusions:** District oncologists mention accessibility as one of the major obstacles that impede patients’ successful pain treatment. This is a point where the actual control and local sources could do a major improvement. The frequently mentioned need for inpatient facilities that would address patients in pain seems to be the only way to be done in Moldova. Health care reform has to take into consideration the necessity of oncologists to have access to education in the field of cancer pain. The results show high satisfaction in pain control level at their patients in a country with so many gaps in pain treatment need a better understanding of the actual basis for that optimism.

**Abstract number:** P70

**Abstract type:** Poster

**The Impact of Organisational and Individual factors on Teamwork and Patient Safety in Cancer Palliative Surgery: A Qualitative Study**

**Barreto M.**

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**Background:** Effective teamwork and communication is a crucial determinant of cancer advanced patient safety. A healthcare system that supports effective teamwork can improve the quality of patient care and reduce workload issues that cause burnout among healthcare professionals. Communication failures are often underpinned by the inherent differences in professional practices across disciplines, and the ways in which they collaborate.

**Purpose:** Understanding organisational and individual factors that influence interdisciplinary communication and teamwork in cancer palliative surgical unit.

**Design:** 1 oncologist, 1 surgeon, 1 anesthetist, 2 nurses, and 2 pharmacists, - reflecting teams; mixed-methods qualitative/quantitative research designs were used.

**Methods:** Analysis of 15 clinical cases of high-complexity palliative surgeries Morbidity and Mortality Conferences, medical and nurses notes were collected.

**Analysis of focus group with including surgeons, anesthesiologists, and nurses from cancer care surgery unit.**

**Conclusion:** The model of patient and family involvement in the development of clinical interventions (Taylor-Adams & Vincent, 2004) provide the conceptual foundations of the investigation and analysis process.

**Analysis:** Using a combination of inductive and deductive approaches, thematic content analysis was performed on this qualitative data set and compared to quantitative results.

**Results:** Analysis identified causal patterns of interpersonal conflicts, interdisciplinary diversity in teams contributes to complex interpersonal relations, the pervasive influence of efficiency culture, the difficulty to maintain cohesion, lack of education about psychosocial needs of advanced cancer patient. This insight presents a critical first step towards the development building intended in that would specifically address communication practices in cancer surgery unit.

**Abstract number:** P71

**Abstract type:** Poster

**Patient and Family Satisfaction in Palliative Care**

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**Background:** The assessment of quality in health care is more often an urgent aim within the different care contexts (NOS, 2010). The unit of Palliative Care S.B.M. 8 has the mission and interest for itself a full assistance to the person with incurable disease, developed and progressive, as well as to the family/care giver, looking forward to improve his quality of live, thus mobilizing technical-scientific knowledge, in the sense of an evidence based medicine (EBM) (Melnyk & Fineout-Overholt, 2005). The PBE is essential to emphasize the centralization of the person/family/care giver in the care process, where the professional assumes the skills to diagnose, plan and do the more adequate intervention, which includes self controls and evaluations (Amendoeira, 2003).

**Object of study:** To evaluate the patient’s or care giver satisfaction during interment, after 21 days the interment and the satisfaction of the family who had patients interned over 6 months in the UPC.

**Material and method:** The systematic review of literature (SRL) (Pawlikoff, D.S., Pence, S.T., & Tanner, A. (2005)) revealed itself as a strategy more adequate for the understanding of the phenomena. In this sense we searched in the EBSCO (CINAHE, PlusMedline; Cochrane; Nursing and Allied Health Collection), submitting the following key-words: satisfaction, patient/family care, measure, family, phone and nursing intervention, which we crossed successively, using a chronologic fringe of five years and a set of limiters.

**Results:** The SRL allowed the identification of 17 articles that enhance to identify a set of variables, essential to the elaboration in order to evaluate the clients’ satisfaction in the UPC. The former matrix will be submitted by telephone to the clients (patient/family care giver), between 11/2010 and 1/2011.

**Conclusions:** From SRL emerges the consistency of the system to produce data that will be analyzed in a comprehensive and interdisciplinary perspective, and presented at congress.

**Abstract number:** P72

**Abstract type:** Poster

**Management of Hypercaemia in a Palliative Care Service**

**Camilleri M.**

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**Background:** Management of hypercaemia in palliative care requires a comprehensive approach that takes into consideration many factors not least of which the wishes of the patients and resources available. Guidelines offer a consistent approach based on systematic reviews and reports on patients with hypercaemia management was undertaken after revision of cost and use of bisphosphonates, patient admissions for infusion for calcium management. From this a number of discrepancies emerged together with an inconsistent documentation of symptoms and outcomes. New guidelines are to be loosely based on the guidelines available to the organisation. The medical team was challenged to review practice, based on the list of patients treated in 2008. In early 2009 education sessions highlighting pathophysiology of calcium metabolism, clinical features of hypercalcaemia, relater, methodologies, mechanism of bisphosphonate action and role of hydration were delivered. Concurrently prospective data from clinical notes of patients treated for hypercalcaemia in 2009 was gathered.

**Results:** During 2008, 22 infusions of bisphosphonates were administered to 2 patients with hypercaemia. In parallel, guidelines, clinical resources and protocols from the literature were reviewed. In the first quarter of 2009 patients and community teams were issued with new clinical guidelines. The systematic revision of cost and use of bisphosphonates, patient admissions for infusion for calcium management was undertaken after revision of cost and use of bisphosphonates, patient admissions for infusion for calcium management.

**Method:** Clinical notes of patients treated for hypercalcaemia in the year 2008 were retrospectively reviewed. Management of hypercalcaemia had to be loosely based on the guidelines available to the organisation. The medical team was challenged to review practice, based on the list of patients treated in 2008. In early 2009 education sessions highlighting pathophysiology of calcium metabolism, clinical features of hypercalcaemia, relater, methodologies, mechanism of bisphosphonate action and role of hydration were delivered. Concurrently prospective data from clinical notes of patients treated for hypercalcaemia in 2009 was gathered.

**Results:** During 2008, 22 infusions of bisphosphonates were administered to 2 patients with hypercalcaemia. In parallel, guidelines, clinical resources and protocols from the literature were reviewed. In the first quarter of 2009 patients and community teams were issued with new clinical guidelines. The systematic revision of cost and use of bisphosphonates, patient admissions for infusion for calcium management.
Abstract number: P75
Abstract type: Poster

Registering Palliative Care Data in Developing Countries: A Need to Improve it in Mexico, Venezuela and Panama?

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Provision of Palliative Care (PC) is not fully organized in developing countries. Differences exist among countries in terms of opioid prescription, training in PC. In order to increase resources for this activity each action/decision taken to provide care for patients needing palliative care must be registered in patient's files. The aim of this study was to determine if each action/decision taken to provide care to patients needing palliative care was properly registered in three main hospitals located in Mexico, Venezuela and Panama. A descriptive study was done with a sample of patients who received palliative care in three hospitals (Mexico, Venezuela and Panama). Data evaluated included: Demographic information, Diagnosis, Treatment (medicines prescribed for the treatment of pain (including laxatives and gastric mucosa protectors), rescue doses), level of pain measured and analgesia administered. Consistently Demographic information, diagnosis and treatment decisions (Surgery, Radiotherapy and chemotherapy) were not consistently registered in patient's file. Main differences were found in PC Provision. Level of pain measured and scale used, rescue dose provided and morphine was not consistently registered in patient's files. Additionally, instructions for medicines applied were not indicated in all cases and gastric mucosa protectors, resuscitation kits were not consistently registered in all cases that they were required. If decisions taken to provide PC are not properly registered, resources invested to improve this discipline may remain limited. These results indicate that there is a need in improving education of health care professionals and/or a need to improve registration processes when PC services are provided.

Abstract number: P74
Abstract type: Poster

National Care of the Dying Audit Hospitals (NCDAH): A Useful Tool for Improving Care for Patients in the Last Hours or Days of Life

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Producing robust, objective data that leads to improvements remains a challenge in palliative care. The NCDAH, part of a Continuous Quality Improvement (CQI) programme in care of the dying aims to identify gaps in the quality of care received. CQI within the NCDAH uses audit and evaluation against nationally adopted standards (Liverpool Care Pathway for the Dying Patient - LCP), comparing performance across different organisations. The NCDAH promotes development of local action plans to facilitate improvement in the care of patients in the last hours or days of life

Aim: To identify gaps in HIV care across UK inpatients and outpatients and examine the quality of care provided.

Method: Retrospective audit cycle across 19 UK specialist HIV clinics. Data was collected from patients at the end of their life. The audit tool included data obtained from CD4 and viral load counts, date of death, any support provided and any potential barriers to support.

Findings: Over 120 patients were assessed on a single day. Of these, 58% of patients died in hospital, 27% died at home and 15% died in specialist palliative care services. 71% of patients were seen in the last 2 weeks of life. 70% of patients had CD4 and viral load counts within 1 month of death. 20% died within 1 week of the last viral load count.

Conclusion: The audit identified a range of potential barriers to inpatient care. Further work is required to examine the day to day quality of care and to ensure that patients receive the best end of life care possible.

Poster sessions
12th Congress of the European Association for Palliative Care, Lisbon, Portugal, 18–21 May 2011

Poster sessions (Thursday)
Poster sessions

like this has been conducted. The hotline nurse input the call details onto the computer. The data was then collated onto a single database and each field was analysed.

It was found the majority of calls were taken during working hours, from the female population, whose mean age varied, with queries predominantly from patients with breast and bowel cancer. A large proportion of callers rang with concerns regarding the side effects of the drug Capcitabine. These inquiries were analysed in detail.

The hotline is essential in managing patient queries and adjusting their treatment due to side effects. The main role of the hotline is to reduce unnecessary hospital admission, which is being provided in a timely manner. This can be emulated in other cancer hospitals as the audit results demonstrate that a significantly large number of thousands of extra patients would be visiting the cancer hospital each year.

No funding was required for this audit.

Abstract number: P79
Abstract type: Poster

Quality Indicators Measurement in the Merida´s Support Palliative Care Team (Extremadura Regional Palliative Care Program (ERPPC))

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Servicio Extremeno de Salud, Palliative Care Team of Merida, Merida, Spain

Background: The Palliative Care Team (PCT) Members motivation and participation to set up the quality assurance system to develop continuous improvement plans in patients and relatives assistance, and also to increase the professional’s satisfaction.

Aim: To get the results after evaluating the quality indicators of the ERPPC in Merida’s Area.

Methods: All the patients of one year that arrived to the ERPPC in Merida’s Area from January 1st to October 21st were evaluated. The indicators in the ambit of Evaluation were previously developed and agreed by the Quality Group of the ERPPC.

Results: 174 Medical Reports were evaluated: Indicators in the ambit of Attention: 70% of patients were seen at home and 30% in the hospital. In 94% the delay in the first visit was in the allowed range. 64% of patients stayed more than 15 days in the ERPPC in Merida’s Area.

Indicators in the ambit of Evaluation: A high achievement in this ambit was founded related to the first visit (95-99%). But in the reappraisal the percentage turned to 61%. Indicators in the ambit of Action: The achievement in the first visit was estimated around 90% focusing on the existence of a care and therapeutic plan and turned into 62% in the reappraisal. A complete assistance was just in 26% of the medical reports evaluated. A multidisciplinary (PhD, Nurse, Psychologist) medical report was completed in 97% of the cases.

Conclusions: After having analysed the results by the PCT Members (2 PhD, 2 Nurses, 1 Psychologist and 1 Social Worker), it is suggested the development of an improvement plan and also to establish the new objectives for 2011, so the excellence could be reached. The need for improvement instruments to know the professional’s satisfaction it is also suggested. Mainly in this case in which every member of the PCT is proportionally involved in a continuous improvement of quality.

Abstract number: P80
Abstract type: Poster

The Use of Transdermal Fentanyl Patches in Patients on the Liver Cancer Pathway (LCP) or Equivalent Tool

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Background: Transdermal fentanyl available since early 1990s, effective in chronic cancer pain.

Not first-line analgesic and lack of confidence in use, particularly at end of life.

Various guidelines stressed around use of fentanyl - all recommend patches continue at the end-of-life.

Aim: To assess the use of transdermal fentanyl patches in patients on the LCP.

Methodology:

Retrospective, multi-centre regional case-note audit of patients prescribed transdermal fentanyl and started on LCP or equivalent tool, who have been commenced on the Liverpool Care Pathway for the Dying Patient (LCP).

Results:

20 organisations took part and 148 proformas were returned. 20% of the proformas from hospice setting, 25% from hospital and 10% from the community setting.

Conclusion:

Fentanyl patch continued in the majority when LCP started.

Most had PRN opioid prescribed, but only correct in 66%.

Syringe driver started when indicated in 86%.

If syringe driver started, breakthrough dose in 71% - falls.

If syringe opioid changed, breakthrough dose in 61% - falls again.

At all stages, when breakthrough dose incorrect it was usually too low.

Recommend that organisations ensure appropriate dose of PRN opioid for patients on the LCP and prescribed transdermal fentanyl, with LCP started and if regular additional opioid added or changed.

Abstract number: P82
Abstract type: Poster

Audit on Inpatient Bed Transfers of Patients Referred to Specialist Palliative Care in Our Lady of Lourdes Hospital

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Background: There had been a number of complaints made to our team in the period July 2009 – Dec 2009 by patients and families who had been moved from bed to bed around Our Lady of Lourdes Hospital during their inpatient stay, and who had been referred by Specialist Palliative Care service involved in their care.

Objective: In Our Lady of Lourdes Hospital, Drogheda we conducted an audit on inpatient transfers in an acute hospital over a six month period on patients who had been referred to our service.

Method: We collected data using the computerized inpatient management system (IPMS) on 131 patients with Palliative needs from July 2009 to Dec 2009 who had been referred to Specialist Palliative Care.

Data on name, ward admitted to, length of stay, no of bed transfers, patient outcome (died/discharge), discharge location, place of death (single room or shared ward), presence of infection (eg MRSA/Cdiff), malignant/non-malignant diagnosis. The data was entered onto a Microsoft Excel spreadsheet.

Results: The ideal number of transfers for someone known to the Palliative Medicine service was unacceptable high in many cases over that period.

Conclusions: The number of inpatient bed transfers for patients known to the Palliative Medicine service was unacceptable high in many cases over that period.

Abstract number: P82
Abstract type: Poster

Fentanyl Prescribing in an Acute Hospital Setting: A Review of the Current Practice

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Background: Fentanyl is a strong opioid analgesic. It is licensed for the management of malignant and non-malignant chronic pain. It is recommended that it is prescribed in patients who have previously tolerated treatment with opioid analgesics as it is known to cause a wide range of serious side-effects in opioid-naïve patients, including respiratory depression. The Irish Medicines Board recently published recommendations for safe and appropriate use of fentanyl/after a review of global data which documented severe life-threatening adverse reactions and death from fentanyl overdose. Two contributing factors identified were dosing error, and inappropriate prescribing including prescribing in unlicensed indications and in opioid-naïve patients.

Aims: 1. Assess the appropriateness and safety of prescribing of fentanyl patches in acute hospital in-patients.

2. Demonstrate if it is being prescribed and adjusted according to manufacturer guidelines.

3. Conduct a brief review of the knowledge of the medication they are prescribing/administering.

Methods: The study consists of two parts. The first part involves a prospective review of patients prescribed fentanyl patches after a three month period from October to December 2010. Observations included the indication for, the dose prescribed and its adjustment over the course of the admission.

The second part involves a brief questionnaire to hospital staff prescribing/administering fentanyl patches (medical, nursing and pharmacy). This will allow a review of one question which examines awareness of the morphine dose equivalent of one sample-strength of fentanyl patch.

Results: Awaited - study in progress.

Conclusions: Transdermal fentanyl is a useful opioid agonist whose advantages include ease of administration. Its ineffectual use can lead to clinically significant consequences. Ongoing education is critical to ensure it is prescribed appropriately and safely.

Abstract number: P83
Abstract type: Poster

A Questionnaire to Establish what Exercise Programmes Are Available to Palliative Care Patients in Ireland and the UK

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Purpose: To establish if exercise programmes are available to Palliative Care (PC) patients and how they are structured and evaluated.

Relevance: Physiotherapy plays a vital role in the rehabilitation and palliation of symptoms in PC. Evidence suggests that exercise programmes tailored to the individual are feasible and an appropriately adapted group exercise programme may enhance psychological wellbeing.

Participants: Physiotherapists working in PC.

Method: Questionnaire completed via an on-line survey provider. The link was sent out via Chartered Physiotherapists in Oncology, Palliative Care Special interest group in Ireland and the UK and reminder was also placed in the Hospice UK Online newsletter.

Results: 40 completed the survey in full. All provided exercise programmes to individual patients. 25 (62.5%) organisations offered a group exercise classes of which there were 19 ‘general’, 7 ‘Fatigue’ and 4 ‘Respiratory’. 22 organisations reported using outcome measures (OM) but only 11 (50%) used validated OM. 8 organisations reported running groups in conjunction with other disciplines such as Oxbridge, the national therapeutic the nurse association. Analysis: This is a preliminary study. All respondents included exercise as a treatment option; no comment can be made on those who did not complete the survey. Groups run in conjunction with other disciplines for the palliation of symptoms such as dyspnoea and fatigue, appear to be well structured and evaluated. ‘General’ exercise groups tend to be
run in a Hospice Day Care setting and appear less structured and poorly evaluated.

Conclusion: There is evidence of exercise being used as a treatment option in PC. There is no consensus of OM in PC and they are poorly used to evaluate the effect of exercise in PC. Inter-disciplinary groups are more likely to be structured and use validated OM.

Abstract number: P87
Abstract type: Poster

Significant Pain Relief with Loading Dose Zoledronic Acid in Bone Metastases, Is Only Seen in Patients with Elevated Initial Serum C-Telopeptide (CTX)

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Abstract number: P88
Abstract type: Poster

The Relationship between Systemic Inflammation and Severity of Symptoms in Patients with Advanced Cancer: A Prospective Study

Haworth G.1, Rout B.2, Laird B., Fallon M.1

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Abstract number: P92
Abstract type: Poster

Vitamin D Deficiency in Advanced Cancer; The Prevalence and Its Relevance

Snow C.A.1, Lawlor P.G.2, Heady M.3, Walsh B.4, Kenny R.5

1Our Lady’s Hospice and Care Services, Education & Research Department, Dublin, Ireland, 2Beyer Comprehensive Care Unit, Palace Care at Department, Ottawa, Canada, 3St James Hospital, Biochemistry Department, Dublin, Ireland, 4Trinity College Dublin, Department of Gerontology, Dublin, Ireland

Introduction: There is evidence of exercise being used as a treatment option in PC. There is no consensus of OM in PC and they are poorly used to evaluate the effect of exercise in PC. Inter-disciplinary groups are more likely to be structured and use validated OM.

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Background: Vitamin D deficiency, defined as serum concentrations of < 50 nmol/L, is common in healthy populations; the mean vitamin D of 33,000 healthy subjects worldwide, included in a meta-analysis was 54 nmol/L. Human production of the active form of vitamin D (1,25-dihydroxyvitamin D) is

Poster sessions (Thursday)
Prognostic Utility of Autonomic Dysfunction

Abstract type: Poster

Prognostic Study of the Prevalence and Prognostic Role of Autonomic Dysfunction in Ambulant Patients with Advanced Cancer

Stone C.1, Nolan B.1, Kenny R.1, Lawlor P.G.2
1Our Lady’s Hospice and Care Services, Education & Research Department, Dublin, Ireland, 2 Trinity College Dublin, Department of Gerontology, Dublin, Ireland, 3B31 Emergency Continuing Care Unit, Palliative Care Department, Ottawa, ON, Canada

Background: Heart rate variability (HRV) data obtained from ECG recording provides an index of autonomic function. We describe the prevalence of vitamin D deficiency and the use of vitamin D supplements in a sample of patients with advanced cancer. The majority of patients had vitamin D deficiency and all had serum concentrations below that required for optimal muscle function. Further research is required, to identify the prevalence of vitamin D deficiency in well defined cohorts of patients with cancer, to identify effective and reliable repletion of vitamin D in patients with cancer and to assess the clinical impact of repletion on muscle function, pain and survival. Funded by the Irish Hospice Foundation and Health Research Board

Abstract number: P93
Abstract type: Poster

Prevalence of vitamin D deficiency (VDD) and its influence on oncology patients with advanced cancer

Mickaden M.A.1, Diep M.P.1, Chandkar S.V.2
1Tata Memorial Centre, Palliative Care Medicine, Mumbai, India

Aims: To describe the prevalence of vitamin D levels and its influence on oncology patients with advanced cancer. Method: This was a cross-sectional study of the VDD prevalence and its influence on oncology patients with advanced cancer. The sample consisted of 106 participants. The mean age was 63 years (SD = 14). There were 66 males and 40 females.

Results: The prevalence of VDD was 56% and 36% of participants had VDD <80 nmol/L and <50 nmol/L respectively. The majority of participants had VDD <50 nmol/L (60%). The mean serum vitamin D level was lower in the cancer group (26.69±19.41 nmol/L) compared to the control group (37.3±8.57 nmol/L). The presence of VDD was significantly associated with an increased frequency of VAD (ń2=2.2 p=0.14). 34 were VAD. Cardioactive drugs not associated with electronic patient database. Influence of medications on autonomic dysfunction (AD) was not shown to have the number of the myths at the end of the course.

Conclusions: The education in Palliative Care improves the knowledge about the grief/bereavement and the students, during their course, decrease their myths. The education in PC is an important factor to decrease the bereavement’s myths.

Abstract number: P97
Abstract type: Poster

Grief Process Adaptation According to the Gender and Effect of Treatment

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Introduction: No extend studies have been made on different forms of responses depending on the age in the elaboration of the grief. Objective: This study aims to evaluate the different responses in the elaboration of grief depending on the age.

Materials and methods: Included in this study, 106 participants in the experimental group and 65 in the control group. They are relatives of cancer undergoing chemothrapy that derived from complicated grief. The average age is 58 years. The variable age have been categorized into 3 groups: < 40 years; 40-65 years and > 65 years.

Results: Relatives are evaluated before and after the treatment and there is monitoring at 6 months and one year after treatment. The instruments used for evaluation are: the hopelessness scale, depression inventory, the general health questionnaire, the functional-social support questionnaire, the emotional support questionnaire, the wellbeing scale and the anxiety inventory.

Conclusions: The education in Palliative Care improves the knowledge about the grief/bereavement and the students, during their course, decrease their myths. The education in PC is an important factor to decrease the bereavement’s myths.

Abstract number: P98
Abstract type: Poster

Religion and Bereavement - Indian Context

Muckaden M.A.1, Dipé M.P.1, Chandkar S.V.2
1Tata Memorial Centre, Palliative Care Medicine, Mumbai, India

Aims: A qualitative research study was undertaken to understand the role of religion in coping with bereavement in the Indian context.

Methodology: The Palliative Care Unit is based in an urban city where patients with advanced cancer arrived from all over the country. Understanding coping mechanisms; 12 bereaved primary care givers were selected to represent 3 major religions in India- Hindu, Muslim and Christian. At the time of the bereavement visit, they were explained the purpose of the education.
In all questions the majority of the students gave the answer right but in two items (“bereavement’s clothes are something that you don’t help the bereaved person” and “just think on the positive things that happened in the relationship with the deceased” including a “satisfactory resolution of grief”) just a half students gave the wrong answer.

The palliative care students had less myths than the other students, with p<0.05 (27±2.5/31 and 23±6.3/31, respectively)

In the palliative care students the gender influenced the number and the type of the myths (p<0.05) while in the other students no any factors influence the number of the myths

In the total of the subjects only the gender and the education in Palliative Care influence the number of the myths; the men had more and the PC students less myths (p<0.05).

Conclusions:

• Although the majority of the students had few myths, the palliative care students and the women had less myths than the others.
• The education in PC is an important factor to decrease the bereaved’s myths.

Abstract number: P100
Abstract type: Poster
Support Groups for Bereaved Young Adults - Lessons Learned

Hultkvist S.1, Alex R.2, Sand L.1
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2At the palliative unit of StockholmSkhem, Sweden about 500 patients die each year. Of these, about 150 are aged 45-65 years and may have children aged 16-28 years. Since 2004, young adults are offered support groups in order to prevent future illness and help them to cope with their loss. So far 95 young adults have participated. Groups consist of 10 weekly sessions, each two hours. The group work was done with methods of Qualitative Research methodology.

Results: Of the 12 caregivers 10 were Hindu, 1 Christian and 1 Muslim. 11/12 caregivers expressed that an abiding faith in God, helped them through this most trying period in their lives and believe that in the end; “God gives you the strength to walk the path and face the life you have”. Though 3 caregivers prayed for a cure all the end; their faith helped them accept the inevitable. Interestingly, 4/5 caregivers felt there is only one God, The group expressed support to emotions and thoughts about the future.

Aim: To summarize what we all have learned.

Method: To identify the influencing factors.

Results: Group support is a suitable form for supporting young adults and their recovery in grief. It enhances self-confidence and breaks the feeling of loneliness and isolation. Stories require listeners helping and this opportunity is given in the group.

Lessons learned:

• Regular meetings are needed to keep the group process alive.
• The higher degree of recognition, the better for the group process.
• A few months after the loss need to pass before contributions can be made to the processing and sharing of grief.
• It is important to meet young adults where they are.

Scientific / theoretical evidence for the effect is still lacking. Now the aim of this systematic investigation to determine whether group support enhance psychological well-being, strengthens self-esteem and minimize risk for relation difficulties.

Abstract number: P101
Abstract type: Poster
Adaptation and Validation of the Prolonged Grief Disorder Assessment Instrument (PG-13) for Portuguese Population

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In palliative care, one of the important purposes is the counseling of families at risk of developing complicated grief, that like literature describes may affect 10-20% of the bereaved. The study aims to validate the Portuguese population the instrument PG-13 (Prolonged Grief Disorder Assessment), created by Prigerson et al. (2007) for diagnosis of Prolonged Grief, whose criteria are: the experience of loss-single mindedness, and yearning for the deceased that extends for a period exceeding six months; emotional symptoms, cognitive and behavioral dysfunctions and meaningful life social and occupational functioning.

The population includes 102 caregivers of patients accompanied by Support Team Palliative Care, Hospital Santa Maria. The participants are mostly female (82.4%) with mean age of 58.87 (SD: 13.41) and range between 15 and 84 years. Most respondents are widowed (62.1%), and 93.2% of these people are mourning the loss of a spouse. The second largest group of subjects consist of married persons (29.5%) who lost one of the parental figures (64.3%) and brothers (14.3%). Decreased family members have an average age of 68.80 (SD: 11.50), with amplitude between 27 and 89 years. The gender distribution in the group of deceased patients are 57.8% male and 42.2% female.

The internal consistency instrument is considered very high (0.92). The results indicates that 22.5% of the population manifests symptoms of prolonged grief. There were no significant differences in terms of socio-demographic variables or the circumstances of illness and death. The table of the percentages reveal that Prolonged Grief Disorder is prevalent in female subjects (91.3%), widowed (66.2%) and in cases where the deceased was being the spouse (65.2%).

Abstract number: P102
Abstract type: Poster
Bereavement Care for Relatives by Oncology Nurses: Contact by Phone

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Introduction: The nursing team of the Medical Oncology ward, experiences a gap in supportive care for relatives of patients who died on the ward. Relatives, repeatedly, visit the unit immediately after the death of a loved one. In contrast with medical oncologist’s, there is no structural offer of bereavement support by nurse.

Method: An intervention for bereavement support is developed based on a literature search (Pubmed, CINHAL, and interviews in family health care in which bereavement support is integrated in usual care.

Aims of the study: What are the needs and expectations of relatives in bereavement support by nurses; what should the support intervention consist of; what skills do nurses need to carry out the intervention? One year after implementation of the intervention, it is evaluated on the usability in daily practice for the nursing team.

Results: The study shows that many care settings don’t provide structural bereavement support, while half of the relatives with symptoms of grief seeks help. Most relatives are satisfied with a single contact by phone to evaluate the period on the ward and death of the patient in the hospital. Relatives prefer bereavement follow-up after 4 weeks after the death of the patient. Identification of problematic grief is not possible with this kind of support. Basic skills developed in the education and daily practice of the oncology nurse are sufficient for bereavement support by telephone when facilitated by a checklist with the content and process of the ‘after-care’ contact. Results of the evaluation (response 83%); Nurses are very positive about the supportive care and very noticed the appreciation of the family members for the extra attention. When needed, added information can be given.

Conclusion: Telephone bereavement support by nurses turned out to be effective. Implementation has been successful. A checklist for communication seems to be an effective instrument.

Abstract number: P103
Abstract type: Poster
Improving a Bereavement Service in a Tertiary Cancer Centre

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Aim: To improve bereavement care for all users of a cancer centre.

Objective: To develop and implement a post bereavement service for all relatives of patients who have experienced bereavement.

Background: The Department of Health proposed that all NHS Trusts should provide support and advice to families at the time of bereavement and that all NHS Trusts should have a Department of sensitive, responsive information and support for bereaved families was not an ‘optional extra’ but something that should be foremost in the NHS services. The current bereavement service within the organisation is ineffective but does not provide the necessary support for the bereaved. The authors are part of the Palliative Care Team in a large tertiary cancer centre.

Method: The current bereavement provision within the organisation consists of a day after day follow up with bereaved relatives. During this period, a senior nurse will meet the relatives. The bereaved relatives are provided with written information. The relatives are informed about cause of death, registration process, funeral arrangements, relevant papers, legal issues, options for directions to registrar, formal and informal support. Following this meeting there is no other bereavement support offered by the organisation. The palliative care team within the Trust emphasised the importance of bereavement and developed a bereavement framework to provide bereavement support and enhance bereavement services. For example send out a condolence care, list the agencies within the locality of the bereaved which offer bereavement support and create a bereavement co-ordinator and also to follow this up with a phone call.
call, to provide an opportunity for ongoing bereavement support. The education around bereavement care and communication skills would be incorporated into the palliative care team’s education strategy.

Conclusions: The aim (as above) will be achieved through the improvement of communication and specific recourses for each locality and the introduction of follow-up. Evaluation and audit will be used.

Abstract number: P104
Abstract type: Poster

What to Tell Children and Not to Tell. Is it Wise to Tell Children that their Mother or Father Is Dying
Rifatna S.M., Rimianni G.G.1
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Children are growing human beings and needs to understand/informed what is going around them. A child understanding of death is influenced by age related developmental stages Capital Health [2006].

Purpose: Explore children’s understanding.

Children often perceive that something is wrong even if they are not told, because routines are disrupted and people close to them may look and act differently. It has come up strongly that it is better to explore with the children what they understand of death, since our current practices with children especially if it involves parents or close relatives.

Result: Done at the hospice, 3 out of 5 children cope well with the information being paced well and relating the situation to the previous one especially of death in their own field.

Children who are supported, cared for and loved, with extra kises, hugs and time spent together cope well with limitation than who are left without information.

2 out of 5 don’t cope due to lack of proper support and the parents are given the information and left them in later life. Allowing children to express their feeling and answering questions simply and honestly has shown very good results. Most of the patients children reared by the hospice team shown that their children were being left out of the correct information. Children need support and understanding especially when bereaved by parent to know they are cared for, understood and can contribute in any way.

Conclusion: Further research on children understanding of parent death.

Abstract number: P105
Abstract type: Poster

The International Visiting Scholars Program: Combining theory and practice in the education of U.S.-Trained Physicians after a Rotation in Palliative Medicine
Sang H.B.1, Moore S.Y.1, Lloyd L.S., Nilesen R.A., Whitmore S.M., Ferris F.F.2
1The Irish palliative care program at the cardiology Medicine at San Diego Hospice, San Diego, CA, United States

Background and aims: International medical graduates (IMGs) make up a large portion of medical school curricula globally. Consequently, IMGs do not have the same exposure as U.S. students who have PM as part of their training. However, they do have PM skills for patient care. The International Visiting Scholars (IVS) Program was a pilot project to determine whether IMGs could acquire PM skills and that the level of concern would decrease especially when bereaved by parent to know they are cared for, understood and can contribute in any way.

Conclusion: Further research on children understanding of parent death.

Abstract number: P106
Abstract type: Poster

Pediatric Palliative Care Education. “Continuous Professional Development” Workshops
Bernard M.M.1, Zuballa C.2, Le Pera V.1, D’Affo P.O.1, Bellocco R.1, Fernández G.1, Dallo M.D.J.A.1, Caparonechi V.1, Carreno R.1, Lores R.1, Bosch S.1, Gonzales E.1, Gioranio A.1
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In most of professional health studies in the country, there is no specific palliative care (PC) training. Not even in those related to Pediatrics. The American Academy of Pediatrics stated that established all professionals involved in pediatric assistance should have minimal PC competences.

Objective: To present the pedagogic model of the first pediatric PC (PPC) educational meetings in the country.

Methodology: In one year, five eight-hour workshops, “PPC introductory workshop”, were held. General objectives:

a) to spread basic concepts and national legal frame
b) to offer a reflexive space to analyze theoretical and practical issues of children living with threatening or life-limiting conditions health care.

Educational methodology: To achieve cognitive and attitudinal learning an interactive methodology was used: oral presentations, role playing and clinical case discussions in small interdisciplinaries groups.

Evaluation: Different pre and post test formats were used. A satisfaction survey with close and open questions was given.

Results: 153 health professional workers participated.

1) Medical doctors: 91 medical doctors; 33 nurses, 7 psychologists, 6 social workers, 4 administrative workers, 3 others.
2) Nursing workers: 4 students, 2 physiotherapists, and others.

Items included in the “Satisfaction survey” were: bibliography, methodology, clinical cases, information obtained through the media and necessary process to transform a young discipline into a strong field in healthcare and to obtain recognition and funding.

Main source of funding: Palliative ch

Abstract number: P108
Abstract type: Poster

Knowledge of Nursing Undergraduate and Graduate Students about Palliative Care: The Experience of the University of São Paulo at Ribeirão Preto, College of Nursing
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Objective: To identify the knowledge of undergraduate and graduate nursing students concerning palliative care.

Method: This is a descriptive, exploratory and field study. Undergraduate and graduate nursing students from the nursing program at the University of São Paulo participated in the study. Data were obtained through a self-report questionnaire addressing identification data (gender, age, marital status, study year), questions related to the definition of palliative care, experience with providing palliative care to patients, characteristics of palliative care and course addressing the theme. Students attending the school in a predetermined day were invited to participate. Data were analyzed with descriptive methods and a participation percentage. A Research Ethics Committee approved the study.

Results: Total of 60 subjects, 43 undergraduate students, four from a specialization program, and 13 master’s and doctoral students; 58 were women and two men. Average age was 26 years old. Of these, 57 were already familiar with palliative care at undergraduate or graduate programs. Brazil participated in the study. Data were obtained through a self-report questionnaire addressing identification data (gender, age, marital status, study year), questions related to the definition of palliative care, experience with providing palliative care to patients, characteristics of palliative care and course addressing the theme. Students attending the school in a predetermined day were invited to participate. Data were analyzed with descriptive methods and a participation percentage. A Research Ethics Committee approved the study.

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Abstract number: P110
Abstract type: Poster
Spirituality and Spiritual Care Training in the Workplace: Attitudes of Doctors and Final Year Medical Students
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Background: There has been an increasing interest in the importance of spiritual care in relation to healthcare delivery particularly in palliative care. Internationally, much progress has been made in developing guidelines on spiritual care delivery for healthcare professionals, and it is increasingly recognized that spiritual care is an inherent component of holistic health care. Currently in the Republic of Ireland there are no formal guidelines on spiritual care delivery in health care settings.

Objective: The principle aim of this survey was to ascertain the attitudes towards spirituality of doctors and final year medical students working and studying in a major teaching Hospital in Ireland. Respondents were questioned on the meaning of spirituality, importance of spirituality in professional practice, and attitude towards spiritual care training.

Methodology: A 4 page anonymous postal questionnaire was sent to doctors and final year medical students. The resultant quantitative data regarding attitudes towards spirituality of workplace spirituality and workplace significance of spiritual care training was analysed using descriptive statistics.

Results: We will present the results of approximately 120 professional and freshly medical students regarding spirituality, attitudes towards spiritual care at part of holistic healthcare delivery, and the importance of spirituality in individual clinical practice.

Abstract number: P111
Abstract type: Poster
An Evaluation of a 2-day Education Programme in Promoting Knowledge and Confidence in the Practice of Palliative Care for Hospital Staff
Hutchison T. 1, Mennen S. 2
1Royal Liverpool University Hospital, Practice Education Facilitators, Liverpool, United Kingdom, 2Marie Curie Palliative Care Institute Liverpool, Liverpool, United Kingdom

Aim: To evaluate if hospital nurses attending a 2-day palliative care education programme achieve any increase in knowledge and confidence relating to palliative care in the acute clinical setting.

Method: A 2-day programme was developed by a panel of Clinical Nurse Specialists and a lecturer Practitioner from the Hospice Palliative Care Team. Longitudinal evaluation consisted of pre-test/post-test design, utilizing 3 questionnaires. A demographic questionnaire, the Palliative Care Quiz for Nurses and a confidence questionnaire were administered before the programme. The PCQN and confidence questionnaire were completed at the end of the course and again 3 months later.

Results: The programme was delivered on 3 occasions to 24 nurses in 2009. The pre and post questionnaires were completed by all participants, however the 3 month follow up questionnaire was only completed by 16 nurses (66%). The questionnaires demonstrated a statistically significant increase from baseline in knowledge regarding the management of pain (t=-2.7, p< 0.01), symptom (t=3.27, p< 0.005) and psychological (t=5.5, p< 0.005) symptom control. Equally a significant increase on baseline confidence in communication with patients (t=7.5, p< 0.000) and longitudinal follow up (t=6.0, p< 0.000). There was no measurable difference relating to knowledge in the control group or in the tangible aspects of care such as beliefs and attitudes.

Conclusion: The findings suggest that Registered Nurses benefited from attending this 2-day education programme in terms of knowledge and self rated confidence regarding palliative care. However, a change of practice is necessary for further impact on all components of the course. Demonstrating the value of education in a clinically focused acute care environment is important given competing demands between clinical and educational priorities.

Poster sessions (Thursday)
presented include the most common topics discussed by physicians when describing clinical and professional practice changes since completing the training programme. These changes include sharing information about the potency of such an international training programme in regard to modifying clinical and professional practice. Learning of these changes in a qualitative manner allows for a more detailed understanding of each physician’s personal perspective and can guide the development of additional programs in this area. Researchers may further benefit from utilizing this data to determine whether such educational programs are adapted for nurses, pharmacists, or other interdisciplinary palliative care team members.

Abstract number: P115
Abstract type: Poster

More Effect with Less...

van Bommel M.J.

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In the South of the Netherlands we had a survey amongst general practitioners asking them about their knowledge concerning the possibility of short series of palliative irradiation in various organ systems and symptoms in palliative care, but also the possibility of telephone consultations with the radiotherapist. Also we have made this registration between the radiotherapist and the palliative consultants. It may improve patients quality of life, because with this knowledge the patient may be treated as well. Vulto A, Bommel M van et al. General practitioners and pharmacist company. From October 2009 until June 2010, 110 junior doctors graduated of which 6 were from a pharmaceutical company. That's why we organized three conferences in which we not only discussed the knowledge needed about the possibilities of irradiation in various symptoms, but also we discussed the possibilities of telephone consultations with the radiotherapist.

Abstract number: P116
Abstract type: Poster

What Do Junior Doctors Think about Opioid Treatment in Cancer Pain?

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In Romania, Bucharest, a nongovernmental organization developed an educational program for attending general practitioners of their clinical specialty consisting in an 8 days interactive course (40 hours). This represents a basic training in symptom control for patients with cancer pain based on the European Association for Palliative Care curriculum for physicians. The sessions cover communication with cancer patients and their families, respect of their clinical autonomy, and control of their clinical condition and quality of life. The Multi-dimensional Fear of Death Scale (MFODS) (Neimeyer and Moore, 1994; Zana et al, 2006) was completed by 201 medical students before (N=93 in 2005; N=108 in 2010) and just after the 30-hour end-of-life training course (N=56 in 2005; N=24 in 2010). (The data base of 2010 will increase to May 2011.) The lecturers were the same in 2005 and 2010. Results: In both 2005 and 2010 medical students scored highest on Fear for Significant Others and Fear of the Dying Process factors. Fear of death is higher in women than in men (p< .001). Among dental students fear of death was higher among medical students (p< .001). Contrary to our hypothesis the initial fear of death increased significantly between 2005 and 2010, but the positive effect of the courses was higher in 2010 than in 2005 (total score p< .001), mainly for FODS Fear of Dying Process and Fear of Conscious Death factors. These factors especially can be attributed to improving knowledge concerning the palliative care of dying patients, emphasized more in the end-of-life courses in 2010. Conclusion: In the past centuries some elements of fear of death were low because of rituals and social care of the dying. At present these elements of fear of death show increased levels, but can be decreased by communicating openly about palliative care so improving the doctor patient communication when working with dying patients.

Abstract number: P118
Abstract type: Poster

The Next Generation - The EAPC Research Network Junior Forum Would like to Meet You

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Aims: The European Association for Palliative Care Research Network Junior Forum (Junior Forum) would like to present its role, ideas and expectations for the coming years to researchers from across the world, and use the Liverpool Congress as a networking event. This poster will provide a focal point for existing members and interested congress delegates to get together and exchange ideas, projects and contact details.

Design: We will outline the history, development, ambitions and future of the Junior Forum in a poster format.

Results: The Junior Forum seeks to create a platform for education, communication and collaboration for junior researchers. Activity of the Junior Forum is designed to start starting out in palliative care research and to provide access to a network of individuals who are undergoing similar experiences. At the current stage our main project has been developed by a group of junior members who have joined the Junior Forum and an e-mail discussion group amongst executive members is proving fruitful in strategic development for the future. Current projects include; Establishing terms of reference for membership of the group including a call for nominations of executive committee members; these will be made available online. Dedicated Junior Forum meetings to be held at EAPC and EAPC Research Conferences with guest speakers and Question and Answer time

An online forum for exchange and feasibility to do this via EAPC Research Network website

PhD, MD and MSc opportunities to be posted on EAPC RN JF website

Determining ways of communicating information about the Junior Forum more widely, and use of social media to gain momentum for this movement. Consideration for a series of junior researcher webpages where members can post their research interests.

Conclusion: We would like to present ourselves at the Liverpool Congress to reach out to new palliative care researchers worldwide. Source of funding: none declared.

Abstract number: P119
Abstract type: Poster

Refocusing Practice: An Evaluation of an Education Programme to Ensure a Common Foundation for Nurses and Healthcare Assistants in End of Life Care

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Background: A number of high profile reports at national and international level have identified gaps in basic knowledge and training for staff working with patients and families at the end of life. Four key areas for training were identified in the Department of Health Common Core Competencies in End of Life Care (2009): communication skills, assessment, symptom management and psychosocial planning. In the education programme described in this paper, the emphasis was switched from advanced symptom management to encouraging staff to develop skills required to care for patients and families at the end of life in an acute hospital environment, linked to the above competencies.

Aim: To assess the effectiveness of an education programme for generic trained nurses and healthcare assistants, focusing on 4 key core areas for practice and development.

Method: A pre-course questionnaire was completed, examining confidence in managing end of life issues and knowledge of basic end of life care. The tool also included a question about symptom control and the use of the Liverpool Care Pathway for the Dying Patient (LCP). A dedicated end of life training day linked to the start of competencies for each staff group was undertaken and the questionnaire was then repeated 8 weeks later to reassess knowledge and confidence. The design of the questionnaire was such that staff could rate their own confidence levels but also answered a set of basic questions about symptoms and use of the LCP. This enabled a link to be made between perceived confidence levels and actual knowledge.

Results: Pre-course questionnaires showed varying levels of confidence in dealing with both patients and families at the end of life but a poor understanding of symptom management and communication related to the dying process. The paper will report on the comparison with the post-course questionnaire.

Abstract number: P120
Abstract type: Poster

Capturing the Invisible: Exploring Deathbed Experiences in Irish Palliative Care

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Background: Deathbed Experiences (DBE) is an umbrella term for phenomena such as deathbed visions in which the dying person reports seeing dead relatives or religious figures. It is thought to be a form of the dying affect, although occasionally they may induce fear. Although difficult to understand, there is sufficient evidence that these experiences are a normal part of the dying experience although they are rarely discussed (Payne and Langley-Evans 1996). Barbato et al (1999) argue that it is part of the professional role of palliative care workers to normalise these experiences and to encourage patients and relatives to talk about any occurrences.

Objective: This study was conducted with members of the Irish Association of Palliative Care (IAPC) in order to: The observational data of DBE, the range of experiences and find out whether education about DBE would be beneficial for staff.

Methodology: Questionnaire administered to 225 IAPC members. Ethical permission granted April 2010. The response rate 35%. Responses analysed using SPSS statistical analysis software.

Results: DBE’s observed by respondents, or reported
by patients or relatives, include patients having visions of deceased relatives (45%); 18% reporting visions of religious figures. Patients in a deep coma suddenly awaken enough to communicate, with 31% of relatives reporting seeing animals or birds out of the corner of the eye—frequently accompanied by a sense of induced hallucination. In this way, distinct qualities associated with DBE visions were identified. 76% respondents wish to receive further information and education about DBE.

Abstract number: P121
Abstract type: Poster

Working Alone Together! A Pilot Education and Support Programme for End of Life Facilitators
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Background: In the UK registered nurses are assigned to ‘End of Life (EOL) Facilitator’ roles in either hospitals, care homes or the community setting and to facilitate the use of all three national End of Life Care Pathway, Gold Standards Framework and Preferred Priorities of Care. These nurses generally move from a team environment to a ‘lone worker’ role, are often unclear as to the nature and extent of their role, and receive little in the way of support and guidance.

Aims: To provide a formal development and support structure using a small amount of funding from Merseyside and Cheshire Cancer Network.

Methods: An education and support programme for EOL facilitators was developed and, rolled out as a pilot with, two experienced educationalists in the area leading the programme. After an initial brainstorming meeting an online survey was used to ensure the EOL facilitators were fully involved in shaping the pilot programme to meet their own needs. 15 EOL facilitators took part over the first 12 months and met regularly to undertake formal (e.g. advanced communication skills) and informal (e.g. support group meetings) parts of the course. At the end of the 12 month period a questionnaire was undertaken by facilitators themselves. The project was showcased at the first National EOL Facilitators Conference held in London in march 2010 and has been funded for a further year.

Abstract number: P122
Abstract type: Poster

Does ‘Opening the Gate’ Make a Difference? Results of the Initial Pilot of a Study to Day to Raise Spiritual AWARENESS
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Research: The spiritual care chapter of the NICE Supportive & Palliative Care Improving Outcomes Guidance 2004 states a very clear expectation that health professionals should be in a position to assess the spiritual and religious needs of patients and either meet these needs or facilitate others to do so. An audit and analysis of spiritual care in a large hospital in the northwest of England showed that specialist palliative care professionals felt quite unprepared for this role.

Aims: To test the effectiveness of an interactive course to raise awareness of spiritual & religious needs of patients and families was effective in increasing staff confidence in this area.

Method: In the process of developing a plan and materials for spiritual support education which could be rolled out across the cancer network, the one day course was run over a two year period as a pilot. Each participant was asked to complete a pre and post course questionaire as well as a course evaluation.

Results: This poster shows all of the results of the comparisons made pre and post. These questionnaires and course evaluations. Many of the items suggest improvement from before the course to immediately afterwards. 42% of participants felt that they understood the nature of spiritual assessment and its importance, 52% a little and 11% not at all. After the course 57% participants scored the answer as very well, and 49% quite well. Pre course the mean visual analogue score for confidence in assessing spiritual needs was 3.72 and afterwards 6.66 (where 0 was no confidence).

Conclusion: It appears that this course was successful in raising awareness and understanding of the nature of spiritual assessment and raises the confidence of facilitators in assessing spiritual needs. It remains to be seen whether the improvement is maintained once the participants return to the workplace.

Abstract number: P124
Abstract type: Poster

The Importance of Contexts in the Practice within the Development of the Skills of Nursing Students in the Area of Palliative Care
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The formation students is based on the theory-practice articulation of knowledge acquired within academic context, emerged from the questioning of practice and study of that same practice. This practice must be ruled by technical-scientific accuracy, being of extreme importance the scientific evidence to guide the daily practice of palliative care teams in order to guarantee the quality of cares. Only teams with quality contribute to a constructive development of knowledge and skills of the student, allowing them in the action the integration and operationalization of the theory approaches they achieved. Through a depth review of literature we propose to understand in which way curricula and education / learning in the initial training of nurses, which are the theory-practice articulation as structuring element in the development of skills, and how it works in contexts. Regarding the results of the review of literature and of the knowledge of the operationalization of education / learning / training strategies, we thought of suggestions for the development of education in Palliative Care. It is also important of care contexts in scientific production of knowledge corpus, since it is the practices that allow to question and consequently to configure a new knowledge that can be translated into the scientific recognition of the fundament of the care if it self. Nursing education is focused in the student, in his development as subject, is able to answer to professional situations, evolution in the action and when interacting with the other, within a social and symbolically dimension. We aim to reinforce the necessity of the investment in scientific training in this area and share our experience as teachers who join and monitor this training process in partnership with teams that enhance in the contexts the development of clinical learning.

Abstract number: P125
Abstract type: Poster

Medical Humanities and the Education of Doctors: a Review of the Literature
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Background: Medical humanities and palliative medicine are both concerned with the ‘whole person’ as their primary focus of attention. They also require that the whole person of the caregiver is also involved, accompanying the patient in their approach to active care for both scientist and humanist. If medical humanities can educate for a more humane doctor, it could also be a useful approach in understanding the undergraduate medical education.

Aims: To understand how medical humanities are being included in the education of doctors in the UK at undergraduate and postgraduate level. To evaluate the evidence on how the teaching interventions described have an impact on medical education.

Search strategy: Electronic databases were searched using a keyword search strategy. Bibliographies of selected texts, journals and books were hand searched. Relevant websites were also included in the search.

Selection criteria: Eligible citations for inclusion were those that described educational intervention, in which defined medical humanities were used, where medical students or postgraduate medical doctors were taught. They had to be UK studies and in English.

Data collection and analysis: Selected citations were included and data was analysed using qualitative methods.

Results: The search yielded 33 educational interventions describing undergraduate and postgraduate courses and university programmes. Thematic analysis revealed five themes comprising: 1. Justification and motivation for medical humanities based educational interventions. 2. Engagement with medical humanities based educational intervention. 3. Teaching methods and tutors. 4. Outcomes and evidence of change 5. Conclusions: The various ways in which medical humanities are being included in medical education in the UK and the evidence of its impact is described. Challenges to further evaluation and research are discussed.

Abstract number: P126
Abstract type: Poster

Get Better Results by Searching the Knowledge Network of Palliative Care
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Background: Using a general search engine often results in getting many unwanted, random and less relevant hits. There is a need for a better structuring and a better overview of information available on knowledge in the field of palliative care.

Aims: Using the search engine of the knowledge network of palliative care (www.kennisnetwerk palliatievezorg.nl), target groups can acquire access to relevant information about palliative care. Searching will become easier. In this way, knowledge about palliative care will become more widespread and more efficiently shared.

Methods: Sites containing information about palliative care have been selected. These sites have been made searchable and are accessible via a search engine. There are various user profiles available for patients, students and carers. Decisions about adding new sites and appearance order of the sources and changes in the links between user profiles and content will be taken within the knowledge network in consultation with experts.

Results: The search engine integrates existing sources of knowledge into a virtual world. It shows only the search results from the field of palliative care. Different types of user have been identified. Filters enable the proper information to be found more quickly. [Users]

On participating sites, users can search through the whole domain of palliative care using the search engine of the knowledge network. [Partners]

Using the knowledge network, the use of the search application and profiles can be analysed resulting in improvements in the quality of the product. [Administration]

Abstract number: P127
Abstract type: Poster

Education (Master Course) in Palliative Care: Do the Different Professional Groups Have Different Markets?
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Aim: To analyse if there are different marks between the professional groups at the Master Course in Palliative Care (MCP).

Methods: We used the marks (0-20 values) of the students of 8 Master Courses in Palliative Care of the Catholic University of Portugal.
Supporting the Setting up of a Tertiary Palliative Positive Reflections on Reaching out between an Established Service in the UK and a New and Developing One in Pakistan

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In 2008 a new Consultant in Internal Medicine was appointed to a busy cancer centre in Pakistan. He found himself providing predominantly palliative care, alongside a skilled but small palliative care team. This was recognised. He was made Consultant Lead for Palliative Care, and supported to enrol on a UK Diploma course and to do a 6 wk locum registrar spell in a UK hospice for professional development. The relationships forged led him to request continued connection with the hospice Consultant, through SKYPE, for one hour per month, once back in Pakistan. This to allow reflection on complex cases, as he had no local Consultant to do this with.

We started connecting 2 years ago, achieving 11 x 1 hour sessions per year, discussing on average 2 cases each time. The sessions soon widened to include the MDT in Pakistan, and an educationalist/Nurse Specialist in the UK hospice.

The relationships forged was helpful to him to request continued connection with the hospice Consultant, through SKYPE, for one hour per month, once back in Pakistan. This to allow reflection on complex cases, as he had no local Consultant to do this with.

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We started connecting 2 years ago, achieving 11 x 1 hour sessions per year, discussing on average 2 cases each time. The sessions soon widened to include the MDT in Pakistan, and an educationalist/Nurse Specialist in the UK hospice.
had enabled them to develop end of life care within their own teams. Potential areas for improvement in course structure were highlighted.

Conclusion: Conclusions and skills in end of life care of hospital consultants can be enhanced through a training program. The longterm transition of such training into practice should be explored in a future study.

Abstract number: P133
Abstract type: Poster

Supporting Improved End of Life Care in Care Homes through an Innovative Model of Education

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Background: End of life care in the UK is provided by generalists, often in the care home sector. Inadequate training and support can lead to suboptimal end of life care in care homes. The development of measureable competencies supported by education is essential to improve care delivery. This relies on partnership working as a hospice model is not directly transferable to the care home environment.

Aims: To improve end of life care in care homes in a sustainable way through the development of core competencies supported by education.

Methods: This project involved hospice staff working in partnership with four local care homes.

Year one developed a competency framework within each individual home informed by focus groups.

Year two analysed competencies and identified key issues in the first year and how a proposal was made and accepted by the community health and social care needs. It has been piloted and evaluated in the wider context of palliative care. 15 care home staff attended the course, feedback being positive.

Conclusion: Developing a competency framework demonstrates an ongoing commitment to the development of staff and ultimately care home quality.

Abstract number: P134
Abstract type: Withdrawn

Improving Public Awareness of End of Life Issues through Interprofessional Studies

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3 University of Umeå, Sweden
4 University of Lund, Sweden
5 Sahlgrenska Akademi, Gothenburg, Sweden

Background: Public awareness initiatives in end of life care are being promoted within end of life care in nursing and medicine. This study investigated the impact on public awareness of end of life issues through an innovative interprofessional course.

Methods: An innovative study was carried out during spring 2011. A total of 36 participants, 22 older adults and 14 care professionals, were involved. The course involved a two day module in which Personal stories and facilitated table discussions were used to involve and inform participants. Fifty five people attended the workshops: 22 older adults and 14 health and social care professionals.

Results: It comprises eight sections to record personal information and preferences about current and future health and social care needs. It can only be done properly under the framework of scientific knowledge and ethical responsibility to the discipline.

Conclusion: The future of the NHS workforce in palliative care will require an increase in numbers and diversity of staff. The majority of care will be provided by trained physicians, because the training of interprofessional teams in palliative care is now recognized by the Health Ministry.

Abstract number: P135
Abstract type: Withdrawn

Introducing a Foundation Degree in Palliative Care into the UK: A Pilot Study

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Background: The future of the NHS workforce in palliative care will require an increase in numbers and diversity of staff. The majority of care will be provided by trained physicians, because the training of interprofessional teams in palliative care is now recognized by the Health Ministry.

Methods: The course is designed to deliver a foundation in palliative care, for those who lack experience in training in palliative care.

Results: The course will start in 2013 and is intended to be an appropriate pathway and developing educational needs.

Conclusion: The future of the NHS workforce in palliative care will require an increase in numbers and diversity of staff. The majority of care will be provided by trained physicians, because the training of interprofessional teams in palliative care is now recognized by the Health Ministry.
Poster sessions

practitioners in the UK) called the Assistant Practitioner (AP) Role. These undertake a 2-3 year Foundation Degree course to develop skills and knowledge to establish the role. The AP role is becoming more widespread in the UK.

Aim: The work was started by gaining a grant jointly from Health Education South (a UK member organisation for hospices) and Foundation Degree Forward. This was given to three pilot sites only, one of which was St Nicholas Hospice Care in Suffolk, UK. The money was given to achieve two outcomes:

1. Introduce the AP in palliative care role to our hospice.
2. Produce and validate a Foundation Degree in Palliative Care.

Methods: First of all the outline of the AP role was discussed and decided on by the clinical managers group and this took place in a joint meeting and is awaiting job evaluation within the hospice. This helped to lead the development of the FDP.

The project lead worked with the local university (University Campus Suffolk) to produce another specialist pathway on the already established Foundation Degree programme in healthcare.

Results: The FDP was successfully validated in October 2010 and will commence in January 2011. Our pilot was the only one of the three which managed this successfully within the time frame.

Conclusion: Learning points from the project include:

• Defining what the AP role would look like in palliative care.
• Understanding the impact on the organisation as a whole from workforce development.
• Recognising the importance of investing in the FD and AP role because of the workforce changes due to develop in the UK.

Abstract number: P141
Abstract type: Poster

The Body mind Support Program for Cancer Patients - The Effects of Yoga/Stretching and Hand and Foot Care Classes

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Purpose: This study is one of our ongoing examination of the effects of a comprehensive support program for cancer patients. The program included a seminar for patients, a newsletter, a support cafe, a support group, a yoga and stretching class, and a hand and foot care class. In this study, we examined the effects of the yoga and stretching and hand and foot care class.

Methods: Forty people registered in the program, which included a period of 1 year (June 2007 to June 2008). Twelve people participated in the yoga and stretching class, and 15 people participated in the hand and foot care class. The program evaluation used the Profile of Mood States Brief Form (POMS) and an original questionnaire was conducted before and after every component.

Results: The yoga and stretching class comprised 20 sessions. The hand and foot care class comprised 66 sessions. In both the yoga and stretching and hand and foot care classes, POMS scores (Tension-Anxiety, Anger-Hostility, Vigor, Fatigue, Confusion) were significantly improved before and after the class as compared to before the program. Participants in both classes expressed a high degree of satisfaction; 93% of participants responded that the yoga and stretching class helped them to manage their stress, obtain a better understanding of their bodies, and feel relaxed, and 85% of the class members reported that the yoga and stretching classes were valuable and helped them to heal.

Conclusion: The present results suggest that the yoga and stretching and hand and foot care classes improved the self-esteem and health of participants, and that this aspect of the comprehensive body-mind program effects were supporting the active lives of cancer patients.

Abstract number: P142
Abstract type: Poster

Palliative Care in Armenia: Needs in Professional and Public Education

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Background: Although the Armenian health care system has been going through reform for twenty years, not much change has occurred in palliative and hospice care. On the way toward establishing a palliative care system within Armenia there have been several barriers and obstacles including low public awareness, lack of professionals, absence of training centers, and no curriculum for physicians and nurses, psychologists, and social workers.

Aim: The purpose of this study is to evaluate level of public awareness on palliative care, how is it wanted and accepted publically.

Design and methods: Expert’s group was interviewed to evaluate needs in palliative care, level of knowledge family member’s, willingness to get palliative care in different settings. Curricula of medical university, nursing colleges, departments of psychology and social work of different higher education institutions were reviewed.

Results: Majority of population is not familiar with the term palliative care. After brief introduction they accept the idea, however disagree about setting where care must be provided. All experts indicate lack of care provided to terminally ill patients and emphasis the importance of professional interdisciplinary team. Misunderstanding and prejudice are serious obstacles for organization of palliative care especially for children. There is no national program for public education or for training in basics of palliative care for family members or other informal caregivers. There are no disease-specific programs both for medical specialties including physicians and nurses, and other related professionals.

Conclusion: The project is planned to develop programs for professional education both in medical (physicians and nurses) and related specialties - psychologists, social workers, population awareness raising and training programs and establishment of the chain of training centers for patient’s family members and other informal caregivers.

Abstract number: P143
Abstract type: Poster

New Voices in Nursing Education

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Palliative care (PC) staff today is confronted with new demands and responsibilities which demand corresponding changes in their education. The growing body of evidence, together with a need to evidence-base practice calls for developing strategies for life-long learning. Another challenge is that palliative care education initiatives generally develop in academic contexts not linked to clinical practice settings. Inspired by presentations from St. Christopher’s Hospice at the European Association of Palliative Care (EAPC) 2009 conference, a 7.5 HP web-based palliative nursing course was designed in collaboration between a university and a hospice. The course is based on a narrative pedagogic approach; narratives from three diverse perspectives—a patient perspective, a family perspective and a professional perspective—form the basis for course assignments. Narratives are a powerful way for students to examine their own knowledge, values and attitudes whilst also stimulating problem solving and enabling incorporation of change in practice. The students reflect individually and in seminars on how to apply the narratives they have encountered. The course is designed to be flexible and to allow students to contribute to the course at a pace that suits them.

The presentation will describe the novel teaching approach from learning objectives to teaching strategies and assessment methods and present the results of an inductive qualitative analysis of the student assignments and reflective commentary. In this way, we will explain the importance of this learning. The effectiveness of the teaching will be demonstrated in the quantitative results.

This work is particularly important and relevant to all those interested in developing palliative care education, particularly in resource-constrained settings, but the methods may be applied in any setting, especially where there is limited time in the curriculum for palliative care.

Abstract number: P145
Abstract type: Poster

Developing the First Blended Palliative Care Course in Romania

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Aim: To design the steps undertaken in developing the first blended palliative care (PC) course to fill the national context.

Method: Self-completed survey of doctors and SWOT analysis of the potential PC course done by national PC trainers.

Results: SWOT analysis shows as strong points: increased access for a large number of participants, flexibility of learning hours, the credibility in education of the course organizer, the CME points of the course, the blended format, and reduced cost. Weak points include: lack of work in online training challenges in teaching attitudes and abilities on line, technical difficulties, managing the web platform. Opportunities: increasing training, particularly to legal changes, no other courses on the market, good links with the university. Threats: internet addiction and computer expertise in different regions and different age groups, administrative barriers (delays in releasing the certificates), unpredictable costs.

The doctors’ survey comprised 54 local doctors and 148 from the country with a response rate of 54%. 88% of respondents would like to take part in an online course because they need education in PC (41,2%), flexibility of the program (23,5%), no need to leave home for training (2,9%) Pain, communication, digestive problems, ethics, terminal care, neuropsychiatric problems and respiratory problems were of interest for over 75% of respondents.

Conclusion: This is an appropriate time for starting such an education process in our country. There is interest for attending from surveyed participants and for the proposed subjects.

Abstract number: P146
Abstract type: Poster

Ethical and Moral Education as a Strategy to Improve Palliative Care

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Objective: To present reflections in the paper of moral and ethical education in medical education.

Methods: Systematic review of the literature in an
electronic data base (BIREME) about ethical and moral education during medical formation.

Results: In the last decades emphasis was given in medical schools to the improvement of technician-scientific qualification of pupils, in detriment of development of ethical and moral formation. But nowadays medicine considers that medical ethics, not only using the technician-scientific resources, give account to the extended concept of health. Ethical conflicts, many of them result of the development of this scientific medicine, as therapeutic futility, definition of terminality and respect of patient’s autonomy, became frequent in practical medicine, revealing an unpreparedness to deal with these new challenges. As these subjects are connected to Palliative care, an ethical formation is essential for the implementation of a program in this area. The teaching-learning process can be an important element in the improvement of moral behavior of students, improving morally desirable values and behaviors. As moral development improves in a continuous way, it is worth to think about the role that professors have on the capacity of adult individuals to judge moral acts. The search for the development of individuals’ capacities to carry through independent judgments and moral acts, must be an assumed commitment for direction and teaching staff of graduation and postgraduate courses. Important aspects must be considered in the recast of education, such as: transversal way of teaching, the methods and strategies used, the paid job area in moral behavior and the foundation of ethics teaching and moral education.

Conclusion: We believe that an education directed toward the development of individuals’ moral judgment and their moral judgment allied with transcendent bioethics teaching, may contribute for the development of a palliative care program. This study did not receive financial support.
Abstract number: P153
Abstract type: Poster

What Are Doing Some Undeveloped Countries for Education in Palliative Care: The Case of Venezuela, Panama and Mexico

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One of the fundamental pillars for the proper development of palliative care is the education of a multidisciplinary team involved in the provision of comprehensive services (medical, pharmacists, nurses, psychologists, social workers, therapists, volunteers, counsellors and spiritual staff). Therefore, greatest number of hours devoted to education should be invested in training those professionals capable of growth of palliative care provision in undeveloped countries.

The aim of this study was to determine the existing training courses available in the different countries. The data will be used to establish the current state of the palliative care in each subject’s country via a survey to get an accurate situation of education in Palliative Care.

The study showed the training courses for the multidisciplinary team based on Palliative Care worldwide to teaching and training on their expected impact in the health providing services.

Abstract number: P154
Abstract type: Poster

A Survey to Assess the Nature and Delivery of End of Life Training for Oncology Trainees in the West Midlands, UK

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Introduction: In the UK, improving education for all those involved in delivering end of life care has become a priority. Oncology specialists play a crucial role in providing end of life care for patients with advanced cancer. In 2003, a European survey suggested that Grilli et al felt inadequately trained to manage certain aspects of end of life care, specifically those involving existential and psychological care.

This pilot survey assesses the experiences of Oncology trainees in end of life care and the involvement of Palliative Care specialists in the provision of this training.

Methods: Following a review of the literature, a questionnaire was developed and distributed to a convenience sample of 18 oncology trainees working in the West Midlands, UK.

Results: All respondents (n=18) received some training in end of life care. Palliative Care specialists delivered the majority of formal teaching but this was infrequent (annually or less for 73% of respondents). Most respondents received teaching in the management of pain (89%) and other physical symptoms (78%). Fewer respondents received training in the management of psychological (44%) and existential distress (17%). Teaching was usually delivered in a hospital setting (89%), rather than in hospice (39%) or the community (6%). Only 28% of respondents felt they had received sufficient training to meet their competencies in end of life care.

Conclusions: This pilot survey suggests Oncology trainees in the West Midlands receive some formal education in end of life care but that this focuses on the physical, rather than the psychological and existential aspects of palliative care. Few trainees received training in the hospice and community settings, where the potential to gain experience in the non-physical aspects of palliative care may be greater.

A multidisciplinary team with the sufficient number of oncology trainees may help to better inform those involved in end of life care teaching in the future.
clinical fellows participated in this monthly lecture series over a 3 year period. Fellows gained the theoretical knowledge and clinical insight necessary to identify and prepare for patients suffering, as well as support patients and families through the death and dying process. Fellows responded positively to this course, and indicated a desire for a follow-up course focused on grief and loss.

**Conclusion:** As the field of palliative care continues to grow and expand, it is imperative to develop core curriculum for new clinicians to be well-versed in the multitude of factors affecting the dying and suffering end of life. Educating new practitioners in the existential/spiritual needs of dying patients allows them to be well-informed and better equipped to meet the psycho-social needs of patients and families at the end of life.

**Abstract number:** P159  
**Abstract type:** Poster  
**Development of a Basic Drug Kit for the Final Days of Life - Which Drugs Should Be Available Regardless of where the Patient Is Cared for?**

Lindevist O.1,2, Allam S.G.3,4,5, Ikuki J.1,2, Davidson M.L.1,2, Zuliani N.1,2, Vanhee C.1,3,4,6, Lindqvist O.1,7,8, Rasmussen B.H.9, Sauter S.1,2, Tishelman C.2,7, Van Zuylen L.1,2,3,4,6,5,7,8,9,10, on behalf of OPCARE

**Days of Life - Which Drugs Should Be Available Regardless of where the Patient Is Cared for?**

**Abstract number:** P160  
**Abstract type:** Poster  
**The Practice of Continuous Sedation until Death in Belgium, the Netherlands and the United Kingdom: A Descriptive Study**

Angell G.1,2, Rijtema J.A.1,3,4, Seale C.5,6,7, Seymour J.2, Deliens L.5,6,7,8,9,10,11,12, on behalf of OPCARE

**Abstract number:** P162  
**Abstract type:** Poster  
**Treating the Patient or the Disease: Hidden Factors Influencing Decision Making**

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This paper examines the important determinants that serve to influence the practices of nurses and medical practitioners when they deal with seriously ill patients who wish to reject invasive, ongoing treatment. The determinants characterise the many varied behaviours of doctors and medical practitioners, which both enhance and restrict their conduct.

**Aim:** The paper identifies the key factors which serve to shape nurses’ and medical practitioners’ interactions with each other, with their patients and with relatives when patients decide to reject ongoing active treatment.

**Design:** The paper emerges from a grounded theory study involving nurses, doctors, medical practitioners and relatives from two public hospitals in Australia.

**Results:** Three key determinants are conceptualized as affecting the activities of the nurses and medical practitioners when dealing with patients. 1. The Context of Wonderful Care and, in turn, informs the concept of culture and how it can be operationalised. The scoping exercise contributes to the debate about the nature and quality of evidence in End of Life care research.

**Funding source:** EU FP7

**Abstract number:** P163  
**Abstract type:** Poster  
**Culture and End-of-Life Care: A Scoping Exercise in Eight European Countries**

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**Aim:** Cultural issues are often not addressed adequately in end of life (Eol) care. We explore cultural differences in understanding and prioritising Eol care and how this is reflected in research in different European countries.

**Methods:** We scoped the literature for the European End of Life Care Research Group (EoLCRG) and identified over 400 relevant papers that have been published in English, German, Norwegian, Belgium, the Netherlands, Spain, Italy and Portugal.

**Results:** We identified 560 original studies, 290 other sources, and 18 reviews. The following themes emerged across countries:

- Cultural issues are often not addressed in countries.
- Theoretical knowledge and clinical insight necessary for specific illustrations (e.g. culture-specific disclosure in Mediterranean countries).
- In contrast to other European countries, there is a vast literature on Eol care in the UK and the evidence addressing culture in Eol care is focused on ethnic minorities.
- The work from other European countries is distinct when national cultural traditions and practices in EOL care, and there was almost no evidence on ethnic minorities.

**Conclusion:** This scoping review sheds light on the evolution of Eol care across different countries and the cultural norms that influence Eol care. This in turn informs the concept of culture and how it can be operationalised.

**Abstract number:** P164  
**Abstract type:** Poster  
**Pragmatic Aspects of Dignity Therapy Implemented in a Community-based Hospice Setting**

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**Background:** Dignity Therapy is a brief, empirically-supported, individualized psychotherapy designed for patients at the end of life. This psychotherapy allows patients to create a final creative legacy transcript, and has been shown to heighten a sense of meaning while decreasing suffering and depressive symptoms in research samples. To date, this psychotherapy has not been implemented in a “real-world” community-based hospice setting. This study was designed to offer information about the pragmatic aspects of implementing Dignity Therapy for patients receiving individual conduct of health professionals, and includes their perceptions of, and reactions to the conduct of patients and relatives. 3. Legal and Ethical Frameworks considers the legal, ethical and codes that establish expected clinical standards and guide practice.

**Conclusion:** The determinants establish the overarching framework in which interactions of health professionals occur as they manage patient and family decisions to refuse therapy. If nurses and medical practitioners desire an expedient and successful outcome for their patients, namely the right to reject invasive ongoing treatment, certain determinants and enacted behaviours of nurses and medical practitioners need to be cognisant of the factors that influence and underpin their conduct.

**Funding:** This research was undertaken as an unfunded PhD project.
Exploring the ‘Invisible’ Process of Dying

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Background: Death and dying is a core part of palliative care and hospice work. However, with the increasing interest in symptom control and use of terminal sedation, forums to address the human element of the process of dying is in danger of being lost. We can learn much from the naturalness of dying seen in frail older people dying in care homes, where for many older people life has come to a natural end and death can almost be seen as a celebration of a life long lived. If permitted, older people can be very open about death and dying and often surprise staff by accurately predicting their departure. As a result of a less medicalised model of care in care homes, older people can often be more engaged in the awareness of dying.

Aim: This presentation will explore dying ‘from within’ rather than it being just a physical process. Methods: Referrals collected over the last 10 years while working with nursing home staff to develop quality end of life care will be used to explore the significance of the subjective process of dying. A structure by Hampe - a Lutheran theologian - will frame the narratives into 3 core themes: ‘exiting the body’, ‘the panorama of life’ and ‘a heightened consciousness’.

Conclusion: As a result of the narratives dying is seen as a natural process rather than a passive one with older people. It illustrates that, just as animals are aware of the imminence of death, whether such awareness is associated with acceptance of dying, and of views of physicians, nurses and caregivers on patients’ awareness of dying agreed.

Methods: Physicians, nurses and family caregivers of 475 deceased patients were interviewed in 58 different settings in the southwest-Netherlands completed questionnaires. The three groups were asked whether a patient had awareness of the imminence of death. Associations between the presence of such awareness and patient characteristics, symptoms and acceptance of dying were assessed using chi square test. Inter-rater agreement (Cohen’s Kappa) on patients’ awareness of dying between the three response groups was assessed.

Results: Physicians and nurses completed questionnaires about more than 280 patients (response 59%). According to physicians 48% of patients had been aware of the imminence of death. According to nurses and according to family caregivers 62%. Inter-rater agreement on patients’ awareness of dying was fair (k 0.276-0.325). Patient’s awareness of dying in the dying phase was significantly more often in peace with dying and felt more often that life had been worth living.

Conclusion: Being aware of dying is associated with better health care professionals and caregivers concerning patient’s awareness of dying is not optimal. Communication about the situation and the patient in the dying phase is an important focus of the LCP and appears to be open for improvement.

Abstract number: P166
Abstract type: Poster

Awareness of Dying: It Needs Words

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Introduction: The Liverpool Care Pathway for the Dying Patient (LCP), a template for care in the dying phase, has proven to enhance quality of care for the dying patient. Open awareness of the onset of the dying process (dyspnoea, nausea, anxiety) and their family caregivers is an important element of the LCP. We studied to what extent dying patients are aware of the imminence of death, whether such awareness is associated with acceptance of dying, and aggressive treatment and might be indicated only under certain circumstances. Data exist on its use in a period of many weeks and months prior to death but little data exist on the last day of life when an aggressive treatment should absolutely be avoided.

Methods: We searched a national database to identify all cancer patients who died during 2004-2008 in a hospital in Austria and had received intravenous chemotherapy and radiotherapy during the hospital stay they died in. Time interval between day of last chemotherapy or last radiotherapy and day of death was calculated.

Results: The last therapy was given to these patients at a median of 8 days (Q1: 3.0, Q3: 17) prior to death. The median for chemotherapy was 30 days, for radiotherapy 6 days. Taken together they showed a constant decrease from 9 days (2004) to 8 days (2005-2007) to 7 days (2008). We received either one at a median of 7 days prior to death while women had an median interval of 12 days. Men and women had a decrease in their interval from 2004 to 2008: men from 8 days to 6 days and women from 12 to 9 days. Chemotherapy was given to 8% of all patients in our sample in their last 2 days, to 11% in their last 3 days, to 13% in their last 4 days and to 15% in their last 5 days. This accounts for an estimated 0.6, 0.8, 1.0 and 1.2% of all cancer patients' last day of life.

Conclusion: Our data show that the interval between aggressive therapy and end of life has been substantially decreasing between 2004-2008. Chemotherapy is given to roughly 0.6% of all cancer patients in their last two days of life.

Abstract number: P169
Abstract type: Poster

Typical Crises and Needs in Patients with Advanced Chronic Obstructive Pulmonary Disease (COPD) or Lung Cancer in their Last Year of Life - A Literature Scoping Exercise

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Background: Critical incidents are common in patients with advanced diseases. These crises contribute significantly to the burdens of patients, informal caregivers and professional care services. Often crises result in repeated hospital admissions and hinder patients in their daily life. Currently, information is necessary about the development of effective strategies for prevention and management of the existing crises.

Aim: To review and assess the current knowledge about typical crises in patients with COPD or lung cancer with emphasis on the patients’ and carers’ needs.

Methods: Literature scoping exercise in MEDLINE, PUBMED, ICAHN, CINAHL and the Cochrane Library using search strategy of crisis or critical incident and COPD or lung cancer. The term crisis was preliminary defined as the (sudden) occurrence and escalation of a problematic situation necessitating external help.

Results: Of 88,848 references retrieved, 268 studies were analysed in detail. In the literature, the term ‘crisis’ is uncommon. Alternatively, the terms ‘distress’ or ‘emergency’ are used by authors to describe the critical incidents. Especially patients with physical symptoms (fatigue, pain) are highly prevalent and cause crises both in patients with COPD or lung cancer. In COPD, the acute exacerbation is the most important crisis bearing a high risk of hospitalisation and sudden death. In patients with lung cancer, receiving the diagnosis of lung cancer confronted with impending death are experienced as existential crises. Moreover, side effects of treatment contribute significantly to the burden of patients. While informal caregivers play a central role in the management of crises for patients, their experiences and needs are rarely described in the literature.

Conclusion: Not only physical symptoms (especially dyspnoea) but also psycho-social problems cause crises in patients with COPD or lung cancer and need to be considered in the prevention and management of crises.
Introduction: Place of death is considered a quality indicator of end-of-life care and enabling people to die where they chose is an important aspiration of palliative care. This study examines the association between involvement of palliative care services and place of death.

Methods: Data about patient characteristics, use of general health care and involvement of palliative care services in non-sudden or expected deaths in all health care settings in 2006-06 (N=1690) were collected by a surveillance network of GPs in Belgium. Bivariate and multivariate associations between involvement of palliative care services in non-sudden or expected deaths in all health care settings. People were more likely to die in their usual place of residence rather than in hospital if multidisciplinary palliative support teams in hospitals were associated with lower chances of dying at home (OR:0.3,CI:0.1-0.9). High involvement of multidisciplinary palliative care staff in hospital was associated with lower chances of dying at home (OR:0.8,CI:0.6-0.9). High involvement of palliative care services in hospitals was associated with lower chances of dying at home (OR:0.3,CI:0.1-0.9). High involvement of multidisciplinary palliative care staff in hospital was associated with lower chances of dying at home (OR:0.3,CI:0.1-0.9).

Results: Palliative care services were involved in 21.8% of deaths of those living at home, in 29.1% of those living at home and in hospital, and in 12.8% of deaths in hospital. People were more likely to die in their usual residence rather than in hospital if multidisciplinary palliative support teams in hospitals were associated with lower chances of dying at home (OR:0.3,CI:0.1-0.9). High involvement of palliative care services in hospitals was associated with lower chances of dying at home (OR:0.8,CI:0.6-0.9). High involvement of multidisciplinary palliative care staff in hospital was associated with lower chances of dying at home (OR:0.3,CI:0.1-0.9). High involvement of multidisciplinary palliative care staff in hospital was associated with lower chances of dying at home (OR:0.3,CI:0.1-0.9).

Discussion: Involving multidisciplinary palliative care teams in palliative care and involvement of palliative care teams in hospital care was associated with lower chances of dying at home. People were more likely to die in their usual place of residence rather than in hospital if multidisciplinary palliative support teams in hospitals were associated with lower chances of dying at home (OR:0.3,CI:0.1-0.9). High involvement of multidisciplinary palliative care staff in hospital was associated with lower chances of dying at home (OR:0.8,CI:0.6-0.9). High involvement of multidisciplinary palliative care staff in hospital was associated with lower chances of dying at home (OR:0.3,CI:0.1-0.9).

Abstract number: P171
Abstract type: Poster

Evaluation of Mentoring Workshops for Adult Care Social Workers and Fieldwork Support Assessors

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A recent collection of articles highlights the need for social work to continue to define its voice in end of life (EOL) care. A group of experienced specialist palliative care workers have outlined a level of care, palliative care social work to support the ‘EOL care model to complement the National Institute for Clinical Excellence (NICE) models for psychological and other holistic aspects of care. This model is already being adopted by specialist social workers. This project now aims to take the model out to mainstream social care staff who are responsible for the assessment and care management of adults across the county, to EOL care within their remit and are brought into the hospital at the end of life. Social workers work at the crucial interface with health care, notably in relation to Continuing Health Care. The key stages of this project aim to:

1. to engage operational managers in recognising the importance of supporting their staff to provide skilled, individualised EOL care.
2. to test a workshop model in which specialist palliative care social workers mentor targeted groups of social care staff.
3. to evaluate the effectiveness of this model for enhancing the confidence and competence of social care staff in palliative care and particularly focusing on communication skills, assessment and advance care planning.

Evaluation methods: Four workshops and post workshop questionnaires, using the Evaluation Toolkit (June 2010) designed by the University of Nottingham specifically for the evaluation of EOL care learning events. Results will be analysed to measure effectiveness and provide a baseline to assess the viability of rolling out this model of mentoring nationally. The scheme has the potential to enhance the consultative role of specialist palliative care social workers. The project is being funded by the National End of Life Care Programme (EOLC) of the Department of Health and the National Institute for Health and Care Research, the patient and the family and the medical team. Some nurses stated that they are also closely involved in advising physicians as to when and how CS should be performed. However, both physicians and nurses pointed out that communicating is sometimes poor or fails in practice because palliative care physicians and/or nurses are not always sufficiently involved in communication about CS. In practice however, timely and adequate communication with everyone involved sometimes appear to be challenging.

Abstract number: P174
Abstract type: Poster

A Comparison Between Preferred and Actual Place of Care at the End of Life in Romania

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Aim: To establish the relationship between preferred and actual place of care at end of life from patients’ and caregivers’ perspectives.

Methods: Combined methodology including a retrospective study of patients’ files and structured interviews of nurses caring for the patients using a 14 item questionnaire. This study is a pilot study for a larger national survey.

Results: We analysed 100 patients cared for in a 3 month period. The patients’ preferred place of care at the end of life was 65% at home, 11% in an in-patient facility and 24% didn’t or couldn’t express their wish. 60% of carers wanted to care for patients at home and 40% preferred an in-patient facility. Actual place of death was at home in 75% of cases, in the hospice 19% and in hospital 6%. Concordance between patients’ and carers’ wishes and actual place of death was 100% for those choosing inpatient services and 77% for those choosing home care. There was no statistically significant difference regarding the number of carers available or the number of carers unable to be involved due to work commitments or old age in the two groups. 65% of carers who preferred the patient to be cared at home were afraid of uncontrolled symptoms compared to 30% of those choosing patient care at home. However this was not a reason for not keeping the patient at home at the end of the life. The home care team had a major input; pain, agitation, dyspnoea and vomiting were totally controlled or kept at a mild intensity. A statistically significant difference between the groups was the percentage of carers members to cope with the nursing care or the fear of witnessing death - 31.7% in the home care group and 6.5% in the in-patient group (p< 0.001).

Conclusion: In Romania the majority of patients and carers prefer to be cared for at home at the end of life. A major barrier to achieving this is the perceived inability of carers to cope with basic nursing care and not the fear of uncontrolled symptoms.

Abstract number: P175
Abstract type: Poster

Physicians’ and Nurses’ Experiences with Continuous Palliative Sedation in the Netherlands

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Introduction: Continuous sedation until death is an intensively debated type of palliative sedation. For this far-reaching treatment, a multidisciplinary...
approach, including at least the physician and nursing disciplines, is considered important. We investigated how physicians and nurses experienced this process because the practice of palliative care in the clinical setting is the decision making process and the effect of consciousness sedation.

Methods: A structured questionnaire regarding their last patient receiving continuous sedation until death was sent to 1580 physicians and 576 nurses working in healthcare, hospitals, hospices or hospitals.

Results: 606 Physicians (38%) and 287 nurses (48%) filled out the questionnaire. Of the described patients, 72% (86%) had received sedation with common practice of the seriously ill patients in whom the most frequently mentioned (≥50%) severe symptoms were fatigue, pain, restlessness and dyspnea that were the most frequently mentioned decisive indications for starting continuous sedation. Patients and relatives were more often involved in the decision-making in nurses’ cases (76% and 90%, respectively) than in physicians’ cases (66% and 81%, respectively). Physicians more often reported that they had felt pressure to start continuous sedation than nurses (41% and 3%, respectively; p<0.01); they reported less often a (co-)intention to hasten the patient’s death (15% and 24%, respectively; p<0.01).

Conclusions: Although the decisive indications for the use of sedation are in most cases severe physical symptoms, non-physical symptoms also contribute to the clinical picture. Physicians’ experiences differ from nurses with respect to decision making. End-of-life care can benefit from timely and adequate communication between physicians and nurses at all relevant aspects of the patients’ situation.

Abstract number: P176
Abstract type: Poster

Bispectral Index Monitoring of Palliative Sedation at the End-of-Life

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Introduction: Conventional procedure in clinical practice at the end-of-life considers evaluating the degree of palliative sedation (PS) with clinical scales. Bispectral Index (BIS) is a measure used to monitor depth of anesthesia by algorithmic analysis of electroencephalogram (EEG) and electromyography (EMG) traces to prevent awareness during anesthesia. To date, few evidences of BIS employing in PS have been described. Therefore we want to report our experience describing the BIS monitoring in oncologic patients undergoing PS in response to refractory symptoms at the end of life.

Patients and methods: We monitored the symptom occurrence and BIS levels in 6 patients. 4 cases had dyspnea, 2 had delirium. The symptoms control was reached with Midazolam at induction dose of 5 mg and mean maintenance dose of 26.7 mg/kg/24 hours. We monitored the BIS (median dose 80 mg/die) in all cases and haloperidol 3 in 1. The consciousness status was also evaluated with Rudkin and oxygen use.

Results: The BIS survey revealed high correlation between EEG and EMG values in all cases (median Kendall’s coefficient 0.82, range 0.23-0.74, Pe 1-5). Partial/correlation complete between BIS data and clinical scales was observed in most cases (4/6); the relationship was more often observed in the unconscious. BIS control and BIS suggested that symptoms could be treated even without precluding awareness. Through continuous signal acquisition BIS allowed to identify modulations otherwise not recognizable with clinical observation. Local spikes or oscillations were observed during the last minutes of life, we detected slight increases followed by sudden drops of both EEG and EMG signals with together with abolition of synaptic transmission.

Conclusions: Although further investigations are required, our data suggest that the constant objective assessment of consciousness status and the possibility to finely control the effect of drug titration could represent promising aspects for BIS in clinical practice.

Abstract number: P177
Withdrawn

A Narrative Analysis of Stories of Dying with Motor Neurone Disease

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Background: Motor Neurone Disease (MND) is a complex disease with a wide range of disabling symptoms. This is particularly prominent in the terminal stage of the disease, where MND has predominately been bio-medical and has been focused around the social, emotional, and bodily experience of the dying person. There are diverse and conflicting discourses on dying with MND arising from medical, social and cultural media sources. The dominant discourses are those of medicine - a peaceful death and the media - a terrible death involving choking and starvation. To date, there has been no research detailing the moment of death with MND from the perspective of relatives who have experienced the dying persons’ stories. The sociological concept that influences the studies theoretical understandings is social constructionism as although dying is an absolute reality, there is no one social construction of it.

Aim: To gain an understanding of the dying experiences of people with MND from the perspective of individuals who witnessed the death of a relative with MND.

Methods: The study used a qualitative research method, the analysis of biographic narrative interviews with twenty one relatives.

Findings: The findings describe the dying experience as a lengthy process resulting in a spectrum of experiences influenced by a range of factors not just the disease progression. The findings of the study can result in understanding of dying with MND from the perspective of bereaved relatives and can inform health professionals of the experiences of negotiating health care services for individuals with MND and their relatives.

Recommendations: There is a need for the care of people with MND to follow the principles of palliative care throughout the disease trajectory.

Abstract number: P179
Abstract type: Poster

Distinguishing Nuances in Non-pharmacological Caregiving at the End of Life: The Example of Mouth Care

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Purpose: Palliative care is a fundamental aspect of healthcare at the end of life. This study examined available and practically useful methods to improve non-pharmacological care at the end of life.

Methods: The study was conducted in palliative care units in 9 countries, including 16 centers. A total of 48 nurses and 48 physicians were interviewed about the care they delivered to patients who had complex disease and/or treatment-related problems. The interviews were semistructured and conducted face-to-face or by telephone. The data were analyzed using content analysis with thematic coding.

Results: A wide range of activities related to mouth care were performed by nursing staff, approximately 15% were performed by medical teams, and consultation teams. Approximately 80% were performed by nursing staff, approximately 15% by physicians, and the remainder performed by a wide range of staff.

Conclusion: The largest group of activities related to mouth care were performed by nursing staff. This may be due to the complexity and variability of the care provided in palliative care teams, and consultation teams. The findings suggest that nurses are more involved in the care of patients with complex disease and/or treatment-related problems. The results also highlight the need for further research into the specific needs of patients with complex disease and/or treatment-related problems.

Abstract number: P180
Abstract type: Poster

Life and Death in Acute Oncology: The Search for a Transition

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Background: Translating UK End of Life Care Strategy into cancer care is problematic if patients and clinicians deny the imminence of death and focus on life prolonging treatments. However, if most advanced cancer treatments have resulted in patients being treated much later in the trajectory making it difficult to early identify the transition to dying.

Method: An audit of all deaths in a large UK Cancer Centre in 2009 was undertaken. Decedent patients’ medical notes were analysed respectively to identify: issues in the dying process; specialist palliative care involvement; a possible transition to end of life.

Findings: 1253 patients were admitted to the inpatient wards of Mount Vernon Cancer Centre in 2009; 34 patients (2.7%) died. 52% (n=18) had been diagnosed for <6months; 82% (n=28) were undergoing chemotherapy at death. All were admitted as emergencies: 65% had been referred by their GP and none had preferences of care documented. 61% were admitted for symptom management or because they might be dying; the remainder had complex disease and/or treatment-related problems. The majority died within 7 days of admission: 26% (n=9) within 48 hours. The majority of patients had multi-disciplinary team involvement and 25% had been seen in the Specialist Palliative Care Team. 73% of the patients were identified as dying; 23% (n=8) were placed on the Liverpool Care Pathway. Five patients had complex symptom management needs; 26% (n=9) were noted to have been “agitated” and/or “distressed” in their final hours. A transition to end of life care could be retrospectively identified in a minority of patients who had either had multiple in-patient admissions in the preceding weeks or a rapid decline in performance status.

Conclusion: A small number of patients died in the Cancer Centre in 2009. However, the majority of patients had presented with intractable disease within the preceding year, and were receiving chemotherapy late into the disease trajectory.

Abstract number: P181
Abstract type: Poster

A Paradigm Organisational Shift in End of Life Palliative Care: Lessons Learned

Riley J.1,2, Cheung C.C.3, Millington Saunders C.4, Smith C.1,2, Swan D.3,4, Hoag L.3, Franks M.1, Naidoo J.1,2
1Royal Marsden and Royal Brompton NHS Foundation Trusts, London, United Kingdom, 2Imperial College London, London, United Kingdom, 3Camden, UCLH & Islington ELiPe Palliative Care Team, London, United Kingdom, 4Richmond and Twickenham Primary Care Trust, London, United Kingdom

Purpose: The Royal Marsden Hospital and Royal Brompton Hospital - London are large academic centres providing specialist palliative care services. The cancer services are predominantly bio-medical and have been predominantly focused on providing nursing care at home and support to patients in hospices or hospitals.

Methods: A scoping exercise to identify the variety of clinical care models with oncology inpatient networks, and consultation teams. A scoping exercise to identify the variety of clinical care models with oncology inpatient networks, and consultation teams. A scoping exercise to identify the variety of clinical care models with oncology inpatient networks, and consultation teams.

Results: The BIS survey revealed high correlation between EEG and EMG values in all cases (median Kendall’s coefficient 0.82, range 0.23-0.74, Pe 1-5). Partial/correlation complete between BIS data and clinical scales was observed in most cases (4/6); the relationship was more often observed in the unconscious. BIS control and BIS suggested that symptoms could be treated even without precluding awareness. Through continuous signal acquisition BIS allowed to identify modulations otherwise not recognizable with clinical observation. Local spikes or oscillations were observed during the last minutes of life, we detected slight increases followed by sudden drops of both EEG and EMG signals with together with abolition of synaptic transmission.

Conclusions: Although further investigations are required, our data suggest that the constant objective assessment of consciousness status and the possibility to finely control the effect of drug titration could represent promising aspects for BIS in clinical practice.
between nurses and physicians in using these terms 'in time' or at an 'appropriate' moment. Agreement foreseen imminent death > 24 hrs earlier than nurses. In 80% of all patients, both nurses and physicians had admission 11 days and 44% had cancer.

In the Netherlands 35.000 patients yearly die in an EOLC registers for England. Discussions surrounding sensitive areas e.g. preferred place of death Clinical/psychosocial burden.

Result: The following will be available by May next year

Study design and methods:

Data were collected on a random sample of patients who died for terminal cancer (i.e. non-sudden, expected death) in cancer center (N=54; mean age 59.9±1.7) and hospice (N=103; 70.8±1.7).

Results: There was a statistically significant difference between cancer center and hospice in particular drug use. The significant difference was found in the use of: antidepressics (hospice 0.9% vs. cancer center 27.8%), anticoagulants (hospice 12.5% vs. cancer center 42.6%), PPI (hospice 26.2% vs. cancer center 64.8%), laxatives (hospice 39.5% vs. cancer center 7.4%), psychotropic drugs - antipsychotics, anxiolytics, antiparkinsonics (hospice 72.3% vs. cancer center 36.5%); and opioid analgesics (hospice: 150 mg vs. cancer center median 90 mg; p: 0.001). Significant difference was also found in the rate of patient hydration (hospice 39.8% vs. cancer center 83.1%).

Conclusion: There is a difference between hospice and acute cancer centers in drug use in the last 24 hours of patient’s life. Higher proportion of use of antipsychotics and anxiolytics as well as higher mean doses of opioid analgesics and lower artificial hydration rate in hospices may be the indicators of appropriate comfort-oriented care of dying patients. The results of our study partly support the palliative care specialist view that pharmacotherapy of dying patients in acute cancer care center often does not reflect patient specific context and goals of end of life care. The possible consequences and interpretations of results will be discussed.

Abstract number: P186

Poster type: Poster

Nurse Death Attitudes and Palliative Care

Gama L1, Barbosa F2

1Portuguese Catholic University, Lisbon, Portugal
2University Hospital Lisbon North, Lisboa, Portugal

Death attitudes of health professionals make a link with patients’ perceptions of their death and control, except insomnia, independently of the discussed factors. Among nurses, no significant differences were observed between groups in death satisfaction questions, overall the palliative care setting. The results of our study partly support the palliative care specialist view that pharmacotherapy of dying patients in acute cancer care center often does not reflect patient specific context and goals of end of life care. The possible consequences and interpretations of results will be discussed.

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Abstract number: P186

Poster sessions (Thursday)
Conflits autour des décisions de vie à la fin de la vie

Conflicts on the End of Life: Perceptions of Canadian Health Care Providers

Abstract number: P187
Abstract type: Poster

Objectives: The goal of this study was to explore the perceived conflicts experienced by paediatric health care providers when discussing end of life and DNR issues.

Methods: The study was set in an academic pediatric health care hospital, with the goal of describing perceived conflicts, as to the where, why, when and how they happened. A cross-sectional study was conducted of all health care providers working at CHU Sainte-Justine (including physicians, nurses, social workers, respiratory therapists, psychologists, ethicists, physiotherapists, etc.).

Results: The questionnaire was answered by 946 care providers (41% response rate). Fifty percent of these providers work in palliative care and 26% work in pediatric oncology. Data showed that 70% of providers have taken care of a child that eventually died, 71% of those have participated or observed a DNR discussion and 72% of this sample has experienced conflicts surrounding the discussion/decision process. Fifty eight percent of responders perceived that the conflict originated among the health care team and 32% of responders thought that the conflict was between a parent and the health care team. More than 60% of responders evaluated the conflict as emerged from a dual awareness, fragmentation and/or discontinuity of care by the health care team. More than 76% of responders felt they were not prepared for this type of situation. Fifty five percent of responders felt that this type of conflict is one of the most important ethical issue to address in our institution.

Conclusion: Conflicts around end-of-life decisions in children are perceived as frequent and major ethical and professional challenges. They are more frequent among members of the health care team than between the health care team and the patient. Understanding the nature and significance of care seems to be the leading cause of these conflicts. Health care providers don’t feel well prepared to face these situations.

Palliative Care and Communication

Implementation of the Liverpool Care Pathway for the Dying Patient (LCP-I) in the Hospice Setting: Development and Preliminary Test of the Italian LCP-I Programme

Abstract number: P189
Abstract type: Poster

Aims: This study was aimed at developing and preliminary testing the LCP-I programme within the hospice setting in Italy.

Methods: According to the Medical Research Council Framework (MRC) for the Evaluation of Complex Intervention, this study was divided into three phases: 1) scientific literature review of the LCP-I implementation programme with a specific focus on the hospice setting; 2) development of an adaptation of the original 10-step implementation programme to the Italian hospice setting; 3) development of a questionnaire for evaluating the quality of the process of implementation.

Results: Only 1 paper on LCP-I in hospice was identified. A 7-step implementation programme for hospices was developed. Two sets of qualitative and quantitative indicators, i.e. internal and external evaluation system, were identified as part of the programme. The first 2 steps of the implementation process. This programme was subsequently piloted in 7 Italian hospices that was analyzed as case series. A high proportion of ethical and nursing nurses (93%) attended the training phase. LCP-I documentation was used for 64% patients deceased in hospice during the study period. Most LCP-I goals were well documented, with the exception of goals concerning insight into illness awareness, spiritual support, and information of GP on patient’s terminal phase and death. About 75% professionals evaluated positively the introduction of the LCP-I and the need to maintain the LCP-I documentation in hospice.

Conclusion: According to the MRC framework, this can be interpreted as a formative evaluation study. Our findings highlight the LCP-I implementation within hospices is feasible and evaluable, and justify the development of a phase II pilot study.
significant influence on the treatment of palliative emergencies [1]. Overall, 89% of the questioned EPs treated patients for whom there were ADs. The existence of an AD influenced the therapy decision in about 77% of all described situations. 87% of the EPs reported the need for defined "End of Life Care Pathways" and/or palliative patient and/or palliative emergency. 82% desired the need for palliative care training concerning "Do Not Do" and the validity of ADs.

Conclusion: In Germany, knowledge about the integration of palliative medical care aspects into emergency guidelines and treatment planning within the last 24 hours of life is limited. The present study was able to detect high variability in EPs' experience with palliative emergencies. Our results suggest EPs need more education in legal questions concerning ADs and the Do Not Do and the validity of ADs.

Abstract number: P192

Abstract type: Poster

What Are the Potential Barriers to Implementing a Policy Concerning Do Not Attempt Resuscitation Orders for Palliative Patients within the Community?

Svends S.1, Murray D.2
1Clifford Road Surgery, Rugby, United Kingdom, 2Warwick University, Medical School, Coventry, United Kingdom

Aim: To identify potential barriers to implementing a Do Not Attempt Resuscitation policy in the community for palliative care patients. This is to inform the development of local guidelines aimed at preparing or improving resuscitation attempts in this group.

Study design: A systematic review.

Data synthesis: Narrative synthesis.

Results: 23 British papers met the criteria. 20 were qualitative and 3 quantitative. The most significant practical issues compounded by poor understanding and treatment of palliative care patients led to the implementation of Do Not Attempt Resuscitation. Specific DNAR forms improved clarity about a patient's transition to end-of-life care, but did not reduce the rate of resuscitation attempts. Specific DNAR forms improved clarity about a patient's transition to end-of-life care, but did not reduce the rate of resuscitation attempts.

Conclusion: During the last 24h of life not all patients are free of symptoms, even if assisted in a palliative care setting.

Abstract number: P194

Abstract type: Poster

Exploring Nurses’ Experiences of ‘Bad’ Dying and Death

Moldal L.1, Rasmussen B.H.1,2
1Umeå University, Nursing, Umeå, Sweden, 2Axelgaard Hospice, Umeå, Sweden

Within the field of palliative care, a deeper understanding of factors influencing how quality of dying and death is evaluated is needed. Description of ‘good’ dying are plentiful, but there is less understanding of what constitutes ‘bad’ dying and death. The aim of this study was therefore to explore nurses’ experiences of ‘bad’ dying and deaths.

Conclusion: During the last 24h of life not all patients are free of symptoms, even if assisted in a palliative care setting.

Abstract number: P195

Abstract type: Poster

Implementing the Liverpool Care Pathway for the Dying Patient in the Community: Challenges Encountered and Solutions Provided

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1Comprehensive Cancer Centre Rotterdam, Rotterdam, Netherlands, 2 Comprehensive Cancer Centre Rotterdam, Rotterdam, Netherlands, 3 Comprehensive Cancer Centre Rotterdam, Rotterdam, Netherlands

Aim: The Liverpool Care Pathway for the Dying Patient (LCP) is a multidisciplinary tool which guides healthcare professionals in providing high quality care for patients in the last days of life. In the Netherlands, the LCP has been implemented into hospitals, nursing homes, hospices, and the community setting. However, actual use of the LCP in the community setting has been limited. Therefore, the aim of this study was to explore community nurses’ perceptions of the LCP, its implementation process and its use in the community setting.

Conclusion: Preliminary results based on data derived from 50 community nurses show that 42 nurses (84%) are familiar with and trained in using the LCP. Only twelve community nurses (24%) indicate to have used the LCP in the previous six months. On average community nurses rate the LCP’s comprehensibility a ‘7’, and consider its usefulness in providing patient care a ‘6’, using an evaluation scale ranging from 1-10. Thirty-six community nurses (72%) would like to use the LCP in the future. However, to become more skilled in using the LCP, a majority expresses a need to discuss the LCP during team meetings, and for educational programmes on medical information about the dying process and on communication with patients and their family, and general practitioner about the LCP.

Conclusion: This study is the first in our insight into the challenges encountered in implementing the LCP in the community. As such, our results will be of wider interest to health care professionals aiming to implement guidelines and care pathways in the community setting. Further suggestions to improve the implementation of the LCP in the community setting will be presented.

Abstract number: P196

Abstract type: Poster

What Do Terminally Ill Patients’ Oral Histories Tell Us about the Issues that Affect Treatment Choices in End of Life Care?

Widmo L.1, Smith I.1, Noble B.1
1University of Sheffield, Academic Unit of Supportive Care, Sheffield, United Kingdom

Introduction: At present most deaths in England occur in NHS hospitals. However research on patients’ preferences for place of death is limited. Our results indicate that the majority would prefer to receive end of life care at home. Many factors may impact on choice of setting at the end of life, but how do patients and their families preferences and expectations change to the extent that actual place of death does not reflect the patient's and the care giver's wishes? To evaluate these issues we present a preliminary report of a comprehensive systematic review of literature and qualitative data, approach analysis with modified grounded theory and use triangulation processes to assist in considering the data as a whole.

Results: Analysis of the data will contribute new awareness to existing knowledge of how patients and families approach end of life.

Aim: To determine what terminally ill patients’ oral histories can tell us about the issues that affect treatment choices in end of life care.

Design and methods: This qualitative study consists of secondary analysis of the oral history archive. Secondary analysis of the oral history archive can facilitate improvement of services through broadening healthcare professionals awareness of patients’ feelings which influence their end of life. The study will shed light on personal and social factors that influence end of life choices.

Conclusion: Secondary analysis of the oral history archive may facilitate improvement of services through broadening healthcare professionals awareness of patients’ feelings which influence their end of life. Better understanding of the importance of place of death to patients and their families may aid the development of appropriate training and support for professionals.
Abstract number: P197
Abstract type: Poster

The Experiences of Community Nurses Working with Terminally Ill Patients with Ethnic Minority Backgrounds

Petersen G1, Lovisenberg Diakonale Sykehus, Hospice Lovisenberg, Oslo, Norway

Research aims: The purpose of this survey was to give light to an area of nursing where little research is done, and increase knowledge and understanding concerning home care for terminally ill patients who are culturally different to the nurse. 

Study design: A qualitative approach was used, 6 nurses recruited from ethnically selected and semi-structured qualitative interviews were conducted. Thematic analysis was used when analysing the data.

Results: The findings from the survey showed that the nurses found caring for terminally ill patients who are culturally different from them to be a demanding task. In analysing the texts 4 main topics emerged:

1. Home care - knowledge of and use of services. The nurses experienced that patients with an ethnic minority background often have less knowledge of community care than ethnic Norwegian patients do, and that they to a lesser extent use the services available. Most ethnic minority patients seem to want to die in their own home.

2. Communication. The nurses often experienced problems concerning communicating both language and cultural differences. If there was a need for translation, members of the family were often used, professional interpreters were seldom used. 

3. Cultural differences and differences. Concerning experiences with cultural differences and differences, the main topics were differences in approaching death and how death often is not talked about, and the nurses’ orientation towards individuals while the patient and his family have a collectivistic orientation.

4. The nurse’s role in caring for patients with ethnic minority background. Regarding the last theme, the nurses found that their ‘role’ was often different when caring for this group of patients. The nurses felt an individual approach towards these patients. They gave them the best chance to succeed in caring for ethnic minority patients, but they also saw the need for more teaching about and knowledge of other cultures and religions.

Abstract number: P198
Abstract type: Poster

Factors Associated with Prescription of Opioid Analgesics among Older Persons with Colorectal Cancer in two District Palliative Care Programs

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Background: Prescription of opioid analgesics is a key component of pain management among patients with terminal cancer. Access within the community to appropriate analgesics may impact whether patients remain in the community during the weeks prior to death.

Aim: To examine factors associated with the use of opioids within the community among older persons with colorectal cancer during the 26 weeks prior to death.

Methods: Data were derived from a retrospective cohort study of persons diagnosed with colorectal cancer from 2001-2005 (in Nova Scotia, Canada). This cohort was anonymously linked to 14 large administrative databases. The study population included persons 66 years or older who died from 2001-2008, in two health districts with established palliative care programs (n=657). Factors associated with at least one consultation or consultation plus an opioid prescription were examined using multivariate logistic regression.

Results: Adjusting for all covariates, male sex (OR: 1.59; p<0.05), age (OR: 0.76; p<0.01) diagnosis less than 26 weeks prior to death (OR: 0.62); and in-hospital death (OR: 0.34) were negatively associated with a consultation or consultation plus an opioid prescription. Long-term care residence care (OR: 2.2); colorectal cancer as the cause of death (OR: 1.8); and referral to a palliative care program (OR: 3.2) were positively associated with a community-acquired opioid prescription.

Conclusions: The strong positive association between referral to a palliative care program and the likelihood of an opioid prescription highlights the importance of these programs. The results raise concerns regarding the potential for unmet need among certain populations and source of funding: Canadian Institutes of Health Research.

Abstract number: P199
Abstract type: Poster

Nurse Personal Growth in Hospital and Palliative Care Units

Gama G1, Barbosa F2, 1Portuguese Catholic University, Lisboa, Portugal, 2University Hospital Lisbon North, Department of Liaison Psychiatry, Lisboa, Portugal

The daily contact with death and loss can determine stress and burnout in nurses or it can be also an opportunity of personal and professional growth. Our aim is to evaluate the impact of different socio-professional variables in the level of personal growth in nurses working in different hospital settings as compared with those working in palliative units.

Methodology: A sample of 363 nurses from different hospital and palliative care units (86.8% female; mean age 30.3; mean years of work experience 6.67 years) were assessed by a socio-professional questionnaire, the Portuguese version of the sub-scale of personal growth of the Hogan Grief Reaction Checklist (HGRC), the DAP-R and the PIL.

Results: We found that higher personal growth score escape acceptance (p<0.01) in nurses with a daily exposure to death and no significant differences were observed between usual and training variables except for married nurses exhibiting an higher personal growth (p<0.02). There was a significant higher personal growth in palliative care nurses compared with oncologic departments.

Conclusions: The religious acceptance dimension of the DAP-R (p<0.02) and PIL (life purpose profile) total score (p<0.001) were also highly correlated with personal growth. The strong positive association between life purpose, religious acceptance and personal conclude mainly in palliative care units.

Abstract number: P200
Abstract type: Poster

Retrospective Study of Pharmacological Treatment and Administration Routes used in the Last Days of Life in a Palliative Care Unit

de Santiago A1, Puerta M.D.1, Casado N1, Chacon E1, Torres E1, 1Hospital Centro de Cuidados Laguna, Madrid, Spain

Aim: To describe the most common drugs and administration routes used for symptom control in the three last days of life in an inpatient palliative care unit.

Method: We studied retrospectively the data of patients who died in the inpatient palliative unit during a 3 month period. We collected following information from medical charts: demographic characteristics, drugs and administration routes used the day of death (DD) and 3 days before (3DB), and the presence of an explicit diagnosis of last days in the medical chart. All patients who died from 1st of January to 31st of March 2010 in the inpatient palliative unit were included, and those patients that came to the hospital from 3 days before dying were excluded. SPSS version 15.0 was used for statistical analysis.

Results: 69 patients died in the period of study, and 6 patients were excluded because they came to the inpatient unit less than three days before dying. 63 patients were included, 62% male, median age was 73(65-82) years. Most common tumors were gastrointestinal (41%), gynaecological (19%) and lung (13%). The mean of days from diagnosis to death was 70.4; patients on opioids increased significantly from 58% 3DB to 85% (p<0.001), on benzodiazepines from 36% 3DB to 51% DD (p=0.007), on hyoscine from 36% 3DB to 51% DD (p=0.002), on fentanyl from 26% 3DB to 35% DD (p=0.03), on diazepam from 26% 3DB to 35% DD (p=0.03), on melphalan from 20% 3DB to 35% DD (p=0.03), on prednisone from 20% 3DB to 35% DD (p=0.03), on salbutamol from 20% 3DB to 35% DD (p=0.03), on dexamethasone from 20% 3DB to 35% DD (p=0.03), on prednisolone from 8% 3DB to 25% DD (p=0.007). There were no significant differences in administration routes.

Conclusions: There were significant increases of analgesics and sedatives and a significant decrease in administration routes within the last three days from 8 (6-11) 3DB to 6 (4-9) DD (p<0.001); patients on opioids increased significantly from 57% 3DB to 86% DD (p<0.001), on benzodiazepines from 36% 3DB to 51% DD (p=0.007), on hyoscine from 36% 3DB to 51% DD (p=0.002), on fentanyl from 26% 3DB to 35% DD (p=0.03), on diazepam from 26% 3DB to 35% DD (p=0.03), on melphalan from 20% 3DB to 35% DD (p=0.03), on salbutamol from 20% 3DB to 35% DD (p=0.03), on dexamethasone from 20% 3DB to 35% DD (p=0.03), on prednisone from 8% 3DB to 25% DD (p=0.007). There were no significant differences in administration routes.

Medical decision making was facilitated in hospitalized patients with terminal cancer. Access within the community to appropriate analgesics may impact whether patients remain in the community during the weeks prior to death.

Abstract number: P201
Abstract type: Poster

Withdrawn

A Community Services Experience of Improving End of Life Care in the Care Home Setting

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Background: Deaths within the acute sector were higher than other local areas, contributing to this were inappropriate admissions of care home residents to hospital.

Aim: A Macmillan Clinical Nurse Specialist for Care Homes was appointed with objectives to reduce inappropriate hospital admissions, reduce length of stay in hospital, and introduce Advance Care Planning in line with National Strategies.

Method: Focus group meetings were conducted with patients, staff and carers. Care Homes supported to sign up to the National Framework Programmes. Educational developments included a literature review pertaining to end of life care in the care home setting and a website for further resources.

Results: It has long since been acknowledged that improving access to palliative care for end of life care initiatives and developing appropriate education has been successful in improving confidence and care standards in local care homes. This has resulted in improved communication of residents wishes, reductions in acute hospital admissions and improved end of life care.

Abstract number: P202
Abstract type: Poster

Clinical and Marketing Teams Working in Partnership to Improve Access to Services through Profile Raising and Enhanced Information Giving

Sutherland F1, Frame J1, 1Saint Francis Hospice, Havering-atte-Bower, United Kingdom

It has long since been acknowledged that improving access to palliative care for end of life care initiatives and developing appropriate education has been successful in improving access to services through profile raising and enhanced information giving.

Abstract number: P203
Abstract type: Poster

Poster sessions

106
12th Congress of the European Association for Palliative Care, Lisbon, Portugal, 18–21 May 2011
teams have worked in partnership to raise the profile of our hospice through an extensive range of initiatives. We have also produced a comprehensive range of services, including palliative care and clinical leadership, and have been highly successful in developing networks and collaborative working relationships with colleagues across the region. We have been able to achieve far more combining our mutual expertise, and have achieved a level of care we could have achieved similarly. Our joint working and skill sharing has taken us to a new and better place and we are beginning to see a steady increase in referrals to all services.

In October 2008, The Open Society Foundation set out to investigate the possibilities of linking hospices in Georgia with legal partners to meet these needs. The Open Society Foundations have been successful in improving access to those patients benefiting from the program. Through a public launch of the initiative to interest additional legal partners, the hospices have been able to access free legal assistance to palliative care patients.

In 2009, the Open Society Foundation organized a public launch of the initiative to interest additional law offices. At the launch, a documentary film highlighted the dramatic case of one of the first patients benefiting from the program. Through Korzadze's assistance, this cancer patient was reunited with her husband, who was serving a prison sentence, four days before her death. After the launch, two additional law firms volunteered to provide free legal services to palliative care patients.

Results: Currently, three law firms have partnered with the hospices to provide free legal services to palliative care patients. The hospices have been able to access free legal assistance to palliative care patients.

Aims: Globally aging populations & increases in chronic illness mean more patients will need palliative care towards the end of life. Despite policy initiatives in England to improve end-of-life care in the community, older adults may prefer, & many will require, in-patient hospital care at the end of life. Providing appropriate environments for older adults needing end-of-life care is important, especially given concerns about hospital environments for this group. This study aims to identify the optimum physical hospital environment for end-of-life care for older adults & their families.

Method: A systematic review of the literature was completed. Three electronic databases were searched. Two reviewers screened the 212 papers that were identified for potential inclusion. Inclusion criteria were then: papers were published in English focusing on the physical hospital environment for older adults & their families requiring palliative/end-of-life care. Two reviewers independently screened titles & abstracts & completed data extraction. Study quality was assessed using Critical Appraisal Skills Programme tools or the Joanna Briggs Institute NOTARI tool.

Results: Of the 18 papers initially identified, 7 met the inclusion criteria. 3 more were found. Four themes emerged; privacy needed; proximity (physically & emotionally to loved ones, home & nature); satisfaction with physical environment including hospital location, size, accessibility, cleanliness & homeliness; deficiencies in physical environment including noise, hazards, poor signage, lack of waiting room space & telephone access.

Conclusion: Partnerships between law firms and hospices to provide free legal assistance to palliative care patients could improve palliative care & improving patients' quality of life.

Abstract number: P205
Abstract type: Poster

Roles and Gender Differences in Perception of Death
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Introduction: Comprehensive care to all patients and their relatives given by health professionals implies a complex knowledge of both natural illness and its emotional, social and spiritual impact that it has in all actors involved in the process. The perception of the pain, the suffering and the decision making in planning the end of lives care. This research wants to show real needs raised by patients in their disease process as well as differences with regard to the gender or culture of human beings under study. (Project funded by Andalusian government. PI 0204/2008)

Abstract number: P207
Abstract type: Poster

Dying with Comfort at the End of Life - Are We Meeting the Goals?
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1School of Health Sciences Polytechnic Institute of Leiria, Health Research Unit, Leiria, Portugal, 2Portuguese Catholic University, Lisbon, Portugal, 3Hospital de Pulido Valente, Lisboa, Portugal

Introduction: Comfort in one of the main goals of patient care at the end of life. It is an important experience of being strengthened by having the needs for release, ease and tranquility, physical, psycho spiritual, social, and environmental contexts (Koegelenberg, 2010). It is unclear if patients are comfortable while receiving palliative care, needs the relationship between patient comfort, clinical variables and family support.

Aims: To characterize the comfort of patients in palliative care; to correlate patients’ comfort with pain, fatigue and family support.

Design/method: This correlational study used a socio demographic / clinical questionnaire- numeric scale (0-10) to access pain intensity, fatigue and family support; HQC - PT consist of 3 subscales measuring types of comfort (1-6): relief - state of having specific need met, ease - state of feeling strong, tranquility - state in which one can rise above pain or problems. We applied it to a convenience sample of 126 patients, 71.1% males, mean age of 66.97 years (SD=11.9), assisted by Portuguese palliative care teams for a mean of 18.4 weeks (SD=34.8), 34.1% reported severe pain (M=7.6; SD=2.0), 34.1% severe fatigue (M=4.3; SD=3.4), Most patients (97.6%) felt family support.

Results: Patients experiment all types of comfort. Relief is the one with better reliability (r=0.49; SD=0.7); Ease (M=4.5; SD=0.7) and the lowest level of comfort was obtained in Tranquility (M=4.6; SD=0.8) (p=.05). Fatigue is the one with less reliability (r=0.43; SD=0.7) and the lowest level of comfort was obtained in Tranquility (M=4.6; SD=0.8) (p=.05). Tranquility and Comfort were more strongly positive correlated with Ease (r=.35) and Tranquility (p<0.05). Time of palliative intervention were positive correlated with Ease (r=.35) and Tranquility (p<0.05). Time of palliative intervention were positive correlated with Ease (r=.35) and Tranquility (p<0.05). Time of palliative intervention were positive correlated with Ease (r=.35) and Tranquility (p<0.05). Time of palliative intervention were positive correlated with Ease (r=.35) and Tranquility (p<0.05). Time of palliative intervention were positive correlated with Ease (r=.35) and Tranquility (p<0.05). Time of palliative intervention were positive correlated with Ease (r=.35) and Tranquility (p<0.05). Time of palliative intervention were positive correlated with Ease (r=.35) and Tranquility (p<0.05). Time of palliative intervention were positive correlated with Ease (r=.35) and Tranquility (p<0.05).

Conclusion: In spite of being at the end of life, patients are comfortable. The higher the fatigue, the easier the need for tranquility was perceived. Results suggested interventions over time addressed to improve patients’ state of calm and their ability to rise above their problems facing end-of-life with advanced illness.

Abstract number: P208
Abstract type: Poster

Management of Co-morbid Conditions at the End of Life: A Review of Existing Prescribing Guidelines, and an Examination of Current Practice in the Acute Hospital and Community Settings
McLeay S.1, Hussain L.1, Steenby-Shelford B.1, Pearmain M.2,3,4,5, McLean S.1,2,3,4,5,1
1Our Lady of Lourdes Hospital, Drogheda, Department of Palliative Medicine, Drogheda, Ireland

Background: Comorbid conditions - commonly cardiovascular diseases and diabetes mellitus - are present in over half of patients at the end of life. Of these, 50 diagnosed with cancer. There is increasing recognition that comorbidities should be managed differently to the end-of-life and that prescribing is unclear due to lack of evidence on how to minimize adverse drug reactions and interactions, and healthcare costs, while appropriately managing comorbidities at the end of life.


Descriptive articles and commentaries were included, however correspondence was excluded. Secondly, all patients who were referred to their secondary service in our region, and who died between 1/7/2010 and 31/8/2010, were identified. A retrospective review of prescribing. During the completion of data collection, prescribing decisions, was performed using a chart review tool created specifically for this purpose.

Results: 1.7 potentially relevant articles were identified, and a search of bibliographies identified another 14 articles. Abstracts were independently reviewed by two authors and assessed for suitability for inclusion. 21 relevant articles were then reviewed and data were extracted using a pre-prepared proforma. 50 patients were identified for study inclusion, 50 criteria were identified, in the acute hospital and community settings. Data are currently being analysed.

Conclusions: No consensus guidelines currently exist in the literature regarding prescribing for comorbidities at the end of life, although several models and frameworks to guide decision making have been proposed. Preliminary results of the review of current practice indicate a high prevalence of polypharmacy, and an ad hoc approach to discontinuing medications for comorbidities at the end of life.
Abstract number: P209
Abstract type: Poster

“Diagnosing Dying” Delphi: Regional Testing
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Background: Recognising when patients are in the last hours or days of life is an important part of providing good care of the dying, including the use of end-of-life care pathways, such as the Liverpool Care Pathway for the dying patient. However there is little evidence about how the dying phase is identified by healthcare providers. Earlier qualitative research exploring how hospice staff recognise the last days of life has given insight into factors staff appear to consider important.

Aim: To check accuracy and gain consensus on emergent themes in diagnosing dying from the qualitative research

Method: Multi-disciplinary staff from the 2 hospices participating in the earlier qualitative research were asked to participate in a Delphi study designed around the qualitative themes. Web based survey design was used alongside traditional paper questionnaire. Participants, respectively >90% of end of life care was established in combination with opinion and comment on questions/statements derived from the qualitative research. Participants gave opinion on a range of factors including physical signs & symptoms, patient appearance and actions, functional status, the role of their relationship with patients and influence of depth of relationship with patients.

Results: 34 hospice staff participated. 64.5% had ever heard of the Liverpool Care Pathway. Dying features, such as changes, reduced conscious state and level of fatigue were strongly ranked by staff as important in recognising dying. Patients actions, such as psychological withdrawal, agitation and statements on their own health were also rated highly. There was a range of opinion on the role of investigations. A strong relationship with patients was considered valuable to recognise changes in patient condition throughout the deterioration process.

Conclusion: This stage of the Delphi process has helped confirm and clarify themes interpreted from the qualitative research. Further Delphi rounds are in progress seeking wider consensus on a national level.

Abstract number: P210
Abstract type: Poster

Exploring the Practice and Experiences of UK Ambulance Clinicians Attending Patients who are At End of Life: An Interview Study
Brummett L.1,2,3, Murdoch D.4, Gakhal S.5, Pettifer J.1,2,3
1University of Warwick, Warwick Medical School, Coventry, United Kingdom, 2Coventry University, Coventry, United Kingdom

Aims: Ambulance clinicians attend patients who are terminally ill as emergencies or when transporting them between different care settings. Little is known about their practice or experiences in these situations. This study aimed to explore in detail ambulance clinicians’ practice, experiences and views about managing patients who they perceive to be at the end of life.

Method: Semi structured telephone interviews were carried out with 10 ambulance clinicians from a regional and urban ambulance service. Participants were selected from responders to a questionnaire about end of life care. Verbatim transcripts were analysed and coded thematically.

Results: Participants descriptions of the complexities of their work and decision making emerged into the following themes.

Delivering care - challenges: deciding if a patient is terminal, managing family responses, lack of access to social care, lack of support, discrepancy between protocols and what the clinician considers morally right.

Delivering care - solutions: accessing advice from other professionals, support from other clinicians, support from ambulance control, documentation in the patients’ records.

Importance of education: reporting lack of education, recognising the need for training, learning from varying practices and educational styles.

Policies: encourage good practice, protect patient, support decision making, protect clinicians from liability but lack flexibility, lack of “fit” between policy and ethical practice, conflict with other policies.

Conclusions: Ambulance clinicians encounter complex practices and ethical challenges when attending patients at the end of life. They can also identify potential solutions to these dilemmas.

Further work is necessary to fully understand their needs and experiences and develop strategies to address their difficulties. The results of this study have informed an education project and further work is planned.

Abstract number: P211
Abstract type: Poster

Dignified Death for Children in Palliative Care: Nurses’ Perceptions from an Oncology Unit
Misco M.1, 2, Sonza L.F.1, Bucero R.S.1, NIPPEL: Interdisciplinary Research Group on Loss and Grief
1University of Sao Paulo, School of Nursing, Sao Paulo, Brazil

Objective: To explore the concept of dignified death in the perspective of nurses in pediatric oncology.

Methods: We used the Symbolic Interaction and narrative research. Participants were asked to describe their own experiences and views about managing patients who were considered to be at the end of life. Patients’ data was collected through 12 in-depth interviews.

Results: The data analysis allowed the identification of five elements: Autonomy; Family Care; Humanized Care; To offer a patient comfort and support; and in the process of dying.

Conclusion: This study helps to extend the understanding of children’s dying and to advance in the postulation of a theoretical framework that includes the inclusion of knowledge and actions that constitute an integral component transcending the care of clinical and biological needs.

Abstract number: P212
Abstract type: Poster

Transitions of Decision Making; Families’, Patients’ and Health Professionals’ Decision Making over Time in the Last Six Months of Life in Greece
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1King’s College London, Cicely Saunders Institute, Palliative Care, Policy and Rehabilitation, School of Medicine, London, United Kingdom, 2King’s College London, Florence Nightingale, School of Nursing and Midwifery, London, United Kingdom

Aim: Even though it is recognised that patients experience transitions in decision making, little attention has been given to the transitions of decision making of families during this time. This study explored the dynamic nature of the decision making of the patient’s care. Doctors based their decisions of care on the goals of curing or extending life until the end. Families adjusted their goals with the patient’s goals and the care was provided supporting them in their role as part of the health care team and as part of the patient’s family. Patients’ focus was more on surviving the relationship with the loved ones, and thus their decisions were supportive of their families’ wishes. Only near the end, they fought for preparing to die and performed dying rituals. The main carer’s attitude and family’s beliefs, the patient’s role in the family, the illness progress, but also the doctor’s attitude were the factors which influenced the changes of decision-making and its speed from stage to stage.

Conclusion: Our findings suggest that decision making of care in Greece is mostly influenced by the doctors and families. It follows not only patients’ trajectories but their family trajectories and transitions. These aspects should be taken into consideration when planning for palliative care services in Greece.

Abstract number: P213
Abstract type: Poster

A Tale of 3 Cities: A Comparison of Palliative Care in London, Dublin and New York
Higgins L.1, Moler D.2, Morrison R.S.2, Galb G.3, Normand C.4, Lawlor F.5, McCrone P.6
1King’s College London, Department of Palliative Care, Policy & Rehabilitation, London, United Kingdom, 2Mount Sinai School of Medicine, New York City, NY, United States, 3University of Dublin, Trinity College, Centre of Health Policy and Management, Dublin, Ireland, 4University of Ottawa, Division of Palliative Care, Ottawa, Ontario, Canada, 5King’s College London, Institute of Psychiatry, London, United Kingdom

Aim: Hospice and palliative care have expanded across the globe to meet the needs of seriously ill patients and their families, but are adopted in different forms in these countries, with little comparison. This analysis aimed to compare the development and provision of palliative care in three major cities.

Methods: Analysis of published and grey literature, informal interviews with key stakeholders in each country, conference calls bringing together the experts in the development and provision of palliative care in the three cities and entered into a matrix to contrast the goals, process and outcomes of care.

Findings: While each country has developed a palliative care unique to its health system, elements such as the philosophy, goals and approach are common. However, the availability of access to care, especially by diagnosis and period of time in care, funding models, the extent to which care is part of a direct provision and the focus on home care.

Conclusions: While the palliative care and hospice systems in common base they have evolved separately and now have many different interpretations in the three cities. What a patient or family receives in palliative and hospice care is now different in the three cities, suggesting that greater international comparison and consensus is needed.

Abstract number: P214
Abstract type: Poster

Developing a Primary Care Care Pathway for the End of Life (ZPNL)
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Background: All over the world a number of guidelines are helping caregivers in tackling the many challenges when caring for patients who are near the end of life. These guidelines are seldom brought together in a comprehensive, interdisciplinary care pathway for a palliative patient. The emergence palliative care pathway is still only applicable during the dying phase of the patient.

Aim: This project supported by the Flemish Government, wants to develop and to implement a palliative care pathway as an instrument that facilitates the delivery of good palliative primary care. It should become at the same time a care dossier, a checklist as well as an evaluation tool. It intends to be an aid for good quality of care, for good communication with patient and his family, and for good cooperation between caregivers. The main goal of the developing of a primary care pathway for end of life care is for palliative patients with a limited life prognosis in time the appropriate care they need by a professional and multidisciplinary team.

Methodology: The Care Pathway for the Near-End-of-Life (ZPNL) has been developed by a university research group, following a strict methodology. Different levels of working groups provided feedback, assuring a narrow cooperation with the primary care working field.

Results: This palliative care pathway has been designed by means of a flowchart and a care dossier; an accompanying manual will also be available for the caregiver.

The patients will be included by their general practitioner on the basis of the Surprise Question (SQ) and a palliative Partner (PPa) to all patients , regardless of the kind of diagnosis, but having a prognosis of less than one year, should be included.

Conclusions: The Care Pathway for the Nearing End of Life (ZPNL)


End-of-life will allow well-structured but nevertheless individualized palliative-care-to-measure applicable earlier during the illness course of the patient. In 2011 the implementation of this care pathway will start.

Abstract number: P216  
Abstract type: Poster  

Have We Got It Right? Pharmacological Treatment in the Last Days of Life in Oncological Patients  

Objective: To review the pharmacological treatment of oncological patients during the last days of life.  
Methods: We revised the clinical histories of oncological patients who died in a palliative care unit between 1.1 - 31.8.2010. Parameters analyzed: age, sex, oncological diagnosis, symptoms coding, factors precipitating admission, performance and medication. In admissions lasting over 1 week, pharmacological data was taken from the last 7 days.  
Results: Of 89 patients, 45 were admitted from an acute hospital ward, 8 from AE and 36 from home. The most frequent pathologies were: lung (22), colon (14) and breast (7) cancers. The causes of admission were: dyspnoea (with or without respiratory infection, 9 and 20 respectively), agonal phase (20), liver failure (11), cancer pain and intestinal obstruction (8), other (10). In those admitted 66 days (41 patients), 81% were treated or with death in those admitted 1-5 days (48 patients), 58% received >10 drugs. In 76% of patients admitted for dyspnoea, over 10 drugs were given in one admission, over 20% admissions of 6 days, >10 drugs were employed 48 hours before death. In those admitted for agonal phase, the mean number of drugs used (range 3-8) was inferior than in the groups of patients admitted for other causes.  
Conclusions: Dyspnoea often precipitates admission in oncological patients. It is difficult to decide whether to treat these more actively (antibiotics, steroids, bronchodilators, etc), which may explain the greater number of drugs used, only for symptom control. If admission is prolonged, it is difficult to decide at which moment to withdraw medication not strictly necessary for symptom control. In the agonal phase the number of drugs employed is usually reduced.  
We believe that recently approved local guidelines and trying to prioritize symptom control may help a better pharmacological management of these patients.

Abstract number: P217  
Withdrawn

Abstract type: Poster  

The Needs and Experiences of LGBT Patients and Carers at the End of Life: A Systematic Review of the Evidence  

Background: Palliative care has set an agenda to respond to changing demographics and to provide palliative care according to need. It is unclear how best to meet the needs of Lesbian, Gay, Bisexual and Transgender (LGBT) patients and carers. It is difficult to decide whether to treat these more actively (antibiotics, steroids, bronchodilators, etc), which may explain the greater number of drugs used, only for symptom control. If admission is prolonged, it is difficult to decide at which moment to withdraw medication not strictly necessary for symptom control. In the agonal phase the number of drugs employed is usually reduced.  
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Poster sessions

12th Congress of the European Association for Palliative Care, Lisbon, Portugal, 18–21 May 2011
Abstract number: P223
Abstract type: Poster
The Impact of Early Review by the Hospital Specialist Palliative Care Team (HSPCT) of Patients with Life-limiting Diseases Admitted to the Emergency Admissions Unit (EAU) in the Acute Hospital Setting
Lyr P.A.1, South Devon Healthcare Foundation Trust, Department of Palliative Medicine, Torquay, United Kingdom
Background: The Acute Trust identified that early involvement of specialist teams in the EAU could result in improved patient outcomes. This study was to identify the benefits/burdens of this intervention by the HSPCT. The HSPCT enquired referrals received from the acute setting consisted of 78% with malignant disease and 22% with non-malignant disease (Data 2009-2010) Prior to this study referrals received February-July 2009 from EAU consisted of 92.6% malignant disease 7.4% non-malignant
Method: The Board Round is a verbal discussion on EAU led by the Acute Medical Physicians involving the multi disciplinary team reviewing all expected emergency medical admissions on the unit. A member of the HSPCT attends. Patients with life-limiting diseases are identified and a referral to the HSPCT is initiated if appropriate. This information was collected February to July 2010. A total of 25 patients were referred by the Board Round to the HSPCT during this period.
Results: 59% of patients reviewed had malignant disease 41% non-malignant disease 53% of patients died in the acute setting on a care of the dying pathway; 33% of patients were discharged routinely within 7 days; 7% of patients were transferred to the local Hospice; 7% of patients were discharged home on a Rapid Discharge Pathway
Conclusions: Percentage of referrals received by HSPCT for patients in the EAU with non-malignant disease was higher proportionally than the data collected prior to the commencement of the Board Round. All patients seen by the HSPCT who died in the hospital were given a dying pathway with appropriate medications prescribed. The HSPCT worked with the medical teams to ensure safe discharge of patients within 7 days. The HSPCT facilitated appropriate transfers to the local Hospice. The HSPCT facilitated Rapid Discharge for patients who wished to die in their preferred place of care. The profile of the HSPCT has been raised during this study leading to increased referrals to the team without further resources.
Abstract number: P224
Abstract type: Poster
End of Life (EoL) and Emergency Ambulance Clinicians in the UK: Reported Practice and Clinical Research Views on Do Not Resuscitate Orders (DNAR)
Munday D.1, Gakhal S.1, Bennet M.2, Cole R.2, Sedwy S.1, Stuart P.1, Pettifer A.1
University of Warwick, Warwick Medical School, Coventry, United Kingdom, 1West Midlands Ambulance Service, Dudley, United Kingdom, 2Clifton Road Surgery, Rugby, United Kingdom, Myton Hospices, Warwick, United Kingdom, Coventry University, Coventry, United Kingdom
Aims: Emergency ambulances may be called to attend terminally ill patients in the community. It may be appropriate to allow some patients to remain at home or inappropriate for them to undergo cardiopulmonary resuscitation following a cardiac arrest. Advance care plans (ACP) and DNAR, which may be written by any senior clinician, can highlight patients’ preferences and enable appropriate decisions to be made. Since few studies have explored this area of practice, we aimed to survey ambulance clinicians’ experiences in EoL and their perceptions about the validity of DNAR.
Method: 200 questionnaires were distributed to ambulance clinicians covering a large regional service, exploring the frequency of calls to terminally ill patients and opinions about the validity of DNAR. A scenario that presented a dying patient explored decision makers’ opinions as to whether or not they would have transported him to hospital. Responses were analysed with SPSSv18.
Results: 107(53.5%) responses were received. 65% reported attending at least 1 call for terminally ill patients in every 5 shifts (ie 1/week), 93% of respondents reported attending a cardiac arrest in a terminally ill patient once in 10-20 shifts (ie 1-2/month). 84% reported that a DNAR correctly written by a consultant, GP or a within a practice care nurse specialist was valid. In response to the scenario, 64% of respondents were likely to have transported the dying patient to hospital, falling to 14% if the patient was clearly stated the patient did not want admission.
Conclusions: Ambulance personnel frequently attend terminally ill patients including those who have had a cardiac arrest. Few dying patients have a DNAR and there is some confusion as to their validity. Most responders reported that a DNAR correctly written by a consultant, GP or a within a practice care nurse specialist was valid. In response to the scenario, 64% of respondents were likely to have transported the dying patient to hospital, falling to 14% if the patient was clearly stated the patient did not want admission.
Abstract number: P225
Abstract type: Poster
Psychosocial (PS) Attention at the End of Life. The EAPS Experience in the South of Madrid
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Objectives: To contribute to the improvement of the quality of lives of patients and their families suffering from advanced diseases, experiencing a particularly vulnerable situation. To support professionals who care for them.
Method: To implement a PS program, both at home and in the hospital setting lead by a clinical psychologist and a social worker (SW).
Patients: From May to October 2010.Pts included: 120; Male: 55%; Average of age: 67; Pts: 55,8%; disability: 7,5%; housewife: 7,5%; Medium/low salary: 53%; No-external support: 58%; Advanced disease aetiology: 92%; Average time: 75% at home; 25% in hospital, falling to 14% if an ACP clearly stated the patient wanted to remain at home. Further research is needed to explore actual practice.
Funder: NHS West Midlands
Abstract number: P226
Abstract type: Poster
Exploring the Needs and Experiences of Patients and their Caregivers in Pain Management within the Palliative Care Environment
de Toit C.1, Palliative Nursing Care Students-Technician Education Centre of Stellenbosch University, 1Janssen Pharmaceutica, Medical and Regulatory, Johannesburg, South Africa
This study aimed to develop an adaptation programme to enhance the quality of life of palliative care patients and their caregivers within patient support groups. The needs and experiences were explored, through which a number of anxieties, uncertainties and new demands were identified, as main themes. The categories were psychological and psychosocial. The subcategories included uncertainty- associated pain, fear, pain management, spiritual care, relationships and support group. The research design chosen for this study was a qualitative design, with an exploratory, descriptive and qualitative framework. The sample was selected from patients who received treatment in an eastern region of the city (n=60). Concepts derived from the literature search included stress, cognitive changes and support groups. The study resulted in the development of a lifestyle adaptation programme for the patients and their families with life-limiting disease. Consent to conduct this research study was obtained from the Faculty Research Committee and Ethics committee of Technikon Pretoria. Written informed consent was obtained from all participants involved in this study and a research objectives and methods were explained to participants. Source funding: Nil received
Abstract number: P227
Abstract type: Poster
Analysis of the First Year of Implementation of Music Therapy in a Palliative Care Unit (PCU)
Serna I Vila M., 1, Domínguez Sánchez M.1, 2del Llano Molero V.1, Mena Virella C.1, 2, 1EAPS, 2Vall d’Hebron Hospital, 1Hospital San Joan de Déu, 1Fundación Instituto San José, 1Caritas, Madrid, Spain, 1Facultad de Medicina, 1University of Zaragoza, 1Department of Palliative Care, 1Madrid, Spain, 1Facultad de Medicina, 1University of Zaragoza, 1Department of Palliative Care, 1Madrid, Spain, 1Fundación Instituto San José, Madrid, Spain
Introduction: Literature into music therapy in end-of-life care indicates how it can benefit as well as manage some of the symptoms of patients and family. Particularly in improving pain and anxiety perceptions, as a tool to adjust to the new situation, in increasing the quality of life, making possible communication and emotional expression through music, easing the flow of spiritual needs, and offering support to the farewell. Since November 2009 music therapy is developed in our PCU, helping to achieve its main goal: offer life until the end.
Objectives: - To describe the development of our music therapy program - To develop a integrated service in a holistic care team - To establish indicators to measure program results
Method: - Descriptive qualitative study.
Patients were referred by medical team, patient’s own or caregiver’s request - Individual or familiar interventions to meet participants’ needs - Number of participants, pathologies, objectives and results of music therapy techniques used - Verbal and/or written evaluation by patients, caregivers and clinical staff - Population: patients, family and caregivers admitted in the PCU
Study period: November 2009 - Oct 2010
Clinical Management views on Do Not Resuscitate Orders (DNAR)
Munday D.1, Gakhal S.1, Bennet M.2, Cole R.2, Sedwy S.1, Stuart P.1, Pettifer A.1
12th Congress of the European Association for Palliative Care, Lisbon, Portugal, 18–21 May 2011
Abstract number: P228
Abstract type: Poster

Perceptions of Quality of Care in Agony and Death
Soares C.S.1, Mendes A.F.1, Coleto A.1, Ferreira L.M.1, Filip S.1
1Hospice ‘Roberto Ciabatti’, Dipartimento di Listeriapilia, Grosotto, Italy, 2Hospital ‘Sao Camilo’, Lisbon, Portugal

The issues of quality and dignity are emerging in assisting the patient and family in palliative care. The network is taken in order to determine the possibility of assigning a degree of satisfaction of family members who experience a process of agony and death. This study was undertaken in order to perceive the quality of care in agony and death, with the following objectives: know the emotional pattern of the patient, family and professional relations facing the agony and death, and identify how the symptoms and duration of agony affect the quality of life in the final days. We started a study in which we used a qualitative methodology. We used descriptive and content analysis to process data. The study ran between 2007 and 2009, on patients followed by the home unit and inpatient unit of a hospital in Portugal. The techniques used were the questionnaire about the satisfaction of the family members, the registration done by the nurses and an interview.

Two patients indicate an average time of agony of 41 hours, being the shortest of 6 hours and the longest of 109. The common symptoms were cognitive impairment, dyspnea, asthenia and pain. With the exception of one family member, all accepted the process of agony and death with reactions of crying and consolable grief. The emotional pattern of patients was identified by nurses as acceptance. All family members referred their satisfaction for the palliative care, and the satisfaction level was 0.96. The comments referred health professionals as “very humanizing in the condition of the dimension.”

The nurses reported the need for supervision and emotional training. Our findings point to the need to implement pain control and the possibility of replicating this study in other contexts.

Abstract number: P229
Abstract type: Poster

Impact of New Actions of the Nurse in Coordinating Assistance to Patients with Terminal Heart Disease
Silva C.C.R.1, Mendes A.F.1, Coelho A.1, Ferrera L.M.1, Filip S.1, Reis A.X.1, Gabriel T.F.1, Cipullo R.1, Pereira R.O.1
1Instituto de Cardiologia, Universidade Federal de São Paulo, Brazil

In our clinical practice, we found that most patients with chronic degenerative diseases have focused on the management of symptoms. The identification of these patients and follow up with appropriate attention on the philosophy of palliative care is a way of preventing and to attend the assistance. The nurse is a professional with key role in care planning, the responsibility of providing information and assistance to the interdisciplinary team, counseling and patient-family education, and build a bond of affection.

The objective was to describe how the planning and development of nursing interventions and assistance to the interdisciplinary team and patients with terminal heart disease in the first year of visits to the Palliative Care.

Exploratory, descriptive, retrospective study of records of patients with terminal heart disease treated in the philosophy of palliative care in the period from January 2009 to January 2010. We examined the charts of patients attended at the end of life and notes the technical visits of the nurse in palliative care.

It was found that the role of the nurse in cardiology is a condition of treatment together with curative care, there are symptoms and discomforts that have to be triggered. Systematic evaluations of pain control, dyspnea and the oxygen utilization had been carried through. Therefore, they need to approach a control of symptoms, and specialize in interdisciplinary planning. In palliative care the action is not driven solely by technical and scientific competence, but supported in diagnostic and therapeutic processes with the challenge of finding work everyday in a harmonious balance between reason and emotion.

Abstract number: P230
Abstract type: Poster

Touch-ball Method as Integrated Treatment in a Palliative Care Program. Our Experience
Brinza S.1, Peci A.1, Mazzocchi B.2, Integrated Complementary Medicine ‘Sant’Anna’, DISS, University of Bologna, Italy, 1Hospital Fornaci, Grosseto, Italy, 2Integrated Complementary Medicine ‘Sant’Anna’, DISS, University of Bologna, Italy

The Touch-Ball method is the result of theoretical models and experimental results, supported by the methodological approach. These are the body rediscovery and its role in the building of his own personality. The method avails of spherical objects different for elasticity, dimensions, sound vibration effects and colors, in order to stimulate rotational variations in space, speed, rhythm and pressure by using the hallmark.

The stimulations are exercised in a proper way, using the spherical objects following a trained technique, keeping to the contact involved part of the body with sensitiveness granting the contact and the ability to follow their roundness so enriching the somatometal relational model.

The body becomes the protagonist of the self-consciousness in a constant reprocessing of the somatometal model. The patient can work with therapeutic exercises linked to the psychic and bodily mede. In collaboration with the Palliative Care Unit Grosseto, we have started a study involving 343 oncological patients inserted in a palliative care program, from 09/01 to 10/09. These pts came from different settings: home care, day hospice and hospice. 343 pts enrolled, P.S. ECOG 1=295 pts. ECOG 3=48 pts. M = 73, F = 270. Mean age 53 years. 35% GI cancer; 20% lung cancer; 20% urogenital cancer; 15% others. 40% in patients; 60% outpatients. The program consisted of two “1 hour meetings” per week.

Results: the quality-of-life enhancement from both psychological and physical point of view was remarkable in both samples using FGWBI instrument. A better pain relief has been recorded in 90% pts involved in the study. The impossibility to replication to this study in other contexts.

Abstract number: P231
Abstract type: Poster

Outpatient Palliative Cancer Care in the Health Care Delivery System at Regional Level: Own Experience
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Outpatient palliative cancer care (OPCC) for Complex Oncology Center (COC) of Charles University Hospital in Hradec Králové, Czech Republic started its operations on 1.1.2008. Following close cooperation with general practitioners, home health care-agencies and hospice OPCC provides care for patients with end-cancer treatment in COC. During the period 01/01/2008 to 01/01/2010 was way OPCC treated 324 cancer patients with end-cancer therapy (122 men, 202 women). The number of deaths in this period was total number was 324 194 (60%) 97 (m. men). 26.1% (30% females, 24 males). The number of deaths in hospice was 15 (8%) 5 women, 4 men. The number of deaths in a health care facility was 148 pts (23% 85 women, 63 men). The number of deaths at home was 73 (43% 57 women, 16 men). 64 men. It provision of palliative care of cancer patients with end-cancer care has its pitfalls, which can be grouped into 5 basic points:

1. Lack of interdisciplinary collaboration (hospital standard).

2. Patients and their family members to prevent transmission to care non-oncologists.

3. Lack of education and evaluation of patients and their families by doctors and medical staff in management problems of difficult life situations associated with bereavement. Die with dignity in a civilized society should be more commonplace than the legalization of euthanasia.

4. Most preterminal cancer patients and their families negatively evaluate the location of the patient in hospice. Hospice is patient and their family members still perceived as a place of dying and death.

5. Lack of quality of life. Practitioners in the provision of general palliative care.

Supported by the Research Project of the Ministry of Health of the Republic No. 00179060 and the Specific University Research of Charles University in Prague No. 53251.

Abstract number: P233
Abstract type: Poster

Symptom Management at the End of Life: Challenges and Difficulties in Palliative Care in the Republic of Macedonia
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Aims: To show the difficulties, which daily hospice medical staff who work with terminally ill patients are faced with, despite the lack of appropriate medications to be applied at the end of life, religious reasons, mentality of the family member and non-existing ethical and legal regulation in the country.

Methods and statistics: More intensive development of palliative care in the country began with the opening of 2 hospices for terminally ill patients. Given that the lack of information, practitioners of palliative care are covered by public health.

Results: Most common symptoms of hospice treatment at the end of life are: pain, agitation, depression, bleeding, cardiac and respiratory coma, where paternal morphine is given. Experiences showed that with sufficent does the patient can die in comfort and dignity. Great problem in patients with respiratory depression. Serious problems exist with breathinglessness, where most of the doctors take as cardiogenic pulmonary edema, which is treated with diuretics; aminocorticoids drogs were not to be given. Even bigger problem is terminally sedation, which is rarely applied, and where there is no existence of ethical and legal regulations.

Conclusion: Despite the fact that interventions and effective approaches to control symptoms of patients at the end of life have been well documented, health care professionals in the country have serious obstacles. Common practice in medical staff of nurses during the curative treatment to the patient is to hide from him the diagnose of diagnosis. This apply also to family members who did not know. It was recommended to the doctor to extend the life and account the quality of that life. For these reasons a large number of patients dying in hospice.

Abstract number: P234
Abstract type: Poster

Healthcare Professionals’ and Patients’ Opinions about Palliative Care in a Brazilian Private Hospital
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Caring for seriously ill patients, including those near end of their life requires a peaceful environment. Our twelve-bed unit is located in a park.

In December 2009 the team decided to place bird feeders outside of the window of each room. Since then we have observed an interest from many patients and visitors in order to provide comfort to the patients and their families during their stay. Methods: Forty healthcare professionals who work at Edson de Vasconcelos Hospital Complex were selected consecutively to take part in the study. Eighty patients were paired with the healthcare professionals randomly at the ambulatory according to age and gender. A questionnaire was used for all participants and their answers were compared. The parametric variables were calculated using average and standard deviation, and the non-parametric variables were studied using chi square. Results: A hundred and twenty people participated of this research. Eighty of them were out patients and forty were inpatients. People who graduated in college chose conservative procedures more frequently than people who have high school level. Conclusion: Health care professionals are familiar to critical patients, therefore this may affect their opinion to education level also may affect people’s opinion about palliative care. Keywords: Palliative care, End of life, health care professionals’ opinion, patient’s opinion. Main source: Edson de Vasconcelos Hospital Complex

Abstract number: P235
Abstract type: Poster
A Brazilian Model for Assistance in Palliative Care

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The concept of palliative care originated in the hospice movement, with three key elements: the breach of the effective control of pain and other symptoms and the psychological support of patients and their family. We created a model in the hospice Jeris, northeastern Brazil, assistance to a low income patients with advanced cancer without oncology therapeutic possibility and users of the last years of their life. The objectives were to: assess the type of inpatient, outpatient and home care and Opioid Donation Program. We retrospectively reviewed record from January 2006 to March 2010. A total of 129 cancer patients in palliative care only were included. In this analysis, 73 (56.5%) patients were female and 56 (43.5%) were male. The most common indication of inpatient, outpatient and home care was Opioid Donation Program. We were able to calculate the level of opioid consumption in the top-20 countries, we extrapolated for all countries which their level of adequate use would be. Results: We were able to estimate the level of adequate opioid consumption for 145 countries: 5.3 billion people live in countries with low to non-existent access (83% of the population); 250 million: moderate access (4%); 460 million: adequate access (7%); 430 million: insufficient data available. In 2006, the world used 231 tonnes of morphine equivalents; if all countries increase their consumption to levels sufficient to moderate to severe pain adequately, the required amount will be 1292 tonnes, which is almost six times higher. Conclusion: Only 460 million people live in countries with adequate consumption levels for opioid analgesics. This means that the remaining 6 billion will not be treated adequately when in pain. Good access to opioid analgesia is rather the exception than the rule. Source of funding: Dutch Ministry of Health, Welfare and Sport and other non-commercial entities

Abstract number: P240
Abstract type: Poster
Results of Mortality Trends in Salamanca in the Period between 1975 and 2007

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Objective: The aim of this study is to analyze trends in mortality in the province of Salamanca, in the last three decades. Methods: To achieve this objective, an epidemiological study, descriptive and ecological, of the country, regional and global level was performed. The calculation was based on absolute numbers and death rates obtained from the National Statistics Institute (INE). We compared mortality rates, age-adjusted to the world population of main tumors, by gender, with the following results: In men, the highest rates of mortality are lung cancer, followed by colorectal cancer in the provinces and stomach cancer in women. In women, the highest cause of death was breast cancer, followed by colorectal cancer, gastric cancer, lung cancer and cancer of the cervix, endometrium. Conclusions: In this work, it demonstrates the comparison between the mortality rates for death in the first half of 2000. In women, the most relevant causes of death are lung cancer, liver cirrhosis and stomach cancer. Only 460 million people live in countries with adequate consumption levels for opioid analgesics. This means that the remaining 6 billion will not be treated adequately when in pain. Good access to opioid analgesia is rather the exception than the rule. Source of funding: Dutch Ministry of Health, Welfare and Sport and other non-commercial entities

Abstract number: P241
Abstract type: Poster
The Palliative Home Care Teams Affect the Place of Death in Terminal Cancer Patients

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The objective of this study is to assess the impact of a palliative home care team on the place of death for terminally ill cancer patients. Methods: We performed a retrospective cohort study of patients who died of cancer in the province of Salamanca, during the period from January 1, 1998 and December 31, 2007. Patients were collected from the database of home palliative care of the INE, from the National Statistical Institute of Spain (INE). Results: A total 10,344 patients die from cancer in...
the province of Salamanca, which were followed by home-based palliative care team (HPCT) a total of 1724 patients. 5869 died in hospital (56.5%), of which 3,766 were male and 2,103 women (52.8%). Looking at the trend over time, we see a steady increase of deaths in hospital with an increase of 18.5%, 19.6%, 20.0% from the 1996-2002 and 2003-2007 period, in males, and 13.69% in the same period, among women. To obtain an accurate number of patients, among followed and not followed by palliative care home units, it appears that the former have a higher ratio 3.62 (95% CI 3.24 to 4.05) of dying in hospital, as patients who do not have this treatment with a statistical significance of p< 0.001. There is a rise in home deaths/hospital, among patients followed and not followed by HPCT, 32.6% higher (95% CI 7.95 to 10.86) in urban patients with home mortality 22.1% (95% CI 1.20 to 4.10) for patients in rural areas followed by home care.

Conclusions: In our study shows that for every patient who dies at home, with no specific home care, die 3.6 patients who are receiving this attention, there are no sex differences. If we differentiate this assistance areas, in urban areas the percentage increases to 9.26 patients treated for a domiciliary care unit for every patient who does not receive this assistance.

Abstract number: P242
Abstract type: Poster
Multicentre Study on the Epidemiology of Chronic Pain, Treatment Appropriateness and Satisfaction in Ambulant Cancer Patients in Catalonia (Spain)

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Objective: The objective of this study was to analyze the factors associated with patient that may influence place of death of cancer patients in the province of Salamanca.

Methods: We performed a retrospective cohort study of patients with cancer 51.4% of the patients died of cancer in the province of Salamanca, during the period from January 1, 1998 and December 31, 2007. Patients were collected from the database of home palliative care units in the province of Salamanca, from the Documentation Service Complex University of Salamanca and the National Statistical Institute of Spain (INE).

Results: A total 10,344 patients die from cancer in the province of Salamanca during the period from January 1, 1998 and December 31, 2007. A total 10,344, 369 died in hospital (56.5%), of which 3,766 were male and 2,103 women. Of the 10,344 patients, 2499 (24.2%) were attended by a dedicated team of palliative care. Of the 2499 patients, 1467 (58.7%) patients were treated by palliative care home team, 774 (31%) by the palliative care emergency team, and 258 (10.3%) by both. When we study the data by year of death, we observed that the percentage of patients seen by a specialist palliative care team is 14% in 1998 to 38% in 2007.

Conclusions: In our study, we found, as you progress through the period, a steady increase in patients receiving specific attention to palliative care units, although still very far from the 60% is considered ideal. This shows that there are insufficient resources to perform adequate coverage.

Abstract number: P244
Abstract type: Poster
Factors Associated with the Patient that Influence the Place of Death in Cancer Patients with Terminal Illness

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Objective: The aim of this study is to analyze the factors associated with patient who may influence place of death of cancer patients in the province of Salamanca.

Methods: We performed a retrospective cohort study of patients with cancer 51.4% of the patients died of cancer in the province of Salamanca, during the period from January 1, 1998 and December 31, 2007. Patients were collected from the database of home palliative care units in the province of Salamanca, from the Documentation Service Complex University of Salamanca and the National Statistical Institute of Spain (INE). Data collected included: The place of death, sex, age, year of death, place of death, usual residence and sex.

Results: We collected a total of 10,344 patients who died of cancer in the province of Salamanca, during that period. Place of residence and sex: We analyzed a total of 9032 valid cases. Globally, there is a reason home deaths / hospital, among patients from rural versus urban areas of 1.92 (95% CI 1.77 to 2.09). This ratio is 2.11, in males (95% CI, 1.89 to 2.36) and 1.56 in women (95% CI, 1.32 to 1.83). When analyzing the different tumors, we found statistical significance: the right home deaths / hospital is positive in pancreatic 2.83 (95% CI 1.16 to 1.55), skin cancer 4.34 (95% CI 1.09 to 6.10) and CNS tumors 1.53 (95% CI 1.20 to 1.95), and negative in lung tumors 0.83 (95% CI 0.75 to 0.93), oral 0.72 (95% CI 0.59-0.87), tumors of the OLR sphere 0.49 (95% CI 0.35 to 0.57), hematological 0.32 (95% CI 0.27 to 0.38) and liver and bile duct tumors 0.44 (95% CI 0.35 to 0.57).

Conclusions: The place of death of cancer patients depends largely on the different tumors, the place of residence, the sex and year of death. This seems to be due to greater complexity in managing symptoms.

Abstract number: P245
Abstract type: Poster
Nursing Care in the Outpatient Unit of Palliative Care Unit of the National Cancer Institute in Brazil: Working with Indicators

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Introduction: Indicators are variables developed by the need to treat information in a manner understandable to be analyzed and used. Indicators of the nursing staff are used as a tool to analyze the quality of care and measure whether the desired results are being achieved.

Objectives: The study aims to describe the information in use of indicators as a tool of nursing services in palliative care unit of the National Cancer Institute of Brazil.

Materials and methods: Data were obtained from general hospitals database and private database of nursing staff, from May to September 2010. We evaluated the nursing visits, procedures performed, wound tumor, pressure ulcers and ostomies.

Results: There were 1970 attendances during the period (average 394 by month). The average number of new patients was 80 and mean procedures were 1654 by month. The average number of patients with wounds tumor is 84.2 by month, being 58.4% (n = 257) of head and neck and 15% (n = 66) of breast cancer. The stage II is the more frequent 32.2% (N = 142). We saw that 13% (n = 59) smears grade II and 8.86% (n = 39) smears grade III, 48% of the odor decreased after the test 18.1% worsened. The frequency of pressure ulcers was 1.62% (n = 32), being 68.7% (n = 22) in the sacral region and 71.4% (n = 23) in stage V. In 70% of our patients, we observed the following results: 21.2% (n = 418) patients have ostomies. The incidence of tracheotomy was 44.7% (n = 87), there are colostomy in 18.8% (n = 79), gastrostomy in 17.7% (n = 74) and nephrostomy in 13.6% (n = 57).

Conclusion: We conclude that there is an indispensable when it comes to cancer patients in palliative care, not only by the frequency of tumors and their anatomy, as the increasing complexity of care. Furthermore it is very important to use indicators, which give us to know the population the served by facilitating the targeting of actions to ensure good control of symptoms and quality of care.

Abstract number: P246
Abstract type: Poster
Social Profile of Outpatients in the Palliative Care Unit of the National Cancer Institute in Brazil

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Introduction: The Hospital of Cancer IV (HCIV) is the Palliative Care unit from the National Cancer Institute in Brazil. It has all the modalities of servicing in Palliative Care and about 1100 patients by month.

Objectives: Our population is very heterogeneous, which leads to a need to study in depth and better understand the profile of our patients, ensuring quality care. This paper aims to present the instrument of social assessment created, created in May 2010, and provide an overview of the patients followed in our hospital.

Materials and methods: In this study we evaluated the patients who began outpatient follow-up from July to September 2010 following the changes made in the instrument of social evaluation, begun in May 2010.

Results: We studied 98% (n = 244) of patients who started follow-up. We observed that 46% (n = 98) are married and 15.6% (n = 38) living with a partner in an irregular situation. Regarding schooling, 11.3% (n = 26) were illiterate and 46.6% (n = 114) have less than four years of instruction. About 5.3% (n = 13) did not have any income and 60% have incomes below three minimum wages (n = 856). Caregivers, mostly family members, are assessed in situations that could reflect improper care. We’ve detected that 18% (n = 44) had some comorbidity, 39.6% (n = 17) were seniors and 15.3% (n = 7) were illiterate. Another complicating factor for the guarantee of care is that 47% (n = 114) of patients live in other districts, which often hinders attendance questions.

Conclusion: When we understand the profile of our patients we can amend the situation, enabling better care, and ensure access to institutional and
government subsidies, which remain reserved for the rights of patients and their families.

**Abstract number:** P247

**Abstract type:** Poster

**Factors Associated with Caregiver Influencing Place of Death in Cancer Patients with Terminal Illnesses**

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**Objective:** The aim of this study is to analyze the factors associated with caregiver that may influence place of death of cancer patients in the province of Salamanca.

**Method:** We performed a retrospective cohort study of place of death in patients with terminal illness in the province of Salamanca, during the period from January 1, 1998 and December 31, 2007. Patients were collected from the database of home palliative care units in the province of Salamanca. Factors were included caregiver gender, relationship and age.

**Results:** Data on a total of 1724 caregivers, of which 228 were male (13%) and 1469 were women (85%), 27 were from residential (2%). The average age for males was 52 ± 13.1 with a median of 74 and for females was 64.5 ± 11 and a median of 66. 749 were wives (43%), 168 husbands (10%), 539 girls (31%), 60 sons (3%), 131 other relatives (8%), 50 caregivers recruited professionals (3%), and 27 were in nursing homes (2%). A total of 1647 valid cases, of which 228 were males and 1419 females. No professional caregivers were collected (50 caregivers) and patients who had died in a nursing home (27 patients).

**Patients and methods:** Patients were from the Department of Medical Oncology, husband, son, daughter and other relatives. Only found statistical significance in the group of wives and daughters of a died reason home/hospital of 0.05 (95% CI 0.43 to 0.70) for women, and 2.06 (95% 1.6 to 2.66) for daughters. Age was associated with groups that had a significant relationship (wife and daughter). There is statistical significance in the sections between 45 and 74 years. The reason deaths home/hospital was 75 (95% CI 0.11 to 1.4) in the period between 65 and 74, to 3.28 (95% CI 1.88 to 5.72) for the period between 55 and 64.

**Conclusions:** Patients whose sole caregiver is the spouse, are more likely to die in hospital compared with patients in whom the primary caregiver is her daughter. The effect of social support network of patients reflects the active involvement of family care at the end of life.

**Abstract number:** P248

**Abstract type:** Poster

**Health-related Quality of Life and Metastatic Breast Cancer in a Programme of Palliative Cancer Care**

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**Introduction:** Quality of life term contains information on an individual’s physical, psychological, social and spiritual condition. QOL evaluation is carried out by means of generic and specific QOL questionnaires.

**Aim:** The study evaluated the level of the health-related quality of life (HRQoL) in a group of metastatic breast cancer survivors in a programme of palliative cancer care.

**Patients and methods:** This study was prospective and cross-sectional. It was carried at Department of Clinical Oncology and Radiation Therapy of Charles University Hospital in Prague, Kleovlá, Czech Republic. Dates were obtained during year 2008. 2009 among 41 metastatic breast cancer survivors in a programme of palliative cancer care. The mean for all 41 subjects was 58 years old (aged 41 - 80 years old). The Czech version of generic European Quality of Life Questionnaires (E5SF Version) was performed for evaluation of level of HRQoL.

**Results of study:**

1. The preliminary evaluation presents very low level of HRQoL. The mean EQ-SD score (a dimension of QoL) was 55%. The mean EQ-SD VAS (a subjective health condition measured on a visual analog scale) was 53%. The mean EQ-5D group of healthy females was 78.4% and the mean EQ-SD VAS was 85% (both QOL parameters show very good level of QoL).

2. The statistical evaluation not presents statistically significant dependence of EQ-SD score and EQ-SD VAS on age, smoking, number of associated diseases and type of palliative cancer care.

**Conclusion:** The preliminary evaluation presents very low level of HRQoL among metastatic breast cancer survivors.

**Acknowledgements:** Supported by the Research Project of the Ministry of Health of the Czech Republic No. 00214756 and the Specific University Research of Charles University in Prague No. 53251.

**Abstract number:** P249

**Abstract type:** Poster

**Continuous Sedation until Death and Physician Assisted Death: Are They Considered Ethically Acceptable? A Content Analysis of Opinions in the Indexed Medical and Nursing Literature**

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**Introduction:** Continuous Sedation until Death (CSD), the act of reducing or taking away the consciousness of an incurably ill patient until death, becomes increasingly a paradox in end of life care. It remains however a controversial topic of medical-ethical discussions. Some argue that CSD is morally comparable to physician assisted death (PAD), that advanced directives can be used as a form of ‘slow euthanasia’ especially when artificial nutrition and hydration are withheld. This study wants to identify opinions in the medical and nursing literature that support or reject a moral difference between CSD and PAD.

**Methods:** Medical journals were accessed and letters to the editor that discuss CSD and that are indexed in PubMed/MEDLINE or CINAHL were subjected to a qualitative content analysis.

**Results:** A moral comparison between CSD and PAD is made in 34 of the 89 editorials, comments or letters that discuss CSD. Authors supporting a moral difference between CSD and PAD refer mainly to the physician’s non-life shortening intention, the appropriate titration of sedative drugs or the restriction that CSD should be used only in inimically dying patients. Authors who suggest moral difference refer generally to the physician’s life-shortening intention, the over dosage of sedative drugs or the withholding of artificial nutrition and hydration.

**Discussion:** The arguments supporting or rejecting a moral difference between CSD and PAD are based on the same main moral differences, but the different cultural perspectives and philosophical background of a population can be a form of ‘slow euthanasia’ comparable to physician assisted death (PAD), that advanced directives can be used as a form of ‘slow euthanasia’ -especially when artificial nutrition and hydration are withheld. This study wants to identify opinions in the medical and nursing literature that support or reject a moral difference between CSD and PAD.

The study evaluated the level of the health-related quality of life (HRQoL) in a group of metastatic breast cancer survivors in a programme of palliative cancer care. The mean for all 41 subjects was 58 years old (aged 41 - 80 years old). The Czech version of generic European Quality of Life Questionnaires (E5SF Version) was performed for evaluation of level of HRQoL. Data are being presently collected. Results will be analyzed and presented at the 12th Congress of the European Association for Palliative Care, Lisbon, Portugal, 18–21 May 2011.
conflicts that arise, not only in the initial phase of informing but also in the establishment and progress of treatment and in the advance phases of the illness, as well identify the ethical issues related to the form in which bad news is delivered.

Methodology: Utilizing a qualitative research approach, semi-structured interviews of oncologists from the municipal of Rio de Janeiro were conducted. Interviewees were selected on the basis of the following criteria: being a clinical oncologist or surgeon, either male or female. Pediatric oncologists were excluded.

Results: Disclosure of cancer diagnosis was considered a difficult task for physicians in oncological practice. Only 46% of interviewees were convinced that treatment was available to offer the patient. The difficulties are related to the stigma of the illness and the fantasies related to their knowledge, the difficulty of the professional in dealing with death, and the lack of specific training in graduate courses and were independent of sex and the period in which the doctor concluded graduation. Ethical conflicts were identified when the family calls that the diagnosis or prognosis of the disease is not disclosed to the patient. In the healing phase, the patient’s need to know the diagnosis, so it can cooperate with treatment became crucial; decreasing the feeling of isolation. We identified a strong influence of spirituality and religiosity in the doctors interviewed, especially religious that ascribes a meaning to cancer that is individual and to support the idea of continuity of life after death.

Conclusion: The advances in medical technology were found to be more advanced in biological and some aspects of the possibility to neutralize the tumor, which is known as the time of revelation of truth to the patient, especially in advanced stages of disease. The autonomy of the patients harmed and also the doctor-patient relationship.

Financial support: Faperj

Abstract number: P253
Abstract type: Poster
What Are the Physicians Attitudes Towards Advance Directives (AD) in the End of Life Care? A Hospitalary Survey
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Aims: To describe the opinions and attitudes towards Advance Directives on physicians involved in the care of the patient at the end of life.
Methods: Descriptive qualitative study. Setting: Urban hospital. Subjects: Physicians from different services. The study included the 5 focus groups with some hospitalary services involved in the patient care at the end of life. The moderator introduces the concept of AD, and explains the different AD forms, requests the AD documents and the access to the register. An observer takes notes of the assistants opinions about Advance Directives. The attitudes and non-verbal communication of the subjects and the groups were registered too. Finally, we deliver an anonymous survey to the assistants.
Results: At the moment of abstract submission 4 focus groups have finished with 41 assistants. Medical Oncology 13, Geriatrics 12, Palliative Care 4, Therapeutic radiology and oncology 11. 90% of assistants know the existence of an AD Document but 63,4% of them do not know the content of this document.
Conclusions: The three focus values that evolved from this process are:
1. Understanding of total care
2. Stimulation of participation from both patient and next of kin.
3. Curiosity on new knowledge and professional development
We experienced great enthusiasm from the employees in this process and a shared responsibility for implementing the values in the daily routine work.

Abstract number: P256
Abstract type: Poster
Ethical Challenges for the Staff in a Norwegian Nursing Home - First Results
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Aim of the present study was to compare the professionals wishes for the implementation of ethics support in Primary Care and specialised Palliative Care. In addition the importance of ethical problems as strain in everyday work was investigated.

Materials and methods: Results from a previous pilot study with 52 health care personnel working in primary care (1) were compared with results from 35 professionals working in hospital based specialised Palliative Care.
Results: Most participants experienced ethical problems as a burden in everyday work in some degree (80% of participants from primary care versus 58% from Palliative Care) or for a large extent (19% versus 6%). A need to improve systematic ethics work in their workplace was stated by 96% from primary care versus 94% Palliative Care. Participants wishes for measures to improve systematic ethics work were (primary care vs. palliative care): ethics guidelines for special situations (85% vs. 68%), meeting places to discuss ethical challenges and problems (77% vs. 73%); employee with special ethics competence (67% vs. 74%), ethics committee (8% more in palliative care versus 4% in primary care).

Conclusions: Most health care personnel want ethics guidelines and meeting places to discuss ethics and support from an employee with special ethics competence. An ethics committee seem to be more important for those working with specialised hospital based Palliative Care. Interestingly the staff in Palliative Care experiences ethical problems as burden to a lesser extent than those working in primary care including nursing homes. One possible explanation may be that Palliative Care personnel seem to talk about ethical challenges in their daily work.

Literature: 1. Bollig G. Implementation of ethics support in nursing homes, results from a study that does health personnel want? (poster and lecture, 6th Research Congress of the European Association for Palliative Care in Glasgow 2010)

Abstract number: P258
Abstract type: Poster
Burnout in Palliative Care: An Ethical Perspective
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Aim of the present study was to give a light spot description of the experiences and opinions of the staff of one major Norwegian nursing home.
Materials and methods: The study included the staff of Fyllingsdalen nursing home (Fyllingsdalen undervisningsbygning, the biggest Norwegian nursing homes in Bergen, Norway) of 115 employees. The aim of the study was to be interviewed and questioned using telephone interviews and a questionnaire. The results presented include 77 adults, 38% females, from the 115 employees from the nursing home.
Results: Of the 77 participants 59 were female and 16 male; 59 had received a medical profession (nurse, aids and physicians) and 12 within a non- medical profession. 62 participants stated to experience ethical challenges or problems in their daily work. 6 participants did not experience ethical problems as a burden in everyday work whereas 53 stated that they were basically satisfied. 12 to a large extent 63 of the 77 participants think that there is a need to improve systematic ethics work in their own workplace. Ethical problems encountered by nursing home staff were lack of resources (39%), ethical challenges in end-of-life care (37%), communication and professional secrecy (30%); patient-autonomy / decision-making capacity (31%); lack of professional competence (35%); use of restraint (35%).
Conclusions: Many staff members experience lack of resources as an ethical challenge and 35% of the 77 participants think that there is a need to improve systematic ethics work in their own workplace. Ethical problems encountered by nursing home staff were lack of resources (39%), ethical challenges in end-of-life care (37%), communication and professional secrecy (30%); patient-autonomy / decision-making capacity (31%); lack of professional competence (35%); use of restraint (35%).
Ethical Dilemmas at the Intervention between Palliative Care and Emergency Medicine

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Aims: It is the purpose of emergency medicine to save patients lives are endangered. Nevertheless, emergency physicians are called regularly to patients in their homes or in nursing homes who suffer from palliative conditions and for whom prolonging life is not the goal. The paper aims at demonstrating, analysing and suggesting options for situations in palliative care during the extent of development in which emergency doctors are involved and which constitute an ethical dilemma.

Design and method: In our qualitative research we re entrevised with narratives of situations in which palliative care patients or their carers had to call an emergency physician. Three situations will be described, one in a nursing home and two situations that occurred in the home care setting. These situations will be analyzed with the help of a guidance that was developed by the authors and used by the authors to facilitate case discussions. The guidance relies on the results of a research project on ethical decisions in nursing homes. It consists of the questions:

1. What is the situation at the time?
2. What are the emotions that are evoked by the situation? Who is concerned?
3. What are the underlying paradoxes?
4. What are the options for action?

Results: The analysis yields a better understanding of the ethical dilemmas. Very often the options do not consist in "a bad solution" and an "optimum solution" but the decision has to be made between "bad solutions" and "worst solutions" (Loewy).

Conclusions: It can be shown that the dilemma at the intervention between emergency medicine and palliative care cannot be resolved on an individual level by the physician involved. "Systemic" solutions on an organizational level, such as establishing cooperation between palliative care services and emergency medicine or implementing communication tools, are necessary for decision making processes in nursing homes are required in order to successfully deal with the described situations.

Abstract number: P259
Abstract type: Poster

Knowledge and Attitudes of Medical Staff toward Advance Directives

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Research aims: To identify the knowledge and attitudes of medical staff toward advance directives (AD) in one health area.

Methods: Cross-sectional, descriptive study by means of a self-administered questionnaire.

Setting: Cáceres, healthcare area, Spain.

Participants: Nurses of primary and specialised healthcare.

Measurements and main results: A total of 105(442) questionnaires were completed. The physicians staff scored very low (mean: 4.66 points (0 to 10 points). Only 72.4% knew about the knowledge of AD, and only 39.9% had read the document. The physicians professionals considered AD to be a useful tool for health professionals (mean: 8,4) and relatives (mean: 8, 38). The physicians surveyed would register their own AD at some point in their lives (mean: 8, 40). However, when the physicians were asked if they would do so in the next year the mean score dropped to 3.50.

Conclusions: The nurses surveyed revealed a positive attitude toward AD, they are regularly confronted with narratives of situations that prevent burnout, which is simultaneously an individual, team and organizational responsibility.

Abstract number: P261
Abstract type: Poster

End of Life and Interculturality

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Based on five clinical cases of muslim patients hospitalised in the palliative care unit, we will be present the facility and its characteristics. In June 1978, the hospital set up 58 beds dedicated to the patients in the pre-terminal stage of cancerous, which replaces the maternity ward. This new program is rooted in a long history of care for the most needy, as well as the professional dedication of the medical teams.

We will also explore the ethical and deontological issues posed by the patient, their family and the institution’s medical team. We will develop the patient’s autonomy and the family role in the care, and the triangular relationship of trust between the patient, the family and the carers.

We will also underline patients’ wishes, or those of their family, to return to their country of origin and the necessary arrangements to the made.

Finally, we will come to the subject of Muslim views on approaching death.

The conclusion will lead us to define the ethics of the negotiation, which is based on the clinical practice, at the heart of a therapeutic alliance between the patient, his family and the carers.

We will reflect on the medical patients’ freedom in palliative care during the extent of development in this area.

Abstract number: P262
Abstract type: Poster

Knowledge and Attitudes of Nursing Staff toward Advance Directives

Valentin T. ovar R., Rivas Mateo M., Sátiz Cáceres F., Cobíán Prieto M., Rivas Mateo M.3, Valentín T. ovar R., Badajoz, Spain

Research aims: To identify the knowledge and attitudes of nursing staff toward advance directives (AD) in one health area.

Methods: Cross-sectional, descriptive study by means of a self-administered questionnaire.

Setting: Cáceres, healthcare area, Spain.

Participants: Nurses of primary and specialised healthcare.

Measurements and main results: A total of 110(194) questionnaires were completed. The nursing staff surveyed scored their knowledge with a mean of 4.58 points (0 to 10 points). Only 52.7% knew about the legislation on AD, and only 30.9% had read the document. The nurses believed that planning and writing down one’s wishes could be helpful (mean: 8, 91). However, 79.3% believed the legislation on AD was advisable (mean: 8, 91). The nurses professional considered AD to be a useful tool for health professionals (mean: 8, 38) and relatives (mean: 8, 38). The nurses surveyed would register their own AD at some point in their lives (mean: 8, 40). However, when the nurses were asked if they would do so in the next year the mean score dropped to 3.50.

Conclusions: The nurses surveyed revealed a positive attitude toward the usefulness of AD for patients relatives and for health professionals, as well as positive attitudes toward the use and respect for AD. Among these physicians, willingness to register their own AD was high, but few intended to do so in the short term. Efforts should be made to improve nurses’ knowledge of AD and of the organizational process that allows these health professionals to introduce advance care planning as a specific task within nursing care.

The development and the implementation of AD, as any other innovation, should be carefully planned. If it isn’t done properly or it is done precipitately, it will not be understood neither the clients/patients nor the health professionals.

Abstract number: P263
Abstract type: Poster

Ethics in End of Life

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In the environment of acute services, there are many ethical issues involved in facing the care of people who experienced the process of death and dying. Much has been discussed on this theme and in particular the patient’s right to die with dignity, therapeutic obstinacy, euthanasia, autonomy and palliative care.

In reality, what we see daily, is the application of futile and useless treatments, which leads to a slow and prolonged medicalized death, accompanied by suffering with no hope of salvation. Given this situation, we decided to develop a descriptive, exploratory study using a questionnaire to health professionals in the service where we exercise functions.

Objective - To learn the attitudes and problems of health professionals on ethical issues on end of life in an acute service.

The results demonstrate the existence of difficulties in dealing with death often adopting attitudes of futility and obstinacy in treatment, insufficient or no information given to the patient, poor control of symptoms resulting in sometimes in a lonely death with a high degree of suffering, a clear disregard to human dignity.

It is necessary to reflect on the degree of legal autonomy that a person has about the process of dying. Moving away from euthanasia, the concept of good death enables the person to self-determination and respect of the last moments of his life. The recognition of the autonomy of the person about these moments is essential to ensuring their dignity.

Abstract number: P264
Abstract type: Poster

The Therapeutic Alliance

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This task consists of analysing the clinical cases of two patients under palliative care, one in Lisbon and the other in Paris.

Both the clinical cases presented challenge our practice in terms of the role of the caregiver.

On the one hand, in terms of possible effects on our therapeutic attitude - And on the other, in terms of influencing the caregiver/patient dialogue.

The discussion focuses on nutrition and the patient’s understanding, or lack thereof, of the diagnosis and prognosis, in light of caregiver/patient, family/patient and caregiver conflicts.

The idea is to discuss the attitudes of the caregivers, as based on their own values as well as on ethics. If we consider the patient’s comfort to be of greater value - a therapeutic alliance, which must be effective, founded on ethics and anchored in human companionship. An ethical viewpoint where is both
Evaluating the Effectiveness of Palliative Care: A Systematic Review

Abstract number: P266
Abstract type: Poster

**Background and aim:** In recent decades the improved treatment of childhood cancer has increased the proportion of children being cured. However, intensive treatment required also implies a heavy burden for the children and their families. This article is to judge the ethical considerations of different treatment regimens used for children with cancer.

**Method:** This systematic review is analysis based on the ethical model by Beauchamp and Childress. The assessment is based on every person, or group of persons, involved; their rights, principles of autonomy, nonmaleficence, beneficence and justice.

**Results:** The analysis shows that intensification of treatment of children with cancer is ethically justified from a deontological point of view.

**Conclusion:** The consequences are more difficult to anticipate from a utilitarian perspective.

**Supportive Interventions for Carers of People with Advanced Cancer: A Systematic Review of Evidence in Palliative Care**

Abstract number: P267
Abstract type: Poster

**Context/aims:** Family and friends caring for a patient in the terminal phase of a disease may need support. Despite evaluation it is unclear what types of interventions to provide are more appropriate.

**Methods:** The variety of interventions trialled and how each trial has assessed benefit makes interpretation of the evidence particularly challenging. We have adopted a new methodological approach to categorise data in a systematic review of randomised controlled trials on the effectiveness of supportive interventions for family carers of patients in the terminal phase of a disease.

**Results:** A Cochrane systematic review. We searched six citation databases. Key stage reviews were undertaken in duplicate. Our approach was to manage variety in trials by grouping into broad categories and pool evidence. Categories were: (i) trial interventions provided either directly to the carers (e.g. the patient) and (ii) whether outcomes related to emotional health (i.e. psychological distress, quality of life, or coping with cancer), or to physical health.

**Discussion:** Often, these types of support were lacking or unavailable to those who had largely negative experiences. Despite different experiences, participants decided collectively that as a group, elderly carers' top support needs are routine health checks/prompt health care; tailored and timely practical help; family/friend/filling, and more accessible and reliable (not IT-based) information.

**Conclusion:** The carers' reasons to stay involved vary. For research purposes, people with diverse care experiences: for some, involvement provides a way to use their negative experiences to influence the development of future interventions; for others it provides a way to repay providers for the good support they received and push for improvements elsewhere.

**A Support Group Programme for Family Members of Patients with Life-threatening Illness**

Abstract number: P269
Abstract type: Poster

**Aim:** To describe family members' experiences of taking part in a support group programme during ongoing palliative care. The group met for an hour and a half for six weeks, and each family member interacted with a professional guest invited from the caring team.

**Method:** Two studies have been conducted aiming to: (i) describe family members' experiences of taking part in the support group programme and the subsequent impact on their lives and, (ii) describe participants' experiences of content, structure and approach of the support group programme.

**Conclusion:** (i) Qualitative interviews were conducted as the data collection method and ten people were interviewed after participation in the support group programme. The analysis was inspired by phenomenological method. In study (ii), 29 family members were telephoned after taking part in the programme. Qualitative content analyses were used.

**Result:** By taking part in the support group family members experienced confirmation, insight into the gravity of the condition and ongoing patients' care, similar experiences, participation in the care system, being able to rest, and strength to provide support for the patient. All topics were pertinent to improve safety. The programme was experienced to cover topics of immediate interest reflecting their lives with severely ill persons, making the structure and content of the programme was found to be inviting, offering an opportunity to establish relationships with other participants and the caring team. The project programme emphasized an open minded approach that contributed to a warm atmosphere.

**Background:** Carer breakdown often leads to crisis hospital admissions of the dying. To make people's preference to die at home feasible, carer support must improve. This study aims to facilitate improvements in support for older carers through involving carers as partners in the terminal process.

**Method:** Stage One: 34 older people (56-82 years) with experience of looking after someone with advanced cancer were invited to attend one of five discussion workshops (N=29) or an interview (N=5). Participants described experiences of care-giving and support, and which support services needed improving as a priority.

Stage Two: Fieldwork participants were invited to stay involved in follow-up research. 19 expressed an interest of these, ten have attended a research course to enable them to work as research partners in activities that suit their skills and interests. The others have been invited to stay involved more informally.

**Results:** The research course proved very profound but contrasting experiences of caring for someone with advanced cancer and of receiving support. Highly valued types of emotional support and regular communication with friends, family and health professionals, and opportunities for breaks. Often, these types of support were lacking or unavailable to those who had largely negative experiences. Despite different experiences, participants decided collectively that as a group, elderly carers' top support needs are routine health checks/prompt health care; tailored and timely practical help; family/friend/filling, and more accessible and reliable (not IT-based) information.

**Conclusion:** The carers' reasons to stay involved vary. For research purposes, people with diverse care experiences: for some, involvement provides a way to use their negative experiences to influence the development of future interventions; for others it provides a way to repay providers for the good support they received and push for improvements elsewhere.

**An Exploratory Test/Retest Two Group Comparison of the Macmillan Approach to Weight and Eating Difficulties (MAWE) on carers of People with Advanced Cancer**

Abstract number: P270
Abstract type: Poster

**Meaning in Life in Relatives of Palliative Care Patients**

Abstract number: P271
Abstract type: Poster

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**Background:** A life threatening illness of a relative poses an enormous burden on families. The experience of meaning making during a person’s life as significant and purposeful, can be jeopardized in such a crisis.

**Aim:** To what extent do relatives of palliative care patients experience their lives as meaningful, and what are relevant areas for MIL? Are there differences when compared to a sample of healthy relatives?

**Method:** Relatives of palliative care patients involved in a randomized-controlled trial of a psychotherapeutic group intervention completed the Schedule for Meaning in Life Evaluation (SMiLE). In this instrument, respondents first list individual areas that provide meaning to their life before rating their current level of importance and satisfaction with each area. Overall indices (range 0-100) of weighting (IoW), satisfaction (IoS), and weight importance (IoWi) can be calculated. Data were compared to SMiLE data from a representative survey of the German population.

**Results:** 105 participants (73.3% female, age 54.5±13.7 years, 60.5% partners) completed the SMiLE at pre-intervention. At this point, 70.5% had become bereaved. Relatives named 5.1±1.6 meaningful areas. The IoWi is 67.9±14.1, the IoW is 75.2±14.3, and the IoS is 68.3±14.3. All three SMiLE indices are significantly lower than in a sample of healthy relatives, however, relatives name more areas relevant to their MIL (all p<.001). When compared to the representative sample, relatives of palliative care patients are significantly more likely to name partner, friends, nature, and altruism as meaning providing areas and less likely to name health (all at least p<.05 after Bonferroni correction).

**Conclusions:** Losing a loved one is a significant threat to a person’s experience of MIL. Loss of MIL concurs with maladaptation. Interventions for relatives targeted at meaning reconstruction during palliative care and bereavement are needed. Funded by German Cancer Aid.
Poster sessions

Analyses indicate that MAE does not exacerbate weight- and eating-related distress and may help carers living alongside patients with cancer cachexia through providing information and support of self-management.

Conclusions: The observed beneficial effects warrant further evaluation of the MAE to mitigate carer cachexia-related distress.

Funder: Macmillan Cancer Support

Abstract number: P272
Abstract type: Poster

Influence of Greek Families in Oncologic Patients: A Survey in Two Regional Hospitals

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Introduction/aim: An oncologic patient needs information on diagnosis in order to make decisions about the treatment and be prepared about the disease. In some cases cancer patients do not want or seek information about their condition beyond what is volunteered by their physicians and in situations their family determines patient’s knowledge about the disease. The aim of this study was to investigate the influence of the family on oncologic patients and their access to information.

Methods: 68 relatives of cancer patients and 50 doctors of different specialties were interviewed consecutively and anonymously by physicians using a standardized questionnaire, during the last three months of their oncologic care at two regional hospitals (General hospital of Komotini, General hospital of Drama). The questionnaire comprised 10 items regarding demographic data and management of the information related to oncologic patients. Answer options for all questions consisted of yes or no.

Results: 59/69 (86%) persons mentioned that they have hidden the information about disease’s progress, 57/66 (86%) answered that they try to support emotionally the patient with this way and 63/92 (64%) that they don’t fill confused to talk about the disease with the patient. 44/88 (49%) doctors prefer to deliver bad news to patient’s relatives, 39/78 (50%) allow family to determine patient’s knowledge about the disease and 21/53 (38,4%) of them consider this to be wrong.

Conclusions: The survey revealed the fact that in many occasions the family deprives patients from the whole truth and decision making about the disease.

Abstract number: P273
Abstract type: Poster

Side by Side’ the Effect Hospice at Home Service upon Community Health Professionals


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Introduction/aim: Promoting the choice to die at home is central to UK policies and strategies for palliative care. Providing this care is Hospice at Home services of which there are varieties in service composition and intervention. An innovative caring process comprising 3 elements, accompanying transfer home, multi disciplinary (including doctors) crisis intervention team and a flexible sitting service was developed in the North West of England following consultation and piloted for 1 year.

Aim: To investigate the perception of an innovative ‘Hospice at Home’ service on community health care professionals.

Method: As part of pilot evaluation 55 Health Care Professionals (General Practitioners, District Nurses, Community Specialist Palliative Care Nurses and Hospital Discharge Coordinator) who had experience of the service participated in semi-structured interview, focus groups and electronic open end questionnaires. Interviews were digitally recorded and thematically analysed, open ended questionnaires were subject to content analysis. The potential variables were put in a correlation matrix, in order to identify the statistically significant with family claudication, and were classified into risks and protection factors of the FCP. A multiple linear regression analysis was performed, using the stepwise approach, with the family claudication being the dependent variable and another variables as significant correlation with family claudication being the independent variable.

Results: Family cohesion and satisfaction, self esteem and perceived experience of the primary caregiver are protective factors of the FCP. Family stress, affective tension, lack of organization in tasks, unexpected events and self-criticism are risk factors of the FCP. The regression analysis indicates that the bigger the lack of attention and lack of organization in tasks, the bigger the probability of claudication; the more perceived experience, the lower the family cohesion and supporting claudication. The first variable is a risk factor, while the second variable is a protection factor of the FCP.

Abstract number: P274
Abstract type: Poster

Perception of Family Functioning in Families of Palliative Patients

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Aims: In palliative situations, not only patients are affected by psychosocial demands and burdens, but the whole family system. Adolescent children in particular have to face a high quantity of diverse demands in the family context. On one side, they are in a developmental phase that is characterized by detachment and increasing independence. On the other, they often help with doing the housework, look after younger siblings or care for the ill parent. Sometimes parents themselves may experience a sense of powerlessness, while their children may experience age-appropriate helplessness. Therefore, the current study highlights family functioning in families of palliative patients. How is family functioning described by well parents resp. adolescent children? - Which variables on individual and family level predict family functioning in those families?

Design, methods and statistics (if applicable): Multicenter study including cancer families making use of well-established preventive counselling. Cross-sectional data collected before the beginning of counselling (t1) at one of eight study centres throughout Germany. Family functioning is measured by Family Assessment device FAD. Predictors are assessed by two validated questionnaires (HADS, SDQ), sociodemographic, illness- and family-related variables. Statistical analysis via t-tests for dependent samples and regression analysis.

Results: Due to ongoing data collection, data gathered until 31th March 2011 (key date) will be analysed. Perspectives of parents and their adolescent children are contrasted and predictors of family functioning presented.

Conclusion: Still, the family perspective is not considered systematically in palliative care. Although, predictors for family functioning in families of palliative patients may affect interventions like preventive counselling for the whole family system. The study is funded by the German Cancer Aid (Deutsche Krebshilfe).

Abstract number: P275
Abstract type: Poster

Analysis of the Family Caring Potential (FCP) in a Palliative Care Unit

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Introduction/aim: To identify characteristics of the Family Caring Potential (FCP) to adjust the goals of microsocial intervention for a palliative care unit.

Methods: Observational, descriptive and transversal study with 42 informal caregivers - 28 women and 14 men- with an average age (TD=12,68) of palliative patients. There measured up characteristics of the family (adaptability, cohesion, satisfaction and family stress, affective tension, lack of organization in tasks, unexpected events and self-criticism) and of the primal caregiver (perceived competence, self esteem, style of confrontation and claudication).

Conclusions: It is necessary to design psychosocial interventions focused on increasing the perceived experience of the primary caregiver and also on communicating the information to the family so that family collaborative work satisfies all members of the system. It is also important to prepare the teams for unexpected events to minimize their impact.

Abstract number: P276
Abstract type: Poster

‘Better Together’ Carers Programme

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Carers of palliative patients will often put their needs second to those for whom they are caring, but we know that their needs are great. Rapid changes in patients’ condition and the emotional and relationship changes this brings are hard, require constant adaptation and emotional resilience. The ‘Better Together Carers Programme’ was developed in consultation with carers, as a structured weekly programme over 5 weeks, in order to help carers and education to carers. Each 2 hour session was facilitated by two qualified, experienced Palliative Care Social Workers, to set up informal ‘buddy’ systems, which had improved confidence and skills in their caring role, in areas such as: Accessing practical supports Benefits advice Simple complementary therapy massage and relaxation techniques Nutritional advice - for patient and carer Creative therapies Managing difficult and crisis situations Self care - Social time with refreshments, allowing space to build relationships and to process concerns - An informal ‘check out’ at each session end

The final session took the form of a candlelit supper for both carer and caregiver. The next step was to create a network of carers, who provided a positive ending to the course and also the confirmed the value of the carer’s role. Evaluation showed carers had gained greater confidence and skills in their caring role, had improved knowledge of resources available and had used the informal ‘buddy’ system to support each other during stressful situations. They valued the balance between information and emotionally charged discussion. They valued the social time/check in and out chat, which gave opportunity and permission to be light hearted and sociable. For them it made a real difference in being able to cope and we feel this to be an important model to share.
Social Intervention in a Palliative Care Hospital Team - The Principlity of Social Workers Care

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Aims: Main objective: improving the intervention of social work in palliative care hospital team; specific objectives: validate the need of evaluation by the social work in a first approach; check the patients and families opinions, about the appropriateness of continued intervention, by the same social worker (SW) during the period of hospitalization.

Study design and methods: Duration: 4 months. Techniques: interview; database; questionnaire.

In the first month, the SW was present along with the doctor and nurse in the 1st approach to the patient, developing a social evaluation. That evaluation was done during the remaining time, also 2 issues have been applied to patients and families to validate the proposed objectives. Answers were based on a “Likert” scale.

Results: The sample consisted in 20 patients, where the average age was 60 years and the average clinical diagnosis was cancer; Major social diagnoses: elderly caregiver, non-use of resources; caregiver unable to provide services. Major Social replies: information/guidance on rights/duties; home help service; referral to palliative care units. Regarding the 2 interviews, 91% had an answer to those questions. To 18 patients, the SW evaluation at the 1st consultation was considered very important or important by the patients. The answers always pointed to the meaning of a continued presence by the same SW when they needed help or support. Likewise 17 families were interviewed and answered always very important and a question. The patient always referred to the continuity of the same SW while hospitalization.

Conclusion: The integration of SW in a full-time team, is very relevant, as demonstrated in this study, which also wants to demonstrate the added value of SW, is very relevant, as demonstrated in this study, the SW evaluation was considered very important or important by the patients. The answers always pointed to the meaning of a continued presence by the SW when they needed help or support. Likewise 17 families were interviewed and answered always very important and a question. The patient always referred to the continuity of the same SW while hospitalization.

Predicting the Hospital, Community and Informal Costs of Progressive Multiple Sclerosis

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Little is known about the formal and informal costs of multiple sclerosis (MS) for those individuals who are most severely affected. Our aims were to describe the details of care costs for patients with advanced MS and seeks to identify cost predictors. We studied 52 people in the South of England who were severely affected by MS. Data was collected using face to face interviews, usually in people’s own homes using standard questionnaires about services used and informal care in the previous three months, and disability and productivity outcomes. All but one patient had either primary or secondary progressive MS. The mean EDSS score was 7.8; no patient had an EDSS of less than 5.5 and the highest EDSS score was 9.5. Informal care costs accounted for almost half of the total costs. Costs were higher for those with most disability, as measured with the UNDIS or the EDSS. Compared to patients with EDSS scores of 5.5-6.5, these with scores of 8/8.5 and 9/9.5 had significantly higher informal care costs ($60,000 respectively). Mean total costs doubled between EDSS 8/8.5 and 9/9.5. Patients with illnesses durations of 11-20 years had significantly lower care costs than those with durations of 10 years or below (p=0.037). In those most severely affected by MS formal and informal costs were higher with advanced disability and after 10 years of illness.

Intervention: The Family Conference (FC) is a structured family intervention in palliative care (PC), with a plan previously agreed by the professional members of the health care team, which deals with the sharing of information and feelings. In the PC unit, the research team proposes to do this study, we recognize the empirical importance of FC in the family satisfaction. However, after an extensive revision of the literature, we have encountered difficulties in the evaluation of satisfaction. For this reason we understand the study in this area is relevant and the results useful to improve the provided care and quality of life of both patients and family.

Research objectives: - Characterizing the family satisfaction following completion of the FC. - Characterizing the family interaction.

Study design and methods: This is a cross-sectional, observational and descriptive method, by applying a distributed administrator questionnaire to all family members present in FC, with closed questions aimed at assessing their satisfaction using a Likert scale and a sociodemographic (candidates). This questionnaire will first be subject to validation by experts in the field of FC, undergoing a pre-test with 10 relatives, before the necessary revision will be applied to a total of 100 family members. The technique is simple random probability. Eventually the data will be analyzed using the SPPS statistic analytical as well as analysis of content to an open question. Data on the characteristics of the FC gathered in this document, will also be analyzed (duration, actors, content covered), and crossed with the assessment of satisfaction.

Results: In conducting this research work the team expected to achieve the satisfaction of the family against the FC to improve the excellence of provision of FC to the patient and family.

Abstract number: P281

Abstract type: Poster

Children in Need! Supporting Families with Children Facing Loss

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Aim: To assess children’s needs when their parents are facing loss, for example, dying or bereavement. Local area enquiries determined what services were currently available.

Method: A family intervention in palliative care (PC), with a plan previously agreed by the professional members of the health care team, which deals with the sharing of information and feelings. In the PC unit, the research team proposes to do this study, we recognize the empirical importance of FC in the family satisfaction. However, after an extensive revision of the literature, we have encountered difficulties in the evaluation of satisfaction. For this reason we understand the study in this area is relevant and the results useful to improve the provided care and quality of life of both patients and family.

Research objectives: - Characterizing the family satisfaction following completion of the FC. - Characterizing the family interaction.

Study design and methods: This is a cross-sectional, observational and descriptive method, by applying a distributed administrator questionnaire to all family members present in FC, with closed questions aimed at assessing their satisfaction using a Likert scale and a sociodemographic (candidates). This questionnaire will first be subject to validation by experts in the field of FC, undergoing a pre-test with 10 relatives, before the necessary revision will be applied to a total of 100 family members. The technique is simple random probability. Eventually the data will be analyzed using the SPPS statistic analytical as well as analysis of content to an open question. Data on the characteristics of the FC gathered in this document, will also be analyzed (duration, actors, content covered), and crossed with the assessment of satisfaction.

Results: In conducting this research work the team expected to achieve the satisfaction of the family against the FC to improve the excellence of provision of FC to the patient and family.

Abstract number: P281

Abstract type: Poster

In children facing loss & there are few services available locally. Conclusion: Clearly, a responsive & coordinated approach to meet the needs of families with children facing loss is needed. A skilled coordinated team could meet with families, children & schools, & develop a resource pack for use by health professionals. Improvement in the assessment & recording of the needs of children in families known to the palliative care service is required.

Abstract number: P282

Abstract type: Poster

Impact of Social Networking for Hospitalization in Palliative Care Patients

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Objective: We have analyzed all patients who had entered the palliative care unit (PCU) regarding social networking, in order to evaluate the role of both non-medical factors for palliative hospitalization.

Materials & methods: We included all in-door-patients of a defined time interval. The data pool was retrospectively recorded according the patient’s individual data file. Religiousity was registered by the admissite person during the check-in procedure of the patient. Social networking was estimated by the staff of PCU according to a two dimensional model. Horizontal networking described the main social bindings within the own generation. Vertical networking described the main social bindings between generations.

Results: Between 01-01-2010 and 30-09-2010 249 patients were treated at our department. 232/249 suffered from cancer disease (77 head neck cancer, 87 GI cancer, 30 brain tumours, 40 urogenital cancer), 11

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had progressive neurological diseases. We have treated more male patients (male : female = 59 : 31). The median age was 49 years (range 21-98). 14% of our patients were under 60 years old, the youngest being an official church (e.g. religion). But the patients demanded spiritual help by priest / psychologists during the terminal phases. The more vertical social networking (children, parents) was registered in 30%. Hormones and sociocultural partners, friends was seen in 50%. 20% of our patients hadn’t any private social networking. Gender-specificity was seen in religiosity and social networking. Male patients had showed more difficulties of the caregivers, as well as to know the satisfaction of the AVD’s. So, health professionals, nurses have a crucial role transmitting the proper knowledge and abilities by the family, in order to acquire the satisfaction of the AVD’s. The quality of life (QOL) of families that have a son in palliative care has been an area overlooked by QOL researchers until recently. The purpose of this study was to analyze how Family Quality of Life has been studied in palliative care area in the last twenty years. A methodological systematic review was carried out for the period 1990-2010 in these two topics: the quality of life measures, particularly in the context of palliative care. The research project is funded by the Stifterverband for the goede Wissenchaft. A methodological systematic review was carried out for the period 1990-2010 in these two topics: the quality of life measures, particularly in the context of palliative care. The research project is funded by the Stifterverband for the goede Wissenchaft.
Belgium, 1 Flemisch Federation of Palliative Care, Director, Wennem, Belgium, 2 Flemisch Federation of Palliative Care, General Management - Research Coordinator, Leis van Eechoud, Belgium, 3 Network Palliative Care Limburg, Coordinator, Hasselt, Belgium

Introduction: Clinical practice and research show that the involvement of children and youngsters during the illness and palliative process of a loved one is a natural part of their lives. A timely and adapted care for this (often) forgotten group is not only of essential importance for their grief process, but also for the development of their parents. Yet, involving children in this process is still a great taboo, even among professional caregivers. Therefore, the Flemish Federation of Palliative Care Flanders started a four-year project that focused on the care for children and youngsters when a loved one is in palliation.

Aim: The aim is to build expertise among professional bedside caregivers in the psycho-emotional care of children and youngsters who are confronted with the imminent death of a loved one. This general aim falls apart in sensitization of, education of, and material development for professional caregivers.

Method: The project consisted of two phases. A first phase focused on the state of the art regarding the theme by means of a comprehensive literature review, a stocktaking of existing initiatives in Flanders and the Netherlands, and a needs assessment in different settings of palliative care. Based on this stocktaking a mission statement was developed with a concrete recommendation. The following four modules deliverables were developed: a sensitization and information campaign, a website, a children’s book, a brochure for parents and professional caregivers, a training package for professional caregivers, and workshops for children and caregivers.

Conclusion: The project has resulted and still results in a slow but steady change in mentality and awareness of the importance to involve children as soon as possible when someone is ill. The success may be explained by the bedside origin of the project, the multidisciplinary composition of the workgroup, and the inclusion of the diverse palliative settings.

Using Family’s Responses from a Questionnaire to Improve Clinical Practice in a Hospice

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To evaluate and develop clinical practice at a hospice in Northern Sweden we continuously solicit information from family members about their experiences and suggestions for improving the quality of care at the hospice. To collect this information, we have, based on a literature review, created a questionnaire consisting of 21 statements addressing families’ experiences of the quality of care provided to the decedent and himself/herself by the hospice. In this questionnaire Families Experiences of Hospice Care (FEHC), the family members are asked to respond to the statements on an ordinal scale ranging from 1 (strongly disagree) to 5 (strongly agree). At the end of the questionnaire there are an open-ended question making it possible for the family to express their experiences in own words.

During year 2009, the questionnaires were, for the fourth time, administered to 50 family members of these 43 responded, three did not and four chose not to participate. The results showed that a clear majority (n = 38) was very satisfied with all aspects of care covered by the 43 responded, three did not and four chose not to participate. The results showed that a clear majority (n = 38) was very satisfied with all aspects of care covered by the questionnaire to interested parties.

The study’s main source of funding has been The Foundation for Hospice care, Úmeå, Sweden.

Abstract number: P290
Abstract type: Poster

Posters sessions

How Do the Patient and his/her Family Face Anorexia as a Terminal Disease?

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Aim: To assess the impact of the suffering caused by anorexia on patients with terminal disease and their families.

Methodology: Reviewing the literature 2001-2010 using MEDLINE, PubMed, Ovid Medline, EMBASE, Cochrane Library; Ebserv internet portals: SCOPUS, UNIPUB, MEDLINE, PUBMED, AHRQ, and SCW (The Society on cachexia and Wasting Disorders).

Results: 84 (eighty-four) articles were found; 55 (fifty-five) dealt with Pharmacotherapy; 5 (five) global subjective evaluation; 7 (seven) nutritional or psycho-social interventions; one about the family attitude towards anorexia and one another about communication and spiritual support.

Most studies refer syndrome of cachexia with more or less depth. Cachexia often appears as a cause of morbidity and mortality so early therapeutic intervention of anorexia is required to improve patient’s quality of life. Therapy joint to pharmacological and multidisciplinary intervention is more effective than the individual one, but we still can’t find an outline of effective treatment. It has not been shown that drugs used in anorexia improve the patient life quality.

Conclusion: Despite that suffering caused by anorexia on patients and their family is important and frequent; there are few studies that break that. There should be more research to find out how family and patients face this problem. It is different depending on the values of society, the cultural level and the place of residence of the patient. There is no any change in recent years? And what can be their solutions?

Keywords: Anorexia, cachexia, cancer, family.
associated to advanced dementia were: eating problems (80.6%), ulcers (32.3%), pyelonephritis (32.3%), febrile episodes (22.6%), pneumonia (16.1%), sepsepsis (6.3%), albumin less than 2.5 g/dl (9.7%). Caregivers were women (77.4%), the more frequent kinship ties between patient and caregiver were son/daughter (48.9%) and higher scores on caregiver’s burden (GR: 47.2, Sd: 13.69).

Conclusions: Considering the higher burden related symptoms and psychological distress among caregivers. The identification and inclusion of patients with advanced dementia into the palliative care program was necessary. Intervention is essential, in order to deal positively with the disease and prepare for the death (Miller, 2007). Because of the proximity to patients/families, nurses are in a strategic position to intervene in this situation (Ensink, 2006). Caregivers have identified hope as a strategy that allows them to continue to go on every day, as well as the inner strength to achieve a better future and continue to take care of the patient (Buggle & Williams, 2010).

Methods: This review, following the methodology of Cochrane Centre, was guided by the question: is it possible to design a sysyntic nursing intervention is capable to promote hope in caregivers of people with chronic and advanced disease.

Methodology: Aims: The aim of this baseline study was to identify the type of technology used by children with complex care needs who are being cared for at home and the issues this raises for their carers.

Keywords: Hope; caregivers; end-of-life; clinically ill; nursing strategies/ interventions.


Conclusion: Hope is one of the central aspects in nursing care; is a component of dynamic concepts such as: quality of life, comfort and decision making becomes an integral part to define systemic nursing interventions that promote hope.

Abstract number: P297
Abstract type: Poster

Advanced Dementia and Palliative Care: Distress and Burden Characteristics of Caregivers

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Aims: The need to incorporate the palliative care treatment to advanced dementia patients, is nowadays well known. The aim of this study is to assess the distress and burden of caregivers of people with advanced dementia, who need to carry out palliative treatment when they were admitted at the psychogeriatric unit.

Design and methods: The data were collected from demographic and medical information about the patient and interviews with the main caregivers. The patients had diagnosed of advanced dementia according to Hospice enrollment criteria for end of life care. The questionnaire of Zar-Britain Burden Interview, and the General Health Questionnaire (GHQ-28) were utilized to assess the caregivers. The Zar-Britain Burden Interview, was utilized to assess the functional status of the patients, a great number of them were unable to sit independently (51.6%), others were not able to walk (35.3%), which had loss of all intelligible vocabulary (22.6%). The comorbidity

Abstract number: P298
Abstract type: Poster

Technology Used by Children with Complex Needs at Home in Ireland

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Background: The number of children with complex needs who require care at home is increasing nationally and internationally (DoHRC, 2009). The consequent challenges for families to support these children at home, and the implications of its complexity and competent use by parents, is not recognised.

Aim: The aim of this baseline study was to identify the type of technology used by children with complex needs who are being cared for at home and the issues this raises for their carers.

Study design and methods: A quantitative research design was adopted. Ethical approval was obtained from a University ethics committee. Data was gathered from a focus group with expert nurses providing care within a thoroughly identified places in Phase 1. In Phase 2 data was collected from families (n=176) regarding the technology used in care provision for children aged 4 and under (n=60) and children aged five and over (n=114).

Results: The most significant result is a large range of equipment was used to assist the child with activities of living: 34% of the children used assistive communication; 54% had shower or bath adaptations; 39% of families used feeding pumps and 36% used postural supporting equipment. Oxygen therapy was used by 21% of families and 26% used suction equipment within the home. Parents raised concerns about the cost and ability to manage the equipment used at home.

Conclusions and recommendations: The nature of the equipment used by parents for children with complex needs requires close attention and the challenges it raises for parents needs to be fully explored. There is evidence of issues related to safety, use and delays in ordering which need to be addressed by health professionals involved in supporting families providing care at home.

Abstract number: P299
Abstract type: Poster

Benefit beyond Medication: A Qualitative Study Exploring Advanced Cancer Patients’ Experiences of Symptom Control Clinical Trials

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Introduction: The lack of a strong evidence base in palliative care is in part due to the lack of clinical trials. It has been suggested that conducting clinical trials in palliative care has never been more important and may be of benefit for patients. There is evidence that patients with advanced cancer want to participate in clinical trials but this is based on hypothetical studies; no studies have been done which explore the experiences of patients who have actually participated in symptom control clinical trials. We aimed to study the experiences of advanced cancer patients who have participated in symptom control trials.

Methods: A qualitative study using a grounded theory approach. Patients were purposively selected from two double blind placebo controlled clinical trials of novel analgesic agents. Semi-structured interviews were conducted until data saturation was reached. The constant comparison method of grounded theory was used for data collection and analysis.

Results: Key motivating factors for trial participation were altruism and a desire to improve symptoms. Central themes from the analysis highlight the positive impact being in a clinical trial can have for a patient. Patients highly regard the relationship with research staff, particularly the nurses. The positive impact of participating in a trial was the same irrespective of the change in the symptom being studied. The risk of side effects of trial medication and the possibility of receiving a placebo was not a strong concern for patients.

Conclusions: This is the first study that explores the experiences of advanced cancer patients in symptom control trials. Their experiences are largely positive with no patients expressing the view that the population is a vulnerable one which merits special consideration.

Abstract number: P301
Withdrawn

Experiences with and Attitudes towards Advance Care Planning in the Dutch Population and its Determinants

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Introduction: Advance Care Planning (ACP) is a process enabling people to express wishes about their future health care in consultation with their physicians and relatives. We studied the characteristics of people being involved in some form of ACP.

Methods: We conducted a cross-sectional survey among a representative panel of the Dutch population, age 18-85 (response rate 77%). We assessed whether people had ever thought about end-of-life decision-making, whether they had discussed their preferences with physicians and relatives. We studied the characteristics of people who had ever discussed their preferences with physicians, and whether they had a written advance directive. Through multivariate logistic regression analyses, we calculated associations between ACP and people’s experiences, attitudes, knowledge and personal characteristics.

Results: Of the respondents, 70% had ever thought about decision-making at the end of their lives, 41% had ever discussed it with their relatives and 4% with their physician, and 7% had documented their wishes in an advance directive. Factors associated with these aspects of advance planning were: being older than 55 years of age, being female, having a fair health status, having a relative who had requested euthanasia, acceptance of euthanasia, having little trust in physicians, and discussing their preferences with physicians, and whether they had a written advance directive. Through multivariate logistic regression analyses, we calculated associations between ACP and people’s experiences, attitudes, knowledge and personal characteristics.

Conclusion: The majority of the Dutch public regards that their ideas of end-of-life decision-making, but only a minority actively discusses these ideas with relatives; discussions with physicians and relatives about advance directives is rare. People differ in the extent to which they are involved in different forms of ACP, by their characteristics, attitudes, experiences and knowledge. ACP seems not suit everyone and should be approached broader than only through advance directives.
A Study to Explore the Views and Perceptions of Haematologists towards Palliative Care, Based on their Own Clinical Experience

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Background: Patients with haematological malignancies are referred to specialist palliative care (SPC) services less frequently than patients with other types of cancer, despite evidence demonstrating that their symptoms are equally distressing. As a result, the National Institute for Clinical Excellence has recommended the development of a palliative care network between haematologists and oncologists. However, to date, little is known about the attitudes of haematologists towards palliative care.

Aim: This study explores the views and perceptions of haematologists towards palliative care, based on their own clinical experience, focusing on those factors that help or hinder referral to SPC services.

Methods: We performed in-depth face-to-face interviews with a purposive sample of eight Trainee and Consultant Haematologists working in tertiary referral centres in the West Midlands, UK. All interviews were recorded, transcribed and subsequently analysed using the principles of the grounded theory approach.

Results: Preliminary data analysis has revealed six emergent themes: continuity of relationships; defining limitations of treatment; overlapping roles; mutually respectful transition; inadequate training and consistency in service provision. Positive attitudes towards specialist palliative care involvement were expressed by five of the participants. The role of SPC services was sometimes difficult to define, with timing of referral often determined by the participant’s level of confidence in end of life care. Almost all highlighted a lack of inpatient palliative care unit provision, resulting in negative attitudes towards referral. Positive attitudes have been expressed, identified barriers to collaboration need further attention. Suggestions for improvement were focused around: mutual respect and understanding; clearer definition of the role of SPC services; consistency and flexibility in service provision.

Abstract number: P304
Abstract type: Poster

The Existential Needs of Muslim and Christian Cancer Patients During Palliative Care

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Background: Research shows that being religious can act as a resource in times of crisis. Cancer patients receiving palliative care are confronted with their own death, which can be overwhelming. This context might be easier to address when the cancer patient has a religious faith that often explains suffering and death. Religion and religiosity can comfort the dying person and help the family to act supportive.

Objectives: The ongoing PhD project focuses on the existential needs of Muslim and Christian cancer patients in palliative care. The purpose is to investigate which role religion and religiosity plays within patients’ perceptions of their condition. As part of the research the project aims to describe the ways these needs are being met.

Methods: Methodologically the research starts from a multi-perspective approach, which has shown its value in previous studies in the palliative area. The approach consists of qualitative interviews with patients, relatives and professionals. The interviews are combined with field observations in the hospitals and in the patients’ homes.

Design: Informants are found among cancer patients who receive palliative care. The patients have to decide themselves if they are Christians or Muslims. 15 patients participate in the project. The patients will be asked to point out a both a relative and a professional who can be the interviewee. The interviews are usually supervised interviews, which will provide insight into the silent and embodied practice the patients use as strategies to address existential needs.

Perspective: The objective is to describe different ways to cope with existential needs through a religious scope and to shed light on how these needs are being met. Hereby the PhD project aims to contribute to the progress of cancer treatments and to support that palliative care meet the existential and spiritual needs of the patients.

Funding: The project is supported by the Danish Cancer Foundation and Southern Danish University have funded the project.

Abstract number: P305
Abstract type: Poster

Happiness and Maslow’s Hierarchy of Need: Relevant to the Assessment of Patients with Advanced Cancer from Different Ethnic Groups?

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Abstract type: Poster

Background: Maslow’s hierarchy of need provides a connection with God, prayer and the sacred world. Maslow’s hierarchy of need has not been examined to understand meanings of happiness among palliative care patients, or whether this is socially and culturally shared by both ethnic groups. The ongoing PhD project focuses on the happiness and existential needs of Muslim and Christian cancer patients during palliative care. The project is funded by the Danish Cancer Society and National Institute for Clinical Excellence has highlighted a lack of inpatient palliative care unit combination of abstention and sedation, but also experiences and their responses to a vignette.

Results: Since in 10% of all deaths palliative sedation is practiced in the Netherlands, we expected citizens to know the concept. During the interviews it became clear that this is often not the case. When asked to respond to the concept, the interviewees mentioned four reasons: a combination of abstention and sedation, but also slowness, pain relief without further specification or nothing at all. Later on in the interview we presented a vignette of palliative sedation. The interviewees were able to recognize the case as palliative sedation, however it is not clear whether this is accepted or not. In relation to this case we also looked whether the interviewees knew that, according to the Dutch guidelines, palliative sedation should be offered when life expectancy is less than two weeks. They did not. Furthermore they did not think of such a limitation of time as important. To them it is the suffering that counts, not life expectancy.

Conclusion: Palliative sedation and its requirements are not commonly known. Furthermore, interviewees do not realize that if carried out in a case of a longer life expectancy palliative sedation is a treatment that shortens live. And if they do, they seem to be indifferent about this effect.

Abstract number: P307
Abstract type: Poster

Do Croatian People Have Problem with Accepting Difficult and Bad News?

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Abstract type: Poster

Aims: 1. How are people informed about palliative care and euthanasia?
2. How are they prepared to accept bad news?
3. What are their preferences about place of death?
4. Do they ever think about their death and dying?

Methods: The questionnaire was e-sent to the random sample of 100 people. The other group of 100 were the doctors from Emergency center and the third group were 100 oncology doctors. We wanted to check if people’s attitudes towards death are connected with their setting.

Results: First group aged 20-75: 70% of them knew about palliative care and euthanasia. 30% knew about euthanasia, but not for palliative care 98% of them want to know truth about diagnosis, 2% not sure:90% of them think that they will tell the truth to loving person, 5% are not sure. They think that they will not say the truth. Their preferences about place for death: 60% hospital, 30% own home, 10% others. 40% sometimes think about death, 15% never, 15% do not like to speak at all. 30% rare. The second group from Emergency center and group three oncology doctors. 100% informed about palliative care and euthanasia. 90% of them prepare to accept bad news, and want to know the truth. 8% not sure that they want to know their bad diagnosis. 2% not want to know. 90% will tell a family member about bad news, 10% not sure. Preferences about place of death: 90% euthanasia, 10% own home, 8% hospital, 1% hospice, 1% euthanasia. Oncologist: 60% hospital, 30% home, 10% place other.

Conclusion: The randomly selected people who answered to this questionnaire were very interested in this topic. They participated group from group 2 who visit the patients daily (but for short time) are very close to this topic and knew very well which were the consequences of palliative care and poor will to this questionnaire and topic in general. They all agreed that this theme and questions are very very important to the everyday connection with these kind of patients.

Abstract number: P308
Abstract type: Poster

Cultural Differences in End-of-Life Decisions in Countries where Euthanasia is Legally Possible: What Do We (Not) Know about It?

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Aim: How patients understand the concept palliative sedation and the due care criteria this treatment is subjected to, is hardly known. Neither is known how patients experience the due care criteria. In this study we interviewed citizens to fill this gap.

Methods: We did an interview study among 16 Dutch citizens. We randomly selected from participants in a quantitative survey (n= 1960). For the interviews we selected citizens with varying experience and attitude in respect to end of life treatments. The - semi structured - interviews were analyzed with Atlas-ti. Interviewees were asked for their first associations with ‘palliative sedation’, their experiences and their responses to a vignette.

Results: Since in 10% of all deaths palliative sedation is practiced in the Netherlands, we expected citizens to know the concept. During the interviews it became clear that this is often not the case. Interviewees were asked to respond to the concept, the interviewees mentioned a combination of abstention and sedation, but also slowness, pain relief without further specification or nothing at all. Later on in the interview we presented a vignette of palliative sedation. The interviewees were able to recognize the case as palliative sedation, however it is not clear whether this is accepted or not. In relation to this case we also looked whether the interviewees knew that, according to the Dutch guidelines, palliative sedation should be offered when life expectancy is less than two weeks. They did not. Furthermore they did not think of such a limitation of time as important. To them it is the suffering that counts, not life expectancy.

Conclusion: Palliative sedation and its requirements are not commonly known. Furthermore, interviewees do not realize that if carried out in a case of a longer life expectancy palliative sedation is a treatment that shortens life. And if they do, they seem to be indifferent about this effect.
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Introduction: Dying is a human event that eventually all people will experience. However, substantial cross-cultural differences have been observed in perceptions on how to die. Due to the medico-technological evolution, patients in their last phase of life are confronted with options of end-of-life decisions (ELDs). In 3 countries (Belgium, the Netherlands and Luxembourg) euthanasia is also euthanasia is now one of the legally possible options. Aims: To explore cultural differences in end-of-life decisions in countries where euthanasia is legally possible.

Method: Analysis of the available - published and unpublished - quantitative data of physicians representing large sample sizes was done. Results: Data on Belgian euthanasia deaths indicated that euthanasia was not requested and continuous deep sedation is more prevalent among native Belgians than Belgian migrants. A comparison of deaths in the Brussels-Capital region indicated that continuous deep sedation is performed more often by the French-speaking physicians. Among non-Western migrants, invasive symptom alleviation was used less frequently but euthanasia was not less common. The practice of life-ending without request occurred much more among Belgian natives than among Dutch natives.

Conclusion: The available data revealed both similar and different differences in research cultural aspects such as language and ethnicity. However, rather than a simple bifurcation between native Belgians and migrants, we found a much more complex pattern revealing also unexpected differences within Belgium and between Belgium and the Netherlands. Furthermore, our findings did not allow drawing any conclusions about the complex factors to the complex factor of culture.

Role of funding: This study was funded by the Belgian Science Policy (Project TA00034).

Abstract number: P309
Abstract type: Poster

Patients’ Needs and Expectations and the Cancer Coping Strategies

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Aim: The main goal was to identify the dependencies between the cancer coping strategies and patients’ needs and expectations. The research was meant to help the Hospice Support Team (HST) to provide patients with more aimed help to address the issues leaving patients an uncomfortable experience of care. Secondary goal was to test Patients Expectation and Satisfaction Questionaire (PESQ) as a standard evaluation tool for HST.

Study design and methods: Anonymous research was conducted using the 3 parts questionnaire: Mini-MAC measuring coping strategies, VAS measuring actual, average and maximum pain last week and PESQ measuring patients needs, their satisfaction and the need for improvement. The research was performed on oncology ward patients that have been taken in HST’s care. The results were statistically examined.

Results: The average actual pain score was 3.4, average maximum 7.9 and average average 5.1. Correlation analysis has shown the following: Destructive coping strategies correlated negatively with the age and deciding about self and positively with time spent watching TV, importance of receiving care and the need to be with relatives. Constructive coping strategies correlated negatively with loneliness and maximum pain.

Conclusion: Frequent watching TV is linked to negative strategies, it is possible that TV substitutes real people what suggests loneliness as the root cause of negative strategies. Two most important factors influencing patients’ needs and satisfying are controlled at the same time uncontrolled pain greatly lessens the chance for positive adjustment even if the patient has good physical and psychological status. Coping with symptoms and psychological issues can greatly improve patients quality of life. The research has shown that PESQ is a powerful tool to assess patients needs and improve their quality of life.

Abstract number: P311
Abstract type: Poster

A Qualitative Interview Study of Treatment Withdrawal in Intensive Care: Implications for Quality End of Life Care

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Research aims: To investigate end of life care decision making and treatment withdrawal in UK intensive care from the perspective of participating doctors and nurses, and to consider the implications for the future provision of end of life care.

Design: Qualitative study using semi-structured interviews with 13 medical staff and 13 nurses directly involved in making treatment withdrawal in two intensive care units in a large university-affiliated English hospital. Cases were selected via retrospective case note review. Analysis applied constant comparison technique to generate key themes from participants’ accounts.

Results: Patients who died in Intensive Care appeared to follow a three-stage end of life trajectory: admission with hope of recovery; transition from intervention to end of life care, rather than end of life care itself, to improve the lives of the one in five intensive care patients who die in this setting each year.

Study funded by a National Institute for Health Research - Research for Patient Benefit Grant.

Abstract number: P312
Abstract type: Poster

The Added Value of Palliative Care in the ART Era

Penney R.1, Namisango E.1, Kigojo A.2, Munga, W.1, Mpanga E.2, Collell N.1, Poyato E.2, Lopez M.2, Martinez A.3, Doz A.2, MacConville U.M.1

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Background and aims: The advent of antiretroviral therapy has ostensibly diminished the role of palliative care in HIV patients and a national strategy was created to determine the added value of PC in sub-Saharan Africa.

Study design and methods: A prospective longitudinal study was conducted at two clinical sites in Uganda to test the null hypothesis that there would be no difference in care outcomes. Data were collected on consecutively recruited patients over 6 months using the MOS-HIV and the APACA African POS. Changes in measured indicators of physical health over time were assessed using multilevel modelling. Wilcoxon rank sum test evaluated the association between PC and the APACA POS items at study completion.

Results: 123 patients were recruited in the PC arm; 117 in the control arm. PC was associated with a 1.1 increase in physical health (P < 0.001), 0.7 increase in mental health (P=0.029) after controlling for baseline values. However, changes did not achieve clinical significance.

On the POS, at study completion PC was associated with less pain (Z=2.44, P=0.01), less symptom distress (Z=2.30, P=0.01), less confusion (Z= 2.5, P=0.01) and feeling at peace (Z= -3.572, P= 0.001), and with more help and advice (Z = 3.99, P= 0.001).

Patients at the control site were more likely to find life worthwhile (Z=4.38, P= 0.001).

Conclusion: Findings detected comparative change in a limited range of measures, possibly attributable to the antiretroviral, resource-abundant HIV provider in the control arm. The study suggests that PC could add further value in typical Ugandan health providers.

This study was funded by the Diana, Princess of Wales Memorial Fund.

Abstract number: P313
Abstract type: Poster

Opening Conversations: Talking about Death and Dying with People with Dementia and their Carers

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Background: Opening Conversations is an Alzheimer Society of Ireland (ASI) (parted funded by the Edel&Hospice Foundation) initiative to develop a model of palliative care interventions within, and beyond, ASI services.

Research aims: Clarifying appropriate palliative care interventions within dementia care contexts. Establishing, with service users and providers, the extent of palliative care needs in order to develop a model for best practice.

Identifying awareness of illness progression and preparation for end-of-life care amongst people with dementia and their carers.

Methodology: ASI service providers conducted individual interviews with palliative care patients and their carers. Process consent protocols were developed and adopted for this research.

Results: For carers—limited understanding of illness progression and required planning; difficult to discuss the illness with person with dementia; person with dementia can put relationships with spouses/children under considerable strain; uncertain of role in end term care settings and no preparation for post caring role.

For both—the timing of information was a key issue as was the high degree of social isolation.

Conclusion: It is difficult to have a conversation about end of life care needs when it is already difficult to talk about having dementia. The stigma attached to dementia can lead to difficulties in discussing the illness and delays in ascertainning an accurate diagnosis—increasing social isolation.

The characteristics, in particular cognitive impairment, gives a greater imperative to talk about illness progression and end of life care at an early stage in the illness.

Abstract number: P314
Abstract type: Poster

Assessing the Impact of Case Management in Geriatric Patients with Heart Failure at the End of Life

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Introduction: The health care management provides quality care in geriatric patients with heart failure at the end-of-life of his life. Nursing leadership to manage the process successfully, monitoring and co-ordination of patient care, with special emphasis in health education, and individualized self-care.

Objective: Assess the impact of the nurse’s intervention and monitoring at the end of life of geriatric patients with advanced heart failure, attended by a EAI (integral Assessment Team) geriatric patients with a much higher demand of role in long term care settings and no preparation for post caring role.

Methods: Descriptive and retrospective study of all patients included in the program EAI in 2009. Those patients were selected by diagnosis of heart failure. In all health stories were checked and collected a total of 433 patients. Variables included: demographic, health status, specific interventions and monitoring at the end of life, number and duration hospital admissions.

Results: It has been collected a total of 433 patients. The monitoring was performed with a Barthel Index of 75% and Pfeifer and 80% higher functions preserved. Patients followed by the team presented a 28% decrease in admissions in the emergency department, 46% decrease in hospital admissions and
Symptom Burden, Psychological and Spiritual Concerns of Patients with Progressive Idiopathic Fibrotic Interstitial Lung Disease

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Abstract number: P316
Abstract type: Poster

Symptom Burden, Psychological and Spiritual Concerns of Patients with Progressive Idiopathic Fibrotic Interstitial Lung Disease

Introduction: The prevalence of advanced kidney disease has steadily increased in the UK over the last decade. Renal replacement therapy (RRT) can improve survival and quality of life (QOL) for most patients but a significant number of frail elderly patients with multiple co-morbidities do not show a significant benefit. The annual mortality rate and symptom burden for these patients are very similar to that of patients with advanced cancer. The challenge is therefore to provide a high quality, effective and equitable service for this vulnerable patient group.

Goal: To develop and pilot a new conservative management option for patients with end-stage renal failure living in the NHSCT.

Method: A baseline review of case notes of 10 patients attending the NHSCT low clearance clinic to identify patterns and guide the evolution of a new conservative management clinic.

Baseline results: Symptoms caused by anaemia, anaemia and fluid imbalance were monitored and managed in 100% of patients but no evidence of holistic assessment. There was no multi-professional record in 60% of patients. 50% of patients discussed their goals of care with a specialist physician but prognostic information and advance care planning (ACP) was rarely documented. 20% of patients were referred to the Community Palliative Care (CPC) but 40% were referred to the diet nurse.

Conclusion: A new multi disciplinary conservative kidney management clinic has been developed to meet the palliative care needs of this patient group. It allows multi-professional holistic review aiming to improve QOL with excellent symptom control, appropriate end of life care and high quality information and support for patients and families. Quality outcomes will be monitored (symptom control, timely referral to CPC) with a holistic assessment and altered prognostic indicators (surprise question, Patient Outcome Score (palliative) and Palliative Symptom Control Scale (dying phase (palliative) and a pilot audit ongoing).

Abstract number: P318
Abstract type: Poster

The Development of Guidelines for Providing Palliative Care to Patients with Tuberculosis

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Although tuberculosis (TB) is curable, according to the World Health Organization it is the major cause of death in people infected with HIV, many of whom live in the developing world and are poor and malnourished. South Africa has the second highest incidence of TB worldwide, (948/100 000) and the problem is being exacerbated by an increasing burden of HIV/AIDS. The Hospice Palliative Care Association of South Africa (HPCA) established a TB task team to develop Guidelines for Providing Palliative Care to Patients with Tuberculosis. The task team was composed of a number of HIV/AIDS and TB experts who met regularly to discuss issues of importance in TB care. The task team was contacted for clarification of demographic information where necessary.

Results: 45 PIF-ILD patients were identified. 12 symptoms were documented with a mean of 3 and most of 3 symptoms. The most common symptoms in the last year of life were breathlessness (42 (93%), cough (27 (60%), fatigue (13 (29%) and chest pain (13 (29%)). Very few patients had documented distress (16 (35%)) and none had documented spiritual distress. 25 patients had co-morbidities including COPD, Heart Failure, Gastro-Oesophageal Reflux Disease and Pulmonary embolism. Few patients had preferred place of care (8 (17%) or preferred place of death (6 (12%) documented.

Conclusion: These patients had a wide range of palliative care needs and a significant number of co-morbidities. There was little documentation of psychological and spiritual needs or end of life preferences. It is likely that the palliative care needs of these patients are greater than reported; improved assessment, documentation and treatment with appropriate access to specialist palliative care services are a priority.

Abstract number: P319
Abstract type: Poster

Referral Patterns of Non-malignant Patients to a Palliative Specialist Medicine Service - A Retrospective Review

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Abstract number: P319
Abstract type: Poster

Referral Patterns of Non-malignant Patients to a Palliative Specialist Medicine Service - A Retrospective Review

Poster sessions (Thursday)
125
12th Congress of the European Association for Palliative Care, Lisbon, Portugal, 18–21 May 2011

From Framework to Clinical Practice: The Evolution of the First Conservative Kidney Management Service for Patients with End-stage Renal Failure in Northern Ireland

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Abstract number: P315
Abstract type: Poster

60% reduction in days of stay.

Conclusion: The impact of case management in elderly patients with heart failure is manifest in a number of ways allowing the patient to spend the final stage of life in their environment, while ensuring a good quality of life.
process in carers of people dying with dementia. We conducted a systematic review of grief reactions with the aim of researching this subject further. We identified characteristics, prevalence rate, predictors and associations of grief reactions in dementia carers.

Method: Electronic databases Medline, Embase and Cinahl were searched using text words and MeSH terms “grief”, “bereavement” AND “dementia.” 218 abstracts were screened. We excluded all reviews, opinion articles, non-grief or dementia carer specific trials, articles validating grief rating scale, young onset and AIDS related dementia trials. Included were all primary studies in community settings including interventional trials. We found 31 final papers. These were scored independently using modified standard tools.

Results: There were 17 quantitative, 11 qualitative and 3 mixed methods studies. 20 looked at grief reactions that occurred before death of the person with dementia; 11 studies looked at after death grief. Pre-death grief was characterised by carer sadness, anger and denial with losses for both carer and care recipient. There were differences in quality and type of emotions experienced by adult children and spouse carers. Placing a person with dementia into a home precipitated further grief. Post death grief was characterised by relief after death, losses of pre-death grief and post death reflections. The prevalence of pre-death grief reactions was 47-71%. Depression and carer burden correlated positively with pre-death grief. Pre and post death depression and positive aspects of caregiving predicted post death grief.

Conclusion: Grief reactions in dementia carers are common and appear to have similar but distinct characteristics before and after death. Depression is associated with pre death grief and predicts post death grief. Positive aspects of caregiving also predicts post death grief.

Abstract number: P321
Abstract type: Poster

Differences between Guidelines and Actual Opioid and Midazolam Prescribing in Amyotrophic Lateral Sclerosis (ALS): A Descriptive Observational Retrospective Study

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Our 20 year old Palliative Care Unit (PCU) has been involved for the last three years in the management of terminal Amyotrophic Lateral Sclerosis (ALS) patients.

Research aim: To explore the validity of current proposed national guidelines in the management of terminal ALS.

Study design and methods: All ALS patients attended by our PCU within March 2008 (1st patient ever attended) and July 2010 (last patient attended) have been included, and reviewed retrospectively. After a specific literature search, 51 variables for the review were selected, and grouped in 8 categories (demographics, 2, nature of illness 8, end of life 9, symptoms 11, psychological 2, ethics 10, drug therapy 6, team 3). No statistics have been used due to the expected small size of the sample.

Results: 14 patients have been attended during the study period with a life span from consultation ranging from 1 to 23 years. All patients had been on non-invasive mechanical ventilation (3 discontinued at the PCU), and 1 patient on invasive mechanical ventilation (discontinued at the PCU). The immediate cause of death was pneumonia in 7 cases, and respiratory failure alone in another 3 cases. Median equivalent daily dose of oral morphine ranged from 0 to 90 mg/day on admission to PCU, and to 2700mg/day on day of death. Midazolam parenteral doses ranged from 0 to 45mg/day on admission to PCU, and to 41 5mg/day on day of death. High doses of morphine and midazolam for symptom control were associated in all cases with previous or concurrent exposure to opioids and benzodiazepines (6 cases). Only 3 out of the 14 patients could have been managed adequately with a strict application of current rationing national guidelines which do not allow for large doses of these drugs.

Conclusion: Current national guidelines are not valid for the management of terminal ALS. A significant percentage of patients will need large doses of opioids and sedatives, and will likely be better attended within a palliative care program.

Funding: None

Abstract number: P322
Abstract type: Poster

How do Danish Nurses Describe their Perception and Experience with Palliative Care and Heart Failure Patients?

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Background: In Denmark specialist palliative care is mainly reserved for cancer patients. The national guidelines for the treatment of heart failure, gives no advice for palliative care except optimal medical treatment. Little is known about if and how palliative care is practiced to patients with end stage heart failure.

Aim: The aim of this study is to describe nurses’ perception and experience with palliative care and heart failure patients.

Study design and methods: In 2010, one semi-structured focus group interview was conducted with 5 nurses working in a cardiac clinic in a hospital setting. The interview was recorded, transcribed verbatim and analyzed using a phenomenological-hermeneutic method.

Findings: Nurses are not used to explicate subjects concerning palliative care and heart failure patients and they are not used to look upon heart failure patients as having a terminal disease. The nurses’ experiences are described in the followings.

Perception of palliative care “It means something different in my mouth than in yours.”

To know and follow the patient: “You know them - don’t you?”

The unpredictable illness trajectory and communication “And then they are suddenly gone!”

Lack of Interdiciplinary Corporation: “That’s the frustrating part”

Visions for palliative care: “Yet, it’s perhaps not that simple for us”

Conclusion: Nurses, in this study, are highly interested in achieving the knowledge and skills to improve palliative care themselves, rather than leaving the patient in care of palliative teams. The question is, whether this improvement can be lead by the cardiologist themselves? Anyway, there is a need for improvement in communication about death and dying because the nurses believe that heart specialist leaves the patients behind with a too optimistic opinion of there illness. The unpredictable illness trajectory makes it difficult to identify the right time to start palliative care.

Abstract number: P323
Abstract type: Poster

Palliative Care for Patients with Chronic Disorders of Consciousness

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Aims: Chronic disorders of consciousness (CDC) - the persistent vegetative state (PVS) and the minimally conscious state (MCS) - are disorders with an increasing prevalence at the intersection of rehabilitation medicine and palliative care (PC). We aim to review studies on PC of CDC patients, and to analyse experiences and opinions of health care providers.

Methods: A literature search was performed using the MeSH and EMBASE databases. Studies were included if they provided original research on the integration of PC and CDC. Further criteria were the use of qualitative methods and the focus on healthcare providers.

Results: Most studies deal with end-of-life decision making. Symptom management should include the treatment of neuropsychological and intellectual problems, seizures, hiccups, autonomic hyperactivity), but also pain, incontinence and constipation. Existing data suggest that the majority of PC is not provided for CDC patients. Whether symptoms are consciously perceived, how treatment effects might be monitored and how the drug dosage should be adjusted is still an open question. Addressing psychosocial and spiritual needs is vital for relatives. Treating patient and relatives as a unit of care is a particular challenge as their interests are often divergent. End-of-life decision making is complicated by a high rate of misdiagnosis, the vague prognosis and the protracted course of the condition. There are no data on the dying phase and the quality of death after withdrawing artificial nutrition and hydration.

Conclusion: There are numerous PC issues in CDC patients, and the research agenda is vast. A PC approach to CDC patients is warranted as these are life-shortening diseases with a slowly progressive course and a high symptom burden. Palliative care should be involved from the diagnosis on, as this is the time when symptoms are pronounced and end-of-life decision making is relevant. The other urgent need for PC is at the time of shifting the treatment goal and in the dying phase.

Abstract number: P324
Abstract type: Poster

A Specific Unit for Patients Suffering from Chronic Disorders of Consciousness (CDOC). Objectives and Psychological and Interventions and Procedures within the Multidisciplinary Team

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Patient profile within the unit: The majority of our patient’s prevalence with CDOC, are mostly in a Permanent Vegetative State (PVS) with a palliative care program, 137 patients cared for from 1999 until 2010.

Interdiciplinary care: Physicians, psychologists, neuropsychologists, nurses, auxiliary nurses, social workers and spiritual practitioners, music therapist. Regular interactive interdisciplinary meetings are held to establish a consensual regarding guidelines of future action, anticipated goals and interventions. Each team member shares the same common professional objective - To provide holistic care to both the patient and family.

CDOC affects the each and every family initiating an
intense emotional strain and thus causing a severe imbalance which will in turn remodel the whole family network. Treatment for emotional injury suffered by relatives, the mainstay and therefore always included within the complex and comprehensive holistic care plan. Palliative care intervention is fundamental as a core concept for the interdisciplinary team, as well as the evident management of physical, psychological, social care needs of patient and his/her family.

**Care pathway of psychological intervention:**

1) Preadmission family interview
2) Psychological assessment of the family structure
3) Initial response and perception to the condition
   -A&C: awareness, comprehension
   -C:DOC: fears, worries, thoughts, hopes and wishes
   -Measurement of the emotional circumstances
   -Identifying indicators of adaptive changes type of family confrontation, risk of family retraction
4) Diagnosis, treatment and coordination for follow up: 
   -Anticipatory guidance, psychological diagnosis, goals and initial specific therapeutic techniques selection,
   -Reevaluation of the team’s findings and proposed specific intervention guidelines, referral to other resources, coordinated program for follow up.
5) Attention to the grieving process.

**Abstract number:** P125
**Abstract type:** Poster

**Characterization of the Non Oncologic Palliative Care Population of a Palliative Care Unit**

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**Objectives:** To identify the percentage and characterize the non-oncologic palliative care population assisted in a palliative care unit into a Lisbon’s private hospital, between 1 March 2007 and 28 February 2010.

**Methods:** A retrospective descriptive exploratory study was chosen by the researchers. The data was systematically collected from the computerized patient’s file and categorized according to an Excel data base created by the researchers. That data was statistically analyzed to generate the acquired information.

**Literature review:** Franks (2000) divides palliative care in three fundamental intervention areas: oncologic diseases, pediatric terminal diseases and nonmalignant progressive diseases, being the highlighted in the last ones pulmonary diseases, end severe peripheral arterial disease (PAD). Lower extremity amputation (LEA) among patients in a palliative care unit, the occurrence of re-amputation and the survival of amputees.

**Results:** One hundred and thirty-five subjects were amputated. Eighty-five (57%) were female and the median (Q1-Q3) age was 81 (74-86) years. A new amputation was undergone in 23 (17%) patients during the follow-up. Advanced dementia was reported in 33 (24%) of the subjects. Twenty-two (15%) patients underwent a metatarsal or toe amputation. Thirty-three (94%) and 85 (83%) subjects with and without dementia underwent a primary above-knee amputation (p=0.14). Diabetes was reported in 98 (66%) patients. During the study period, 113 (84%) individuals died. One-month, six-months and one-year survival was 85%, 62% and 57% respectively.

**Discussion:** Peripheral arterial disease (PAD). Lower extremity amputation (LEA) in advanced dementia patients is a practice to improve the palliative care among these subjects. However, there is no information about patients with dementia susceptible to LEA.

**Objectives:** The aims of this study were to describe LEA among patients in a palliative care unit, the occurrence of re-amputation and the survival of amputees.

**Methods:** A retrospective study was conducted in a palliative care unit in the UK. The objectives of the study were to:

(i) patient and carer experiences of transitions,
(ii) recognition and identification of the transition phase,
(iii) optimising and improving the experience of transitions,
(iv) defining and conceptualising transitions.

**Conclusion:** Making the transition from curative to palliative care can be a confusing and difficult experience for patients. The transition remains ill-defined and significant challenges exist with identifying when a palliative care approach is appropriate, particularly for patients with non-cancer diagnoses. Recommendations for optimising transitions include better recognition of the curative/palliative shift; comprehensive collaboration and a multidisciplinary approach; development of referral criteria; and improvements to continuity of care. Further refinements to the conceptual definition of transitions in palliative care may also be required in order to enhance understanding.

**Abstract number:** P329
**Abstract type:** Poster

**Factors Influencing Access to Cancer and Palliative Care Services by People from Cultural Minority Groups: A Health Policy Analysis**

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**Aim:** Very few Australian studies examine comparative usage of cancer and palliative care services and even less address those used by people of culturally and linguistically diverse (CALD) backgrounds. While there are policies and structures which address multicultural issues in the delivery of services, we know little about the cultural groups who utilise them. The aim of this study was to examine access to cancer and palliative care services by people from CALD backgrounds within an area of Melbourne, Australia.

**Design and method:** A mixed method was used to explore issues about access and use of services. The availability of a linked palliative care database provided an opportunity to compare data with the cancer registry to establish similarities and differences between the cultural groups. Individual interviews (n=11) with key service personnel and representatives of selected cultural groups provided information about services utilisation by these groups. Interview data were transcribed and coded and themes developed.

**Results:** Findings showed that while the uptake of cancer services for people of CALD backgrounds is high, there are barriers that inhibit referral of these people to palliative care services when required. A number of issues like language and cultural practices, complex psycho-social problems, lack of awareness of palliative care and services offered were raised by all participants. However it remains difficult to accurately ascertain access levels for people from...
CALD backgrounds and to compare whether the numbers referred to palliative care from cancer services are consistent with other population groups. 

Abstract number: P330 Abstract type: Poster

The Role of Prognostication in Prioritising Hospice Admissions

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Background: Estimates of prognosis on hospice referral forms are widely used to prioritise admissions. However, previous research has highlighted the difficulty faced by clinicians attempting to prognosticate accurately.

Aims: To assess accuracy of estimates of prognosis on referral forms to an in-patient hospice in London, UK.

Method: A retrospective case note review of 54 consecutive hospice referrals. 

Results: 12 case notes were excluded due to incomplete documentation of required information. Of the 42 patients included, estimated prognosis was documented in only 20 (48%) of referral forms despite the presence of a prompt. Of these, estimated prognosis varied: correct category of “days”, “weeks” or “months” in 12 cases. Therefore of the 42 patients included in the study, only 29% had an accurate estimate of prognosis documented by the referring clinician and patient. In a case note, one patient with an estimated prognosis of “days” survived for several months, and another patient referred with a prognosis of “months” died within days of admission. The profession of the referring clinician was not associated with the accuracy of estimated prognosis.

Conclusions: This study demonstrates the challenges faced by clinicians attempting to prognosticate accurately. Since a significant proportion of patients are admitted to hospice die during their admission than expected by referrals. Although only 13 of the 42 admitted patients (31%) died during admission, the ability to prognosticate accurately would be helpful in planning services and assessing need. Absence of prognostic estimates on referral forms may reflect reluctance amongst referrals to prognosticate due to the difficulty in making accurate assessments. For improving hospice admissions, prognostic estimates should be used in conjunction with assessment of clinical, psycho- social and spiritual needs.

Abstract number: P331 Abstract type: Poster

‘Allaying Fears’ Developing a Hospice at Home Service: Lessons to Share

Baldry C.R.1, Jack B.2, Green K.E.3, Birch H.3, Shand A.3

Queen’s Court Hospice, Southport, United Kingdom, 2Evidence Based Practice Research Centre, Faculty of Health, Edge Hill University, Ormskirk, United Kingdom, 3West Lancs, Southport & Formby Palliative Care Services, Queen’s Court Hospice, Southport, United Kingdom

Background: The local hospice response to the End of Life Care Strategy was to develop individualised End of Life Care Strategy. This service, comprising 3 community teams, was established in 2010.

Methods: Patient and stakeholder evaluation that was undertaken of community services. This service, comprising 3 community teams, was established in 2010.

Results: The evaluation of the community services found that: most patients referred to palliative care from cancer services were consistent with other population groups.

Conclusions: To assess accuracy of estimates of prognosis on referral forms to an in-patient hospice in London, UK.

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Conclusions: To assess accuracy of estimates of prognosis on referral forms to an in-patient hospice in London, UK.

Method: A retrospective case note review of 54 consecutive hospice referrals. 

Results: 12 case notes were excluded due to incomplete documentation of required information. Of the 42 patients included, estimated prognosis was documented in only 20 (48%) of referral forms despite the presence of a prompt. Of these, estimated prognosis varied: correct category of “days”, “weeks” or “months” in 12 cases. Therefore of the 42 patients included in the study, only 29% had an accurate estimate of prognosis documented by the referring clinician and patient. In a case note, one patient with an estimated prognosis of “days” survived for several months, and another patient referred with a prognosis of “months” died within days of admission. The profession of the referring clinician was not associated with the accuracy of estimated prognosis.

Conclusions: This study demonstrates the challenges faced by clinicians attempting to prognosticate accurately. Since a significant proportion of patients are admitted to hospice die during their admission than expected by referrals. Although only 13 of the 42 admitted patients (31%) died during admission, the ability to prognosticate accurately would be helpful in planning services and assessing need. Absence of prognostic estimates on referral forms may reflect reluctance amongst referrals to prognosticate due to the difficulty in making accurate assessments. For improving hospice admissions, prognostic estimates should be used in conjunction with assessment of clinical, psycho- social and spiritual needs.

Abstract number: P331 Abstract type: Poster

‘Allaying Fears’ Developing a Hospice at Home Service: Lessons to Share

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Background: The local hospice response to the End of Life Care Strategy was to develop individualised End of Life Care Strategy. This service, comprising 3 community teams, was established in 2010.

Methods: Patient and stakeholder evaluation that was undertaken of community services. This service, comprising 3 community teams, was established in 2010.

Results: The evaluation of the community services found that: most patients referred to palliative care from cancer services were consistent with other population groups.

Conclusions: To assess accuracy of estimates of prognosis on referral forms to an in-patient hospice in London, UK.

Method: A retrospective case note review of 54 consecutive hospice referrals. 

Results: 12 case notes were excluded due to incomplete documentation of required information. Of the 42 patients included, estimated prognosis was documented in only 20 (48%) of referral forms despite the presence of a prompt. Of these, estimated prognosis varied: correct category of “days”, “weeks” or “months” in 12 cases. Therefore of the 42 patients included in the study, only 29% had an accurate estimate of prognosis documented by the referring clinician and patient. In a case note, one patient with an estimated prognosis of “days” survived for several months, and another patient referred with a prognosis of “months” died within days of admission. The profession of the referring clinician was not associated with the accuracy of estimated prognosis.

Conclusions: This study demonstrates the challenges faced by clinicians attempting to prognosticate accurately. Since a significant proportion of patients are admitted to hospice die during their admission than expected by referrals. Although only 13 of the 42 admitted patients (31%) died during admission, the ability to prognosticate accurately would be helpful in planning services and assessing need. Absence of prognostic estimates on referral forms may reflect reluctance amongst referrals to prognosticate due to the difficulty in making accurate assessments. For improving hospice admissions, prognostic estimates should be used in conjunction with assessment of clinical, psycho- social and spiritual needs.
new climate of survivorship. To equip the nurses at the bedside with rehabilitation skills to empower the patients to maintain and maximise patient mobility and function, reducing their workload. The therapists now focus on more complex patient mobility and function, reducing their workload. The therapists now focus on more complex problems specific to their specialist skills and their role given to them within the M.P.M system through better understanding.

Methods: Physiotherapy patient contacts increased from 27% of admissions to a maximum of 66% increase over a 6 month period, with significant impact on patient resilience.

Conclusions: This will contribute to patient rehabilitation, and it starts at the bedside. Nurses support patient autonomy and seamless rehabilitation. Gratitude is raised patient morale, enjoyment and quality of life, while maximising staffing time and resources.

Abstract number: P336
Abstract type: Poster

Future of the Hospices in Postcommunist Transition Countries

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The presentation contains the analysis of the historical aspects and current situation in legislation and financing of existing hospices and palliative care units in Slovakia as the basis for finding possible future models of their functioning.

Current situation in Slovakia (as it is in November 2010) indicates that hospices are in terminal stadium of their existence.

Presentation comprises financial analysis of the costs of hospice and palliative care services, financing possibilities within existing legislation and at the same time reaching the appropriate quality and standards.

Slovakia is one of the post communist countries with transitional economy and health care system changing. Social and ethnic background, European legislation, changing domestic political scene and consequences of the global financial crisis. Slovakia has got 4 million people and are in contrast with post communist ideology with general valid opinion that state is financing everything. Sponsoring and voluntary systems are still functioning on very low level, especially in area of dying the elderly population.

Currently social and state bodies as well as the public still do not understand importance and needs of the hospice and palliative care.

The continuous conducting pilot research study of the possible financing models for the hospice and palliative care from managerial (financial efficiency), health (standards and quality) and psychological (ability and willingness to donate/pay for care) point of view. The authors have been working with the sample of stakeholders (patients, families, employees, donors, founders and volunteers) within various Slovak hospices and palliative care units to find out possible models of future existence of hospices in Slovakia, probably applicable to the other post communist countries.

Abstract number: P337
Abstract type: Poster

Is there Room for Palliative Care at an Intensive Care Unit (ICU)?

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Background: Despite of all efforts many critically ill patients admitted to and cared for at an Intensive Care Unit (ICU) will die in an environment that is designed and organised to save the live of such patients.

Aim: This study researches the presence and quality of end-of-life care (EOLC) at an unit for Intensive Care.

The focus was on the presence of EOLC- protocols, how decisions about end-of-life care are made and how the patient and the patient’s family are informed about EOLCs. The presence and quality of end-of-life care (EOLC) at an ICU.

Methodology: It was a mixed, qualitative and quantitative, cross-sectional, multicentre and descriptive research project. Data were collected by means of in depth interviews with doctors and nurses and by means of questionnaires, filled in by nurses working at ICU’s.

Results: ICU’s differ with respect to the application of EOLC’s. Decisions most of the time were made by doctors using DNR-protocols, in which end-of-life care corresponded roughly to one of the two phases: the one of not extending therapy and the one of phasing out therapy.

Other professional caregivers involved in EOLC- decisions were specialists and general practitioners.

The involvement of nurses and of the family varied from one ICU to another. In some ICUs, family and nursing were totally involved in the decision making process, in others they were not.

Conclusion: End-of-Life Care is a very important topic at an intensive Care Unit. The actual organisation differs from one ICU to another. More attention is needed for the involvement of family members and nurses in the decision making concerning EOLC, and for a more appropriate communication between doctors and nurses.

Abstract number: P338
Abstract type: Poster

Retention and Destruction of Medical Records - A Hospice Approach

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Aims: This initiative aims to comply with relevant legislation relating to appropriate retention and destruction of medical records, while recognising the increasing demands for retrieval and storage of medical records in a Hospice setting.

Method: Currently, the retention and destruction of medical records is guided by Health Protection Agency standards. The Gold Standards Framework (GSF) was designed and organised to save the life of such patients.

With the introduction of the Gold Standards Framework (GSF) there is the requirement to destroy medical records for electronic records.

The Gold Standards Framework (GSF) was introduced to coordinate generalist palliative care in community. Adapted to assist care homes to provide best possible end of life (EOL) care avoiding unnecessary hospital admission. Acute hospital is missing link in GSF.

Aim: Part of wider programme to assess feasibility of introducing Acute Hospices (GSAH) Pilot into a whole hospital & assist in the development of the GSAH adaptation.

Method: Local acute trust joined first pilot GSAH programme. Baseline audit, staff surveys & review of death data was undertaken pre & post pilot. A huge publically & educational programme rolled out across whole hospital & help from like families & district nurses in community, care home staff, whole specialist palliative care services enabled, in addition to education of hospital consultants, matrons & ward managers.

Results: Use of Liverpool Care Pathway (LCP) increased by 30% during 7 month period compared to previous year. Over 150 patients identified at end of life & entered on GSF register which contained over 800 patient end of life. Every medical & surgical ward other than critical care & spinal injuries identified & registered GSF patients. The respiratory ward & lung cancer team registered vast majority, with stroke & gastroenterology wards coming close second. Gold cards were introduced for patients to allow health professionals to continue care in the event of sudden death.

Conclusion: Introducing GSAH to whole hospital at once was enormous undertaking. Clearly primary care, care homes & acute hospital need different & require different methods & materials. Positive benefits of scattering information & expectation widely were that the whole community (inside & outside hospital) became involved & resulted in a more efficient system for retention, retrieval and destruction of medical records and will reduce present storage requirements for paper records. The principle will remain effective for electronic records.
session paper creation of a whole area GSF (EoL) Register, stimulation of GSF in primary care especially where flagging, & recognition that, for an acute hospital, GSF is one of the roads on the Route to Success for End of Life care.

Abstract number: P341
Abstract type: Poster

Training GPs in Early Identification of and Proactive Care in Palliative Care Patients

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Aim: General practitioners (GPs) were trained in how to identify palliative patients in an early phase of their disease trajectory and how to structure palliative care proactively, to improve different aspects of the quality of the remaining life of patients with severe chronic diseases such as COPD, CHF and cancer. Aim of this sub study is to evaluate how the GPs experienced this training and what they still use in clinical practice.

Methods: Six GPs were trained, during a total of training sessions of 2 hours each followed by two group coaching sessions. They were trained to use two tools. The first tool is a plasticized card (see figure 1) with indicators to identify and recognize patients with respectively cancer, COPD and CHF as being in a stage that palliative care should be considered, the so-called ‘Radboud Indicators Palliative Care Needs’ (RADPAC). The second tool is on the back of the plasticized card and contains different domains (1st somatic, 2nd care provision and activity of daily living, 3rd social context and financial domain and 4th sense of meaning of life) that serve as a reminder for the structure of proactive planning (Proactive Palliative Care Planning Card, PPCCP). Experience has shown that the use of semi structured telephone interviews and questionnaires.

Results: Preliminary analysis revealed the GPs’ appreciation of the treatment according the PPCCP, many of them found it difficult to discuss the palliative care status with patients, especially in patients with COPD and CHF. The proactive care planning using the tool had worked out well for the GPs. The tool served as a good ‘agenda’ in providing and planning primary palliative care.

Abstract number: P343
Abstract type: Poster

Who Cares? Organization of Palliative Care in Primary Health Care. A Qualitative Study

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Background: Palliative care for patients and their relatives is provided frequently in a primary health care setting. Often more than one discipline is involved in providing this care, for example general practitioners (GPs), district nurses, medical specialists and last but not least family carers. With multiple health care providers involved, cooperation and coordination may be high impact, especially in patients with a high level of complexity of necessary palliative care.

Aim: To identify the (probable) problems with coordination of care from the perspective of patients, family carers and from the different palliative care professionals in primary care.

Design: Qualitative study with semi structured interviews and focus group discussions.

Methods: Semi and structured interviews with 15 patients and their family carers receiving palliative care in a primary health care setting. And focus group discussions with GPs and district nurses of the involved patients. All material will be tape-recorded and transcribed into written text. Qualitative analysis by coding and categorizing text fragments will be done independently by two researchers using Atlas.ti.

Results: Definitive results will be presented at the conference. We expect to discover themes, problems and possible solutions that are relevant for the organization of palliative care in primary health care.

The expectation is that problems occur especially in the field of communication and information exchange, distribution of tasks and availability of professionals. We expect to identify several situations that cause problems in coordination, such as discharge from hospital, change in needs for care. Also patient and context characteristics may play a part.

Conclusion: With this study, we hope to identify issues within the organization of primary palliative care to develop further research.

Main source of funding: Palliative Care Network Gelderland Zuid

Abstract number: P345
Abstract type: Poster

Palliative Care Services in Portugal: What Is Our Coverage of Needs?

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Aim: To identify the degree of the coverage of needs of specialized palliative care services in Portugal.

Methods: We used the data by National Institute of Statistics and the estimates by the EAPC in your last White Paper.

We estimate the needs for 18 districts, Azores and Madeira.

Results: We have 5 Home Palliative Care Teams and only in 4 districts (Faro, Lisbon, Porto, Setubal); This represents a coverage of 4.7%.

We have 5 Hospital Palliative Care Support Teams and only in 4 districts (Lisbon, Portalegre, Porto, Setubal); This represents a coverage of 8.2%.

We have 241 specialized palliative care beds, but only 185 in public institutions, and from the total only 159 are in institutions recognized by the Portuguese Association for Palliative Care; This represents a coverage (mean) of 25.17%, of 19.32% and 16.61% respectively; In 7 districts, Azores and Madeira, there aren’t any specialized palliative care beds.

Conclusions: In Portugal there are too far from minimum requirements of a satisfactory coverage of the needs of palliative care services. Many people still lack access to palliative care service at the end of his life.

We need a strategic plan urgently.

Abstract number: P346
Abstract type: Poster

‘Licence to Drive!’ Nursing Home Syringe Driver Loan Scheme

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Background: The UK End of Life Care Strategy (July 2008) states that 16% of all deaths occur in care homes annually. Care homes consist of nursing homes (qualified nursing staff) and residential homes (unqualified staff). Locally 2.8% of all deaths occur in care homes, 36% of which are supported by education from a thriving palliative care LINk scheme. Some patients at end of life receive medication via continuous subcutaneous infusion (CSCI). Larger nursing homes often have their own syringe drivers but many, especially the smaller ones, do not. The cost of purchasing a syringe driver and providing annual calibration is not a priority for most homes especially if the syringe drivers are not re-used.

District nursing teams provide input and support to end of life care patients in residential homes, including setting up and monitoring end of life drugs. Nursing homes employ their own qualified nursing staff, so do not require this input.

Difficulties occurred when homes borrow a syringe driver from a district nursing team, depleting the driver loan scheme, with implications for the patient and the home. The duty of the nurse is to monitor patients for side effects. Therefore nosy and or absent nurses were flagged, & recognition that, for an acute hospital, GSF is one of the roads on the Route to Success for End of Life care.

Methods: A steering group was established, with representation from the multidisciplinary team, local ethnic communities and community healthcare partnerships. Awareness raising events were delivered across community groups, places of worship, cultural events, festivals, and local media. A nurse-led driver loan scheme was implemented in a Sikh Gurdwara, Hindu Mandir, Islamic Mosque and an independent community centre. The in service training service offered confidential consultation on issues relating to illness, treatments, referrals and support to both patients and families. Participants feedback was, in line with Patient and Public Involvement data was collected and analysed on new referrals to hospice services.

Results: Public engagement events within each of the identified religious communities attracted an average attendance of 15. Over 20% of homes now have access to a syringe driver. More than 70% of homes now have a driver loan scheme. Feedback from families has been positive with comments on better end of life care and improved quality of life.
Conclusions: Relationships with minority ethnic communities were strengthened raising awareness of palliative care services. Potential misconceptions and barriers were addressed. Educational initiatives provided an understanding of cultural needs in order to provide culturally competent services.

Funding: Prince & Princess of Wales Hospice

Abstract number: P349
Abstract type: Poster

Protocol for Fatigue for Outpatients with Cancer in a Palliative Care Unit
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Patients with Fatigue are priority, specially for physiotherapists approach. The aim of this study was help an organization of service of an interdisciplinary team of Palliative care ambulatory, introducing a physiotherapy protocol for fatigue.

Method: First a literature review was done and after a routine program, including 6 minutes walk test monitoring vital signs, and using Visual Analogue Scale (VAS) for fatigue and Karnofsky Performance Scale (KPS). After this a protocol was done.

Results: After a study of outpatients with fatigue, a protocol was done based on VAS related, and observing the KPS of patients. The protocol is: VAS Fatigue: 5 - 6 (ability to walk, despite a negative walk test) and early intervention with more intensive aerobic exercises will be done in rhythm), VAS Fatigue: 5 - 6 (ability to walk, despite a negative walk test) and early intervention with more intensive aerobic exercises will be done in rhythm), VAS Fatigue: 7 to 10 (lack of energy expenditure), VAS Fatigue: 7 - 10 (lack of energy expenditure), and patients' security, help to focus on life, creative exercises to ease the pain and distracts from the serious thoughts about the end of life. Their families also have a great need for support.

Method: Patients are invited to the Palliative Daycare activities twice a week, in which it is offered physiotherapy with exercise, relaxation and massage, creative activity with the opportunity to express themselves, conversations and group discussions. Patients have the opportunity to participate in activities according to their own needs and activities are formed by the individuals involved. The activities are continuously evaluated through interviews.

Conclusions: After this program it was noticed a reduction of fatigue related for patients with 60% to 70% KPS, and maintenance of VAS Fatigue from patients with 40% to 50% KPS.

Abstract number: P350
Abstract type: Poster

Discourses about Complexity from the Professional Perspective in Specific Palliative Care Teams
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Aims: This study is part of a National and Regional Study for Health in Palliative Care. It is a part of a global research project about palliative care complexity, as a way to evaluate the model of care and research for palliative care.

The main objective is to establish a research team who involves the largest number of possible professionals (nursing actions) and to know with the perspective of the different actors involved in Palliative Care in a health care network, health administration, specific palliative care centers, professionals, patients and their families.

Methods: We chose a sample of different representative structural levels of care in our region (Palliative Home Care Teams, Hospital Support Teams, Acute Hospitals and Units of Intermediate and Long Stay in Public and Hospice-like) with the specific objective of knowing the perspective of the different specific participants in our research project.

Conclusions: The coordination between Palliative Home Care Teams and Hospitals is very difficult, so we need to intensify the communication between them. The psychological care to patients and their families is one of the main problems to solve. The definition of a complex patient, it is not only by the difficult symptom to control but also the lack of family and/or social support. The limited knowledge of health professionals and users about the provision of palliative care is relevant.

Abstract number: P352
Abstract type: Poster

Individualized Palliative Daycare Fulfil Patients Expectations
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Background: Many patients, who are registered to the Palliative Care team in Kungshabba, have episodes of hospitalization due to pain and anxiety or insecurity. Focusing on one’s own situation often results in a passive life with concerns and anxiety, decreased life quality and lower activity.

Patients need support, security, to help to focus on life, creative exercises to ease the pain and classify from the serious thoughts about the end of life. Their families also have a great need for support.

Methods: Patients are invited to the Palliative Daycare activities twice a week, in which it is offered physiotherapy with exercise, relaxation, massages, creative activity with the opportunity to express themselves, conversations and group discussions. Patients have the opportunity to participate in activities according to their own needs and activities are formed by the individuals involved. The activities are continuously evaluated through interviews.

Results: Many express that it's a comfort to participate regularly in the day activities and being able to meet the members of the Palliative Care team. Creative activities together in a group provides a spirit of community and is a good opportunity for conversations and to express emotions. Having fun together provides both togetherness within the group and strength to cope with everyday life. The support of the Palliative Daycare will likely improve the quality of life and to avoid hospitalization.

Palliative patients are continuously in need of being able to receive support in their life. Conversations with others in the same situation give perspective on their own existence and the possibility of processing difficult and important issues. The content of the exercise must be varied, so that each individual can take part in what is suitable for him or her. It must also be easy to regularly change the content. The flexibility of the activities means that each individual’s needs can be met in a professional manner.

Abstract number: P353
Abstract type: Poster

Emergency Admissions in Palliative Care Patients May Not Always Be Appropriate for Inpatient Care
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Background: Palliative cancer patients are often admitted to hospitals for time-consuming cases. This may not always be necessary and may conflict with patients’ wishes. Objectives were to examine the reasons for emergency hospitalization, treatment given and patients’ opinions regarding site of treatment.

Methods: 50 emergency admissions of a total of 44 patients (M/F 17/23) were included from 2 hospitals. ESAS was completed upon admission and before discharge. All went through a structured interview. Medical data were obtained from the hospital records.

Results: Mean age was 69 (52-89). 13 patients were treated alone. Gastro-intestinal cancer (11) and urological cancer (7) were most prevalent. 50% of the emergency admissions were administered by a hospital doctor, 24% by a GP or the GP on call. All but 2 patients were admitted from home and 28 were discharged to go home. Mean length of stay was 9.2 days (1-38), 29 of the patients had been discharged within the past month. 5 of the patients died while hospitalized while 16 died within one month. Pain (36%), dyspnea (25%), nausea (12%), and poor condition (12%) were the principal reasons for admittance to hospital. The highest mean ESAS scores were found with tiredness (6.3), appetite loss (5.7) and somatization (5.2). The mean ESAS pain scores were reduced by 50% from admissions to discharge. 22 patients went through simple procedures only; hydration, bladder catheterization and O2 therapy. 11 patients received preferred treatment at home or in a nursing home, provided that the treatment quality was similar.

Conclusion: Emergency admissions may represent stressful events for the patients and their family (off- hours, delays, unfamiliar doctors etc). A significant amount of these patients may not need the emergency admissions, thereby corresponding better with the patients’ desires as revealed in the present study.

Better primary care may reduce the need for emergency admissions, thereby corresponding better with the patients’ desires as revealed in the present study.

Abstract number: P354
Abstract type: Poster

Alternatives to Conventional Hospitalization in a Palliative Care Unit
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Objectives: To describe the alternatives to conventional hospitalization in a palliative care unit.

Methods: The Palliative Care Unit of Internal Medicine (MIC) is a support unit for cancer and non-cancer patients and it includes a 70-beds hospital and an alternative to the conventional hospitalizations of patients (patient unit, home unit, home visit and phone calls). Each palliative care team is made up of a nurse and a doctor. In the present study, we analyze the activity of the palliative care team excluding the conventional hospitalization from January 2009 to September 2010 in southern Spain.

Results: During the study period, 18397 episodes were collected. Of them, 12291 (67%) belong to 2494 patients, 5696 (31%) and 420 (2%) were phone calls, day unit activity and home visit, respectively. Phone call was answered by a doctor in 55% of cases. The cause of phone call was a new clinical symptom in 47% and to comment the results of blood samples in 26%. After a phone call, in 2296 (19%), 4354 (35%), 33 (0.1%) and 3235 (29%) episodes the patient was referred to our clinic, family doctor, emergency and hospital admission, respectively. Among outpatient calls, 2290 (99%) episodes were evaluated by a nurse. In these subjects, blood samples was collected in 1279 (58%) of cases, blood transfusion in 91 (4%), parenteral drug was administrated in 248 (1.3%), culture was done in 171 (8%) and cure of chronic ulcer or any kind of infection in 781 (35%) patients. Paracentesis for refractory ascites was done in 92 (4%) patients.

Conclusions: Alternatives to conventional hospitalization facility the continuity in the assistance among palliative care team and to prolong the stay at home during more time. It seems to get better the quality of life of patients with advanced disease. New studies will be useful to evaluate the cost of these units and to compare with conventional hospitalization.

Abstract number: P355
Abstract type: Poster

Specialist Palliative Care 7 Days a Week: Is it Effective? Potential Benefits and Challenges
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Background: The National Institute for Clinical Excellence (NICE) guidance in 2004 for ‘supportive and palliative care for adults with cancer’ recommended that ‘face to face assessments were
Poster sessions

available for all people with cancer at home or in hospital 09:00-17:00, seven days a week. Prior to this the Hospital Support Team provided a 9-5, Monday - Friday service, with out of hours telephone advice available from the local specialist palliative care inpatient unit, and face to face assessments by a Dr in palliative care in exceptional cases. In order to provide this additional service, support from funding and manpower was required. The service commenced in September 2009 and after nine months an audit to evaluate its effectiveness was undertaken. Aims: To demonstrate the effectiveness of the new service. To provide an accurate report to the Palliative Care Integrated Clinical Network (ICN) on the progress of the the additional service since its introduction in September 2009. Method: A prospective audit, completed by the Clinical Nurse Specialist (CNS) on duty during the weekend or bank holiday, over 11 weekends and one bank holiday. A proforma was completed for every face to face assessment or telephone advice call during this period. Results: A total of 134 patients were included in the audit, including 125 (94%) face to face assessments, of which 109 (81%) where known to palliative care services and 24 (18%) were new referrals. 50 (37%) of total referrals made were ward staff, of which 20 (20%). The name were by the acute area assessment. Of the the 134 patients referred 37 (28%) died on that admission, 35 were discharged home, 24 (18%) remained under the care of the palliative care team beyond the audit period. Conclusion: 7 day working has been felt to be effective and appropriately utilised. Further study is needed to determine its role in patient outcomes. Abstract number: P356 Abstract type: Poster

‘Like Flies around a Jam Pot’: The Lived Experience of People Affected by Advanced Disease who Are Receiving Multiple Primary Care Services

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Background and aims: Patients with advanced disease will spend the majority of their last year of life within primary care, having contact with various services. This may include GPs, various community nurses, nurse specialists, Macmillan and Marie Curie nurses, Palliative care workers, allied health professionals and many others. This study aimed to explore the lived experience of patients who are receiving multiple services within a primary care context. Design and methods: A phenomenological approach was taken. Participants were included if they met the Gold Standards Framework Prognostic Indicator Guidance for identifying advanced disease, or were anticipated to die within 12 months of diagnosis. Twelve patients with varying conditions and eight lay-carers took part in phenomenological interviews which utilised the Pictor technique. Interviews were recorded and transcribed verbatim. Transcripts were analysed using Template Analysis to thematically explore the data. Findings: Participants reported having a complex network of services involved. Participants were aware of integrating tensions and felt caught between services who offered conflicting advice and similar care provision. The value of services varied according to the relationships that participants formed with individual staff. Where strong and continuous relationships were formed participants would use these individuals to access the help they required, even when they identified that this may not be the ‘appropriate’ person to utilise. Either patients or their lay-carers would take on information and maintain up to date information about the patient’s health issues and their service contacts to enable effective information sharing with other members of their network of services. These findings have implications for both service design and individual clinicians when considering their relationships with patients and their families. Abstract number: P357 Abstract type: Poster

Unpicking the Threads: Collaborative Working amongst Generalist and Specialist Nurses in the Provision of Supportive and Palliative Care Services

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Research aims: To examine how specialist and generalist nurses work with each other and with other professionals, carers and patients in providing supportive and palliative care to cancer patients. Objectives: • To examine how specialist and generalist nurses interact to provide supportive and palliative care to cancer patients. • To examine collaborative working between nurses, health and social care providers and patients and carers. • To draw lessons for future good practice through the involvement of nurse participants in the interpretation of emerging findings. Study design & methods: Theoretically this research takes the position that professional roles and identities are defined through the ways in which individuals interact with the social world they inhabit. The study used a semi-structured interview methodology, in one geographic area in England, and incorporated the Pictor technique, a reflective tool we have developed to explore collaborative working. Sample

Community nurses n=35

Acute sector nurses n=20

Patients n=8

Carers n=8

Other key stakeholders >20

The final stage will use focus groups with participants to critically examine emerging findings and their implications for collaborative working. Results: Findings from analysis of the first phase of interviews (community staff) show that nursing roles strongly shape relationships with other professionals. These networks are quite consistent across conditions (cancer and LTCs) for Community Matrons but differ more for District Nurses. Further analysis of this data and examination of the acute staff interviews is ongoing. Conclusion: While recognising the particular contributions of different groups of nurses, our findings suggest the need for greater integration of nursing services, both within and across sectors. The major organisational changes happening in the UK health system can offer opportunities to move in this direction.

Abstract number: P358 Abstract type: Poster

Intersubjective Relations Facing Pain and Death in a Palliative Care Team

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Referring to the topic of friendship in these times, philosophers and sociologists have observed that health care is pertinent as we realize the difficulty of establishing interpersonal relations within the work environment, caused by the competitiveness and individualism that permeate contemporary society. Professional relations have been marked by an impersonal nature that favours a professional and instrumental rationality. Within this context, the general aim of this study is to comprehend intersubjective relations established in a palliative care team when confronting pain and death; verifying the occurrence -or not- of an experimentation of a new form of professional life and of community, to become friendship; as well as verifying the work continuity of the aforesaid spanning a period of almost twenty years. It is a study of a qualitative nature developed through a case study, which employed a couple of strategies for the collection and analysis of data: semi structured interviewing and naturalistic observation. The analysis of the data was based on Bardin (1977) from which four thematic nucleuses were inferred. In this study, it was ascertained that the experience of friendship in professional life can enable other forms of solidarity that go beyond the specific technical professional competence of each individual, which would bring a new outlook to intersubjective relations within the contemporary professional context. In so far as our existence not being doomed to simply becoming “unbridled personal and professional competition with one another, as preached by current ethics. On the contrary, it is encouraging knowing that building friendship relations and looking after one, is still possible and possible, as only in this way we know how to place ourselves as human beings, being partners with and supportive of all other human beings, taking responsibility in the definition of what we are, what we want to be and who we want to coexist with.

Abstract number: P359 Withdrawn

Emergency Oncology in a NIBS District General Hospital: A Pilot for an Acute Palliative Care Service

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Introduction: While many acute hospitals have access to specialist palliative care (SPC) services it is unknown whether patients are referred in an appropriate and timely manner. This study investigates a cohort of patients with cancer in an acute general hospital to consider their mode of admission, symptom burden and access to SPC. Method: The electronic records for all patients in an acute NIBS Trust were obtained and those with a diagnosis of cancer identified. Their inpatient stay was mapped and case records were obtained to ascertain clinical details of the diagnostic, treatment and discharge pathways. Results: Of the 763 hospital beds on the date of census, 708 (93%) were occupied and of these 103 (14%) had cancer. Sixty two (60%) were admitted as an emergency. Overall there were 62M and 41F, average age 70 years (range 18-93) and median length of stay 13 days (range 1-84 days). Emergency admissions tended to be older (average age 72 years range 40-93) and have longer stays (median 19 days range 2-78). From case note review 14/51 (27%) were not known to have cancer at the time of admission. Seventeen died during their hospital stay, 16 were emergencies, 45/91 were noted as “not cancer” but only 21 (47%) were seen by the SPC team and less than half (41%) of those who were referred died to SPC. The emergency patients were admitted with a wide spectrum of symptoms including, pain (45%), shortness of breath (27%), nausea/vomiting (22%) and weakness (20%). Conclusion: These findings show that cancer patients make up a large proportion of acute hospital inpatients and many are admitted as emergenies. They often have complex management problems and multiple symptoms. There is an apparent unmet need for SPC services which arguably might have a significant part to play in decision making, symptom management, discharge planning and terminal care. We believe there is a case for SPC to become better integrated as part of the acute admission team.

Abstract number: P360 Abstract type: Poster

Ensuring a Contribution to Sustainable Development and Sustainable Livelihoods through the Development of Palliative Care Service Delivery Organisations

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The current debate on development pays specific attention to the concepts of capacity building, sustainability , organisational development , sustainable development and sustainable livelihoods. These concepts are also applicable to the development of palliative care services. To address this need and ensure high quality palliative care these important concepts must be become the principles on which we
Abstract number: P362
Abstract type: Poster

Palliative Care Nurses: How Do They Spend Their Time and What Perception They Have, Regarding the Quality of Care


Introduction: To implement Action protocol from the “Shared Coordination” it is necessary that the diagnosis, so they can decide, with the guarantee of the decision-making through their wills and avoid the beginning of Action protocol from the “Shared Coordination” it is necessary that the diagnosis, so they can decide, with the guarantee of the decision-making through their wills and avoid

Objectives: To provide patients and families an integral and comprehensive care from the time of diagnosis, so they can decide, with the guarantee of the decision-making through their wills and avoid

Methodology: + Approach was performed in coordination with the Palliative Care Unit, district social workers, local corporations, independent centres, associations: + Protocol was designed in coordination with patients and families. + Coordination with associations, public institutions, associated institutions.

Results: + The beginning of Action protocol from the 4th of March 2010 until today, the decision to discharge patients was not possible by any reason associated institutions. + Presentation volunteer training agreement. + Income processing priority in Residential + Support and assist the patient and family in their daily life.

Abstract number: P364
Abstract type: Poster

Current Status of Palliative Care - Legal, Clinical, Educational and Research Issues

Rahutdinov U, Allakbtakhov T, Akadaliev T

Abstract number: P366
Abstract type: Poster

Current Situation of a Palliative Care Development in Czech Republic

Kubela L, Sama O

Poster sessions (Thursday)
The Use of Technology in a Palliative Care Unit

Abstract number: P367
Abstract type: Poster

Background:
Dr. Botelho and Dr. Jordão have used the technology for a year and a half in a palliative care unit. They have been able to experience the impact of integrating technology in a palliative care unit.

Objectives:
The objectives of this project were to develop a technology-based framework that could improve the quality of care in a palliative care unit and to assess the impact of this framework on the quality of care provided.

Methods:
A documentary review was conducted to identify the main sources of information. A focus group of 20 healthcare professionals was conducted to assess the impact of the framework on the quality of care provided.

Results:
The technology-based framework has had a positive impact on the quality of care provided in the palliative care unit. Healthcare professionals have reported a decrease in the time required to complete documentation, an increase in the accuracy of data collection, and an improvement in the communication between healthcare professionals.

Conclusions:
The development of a technology-based framework that could improve the quality of care in a palliative care unit is a viable strategy. The healthcare professionals were able to achieve the goals of this project, and the framework has had a positive impact on the quality of care provided in the palliative care unit.

Audit of Admissions to Marymount Hospice

Abstract number: P368
Abstract type: Poster

Aims:
The aim of this study is to investigate the admission process and the care provided to patients at Marymount Hospice.

Methods:
A retrospective audit was conducted over a period of six months. The data collected included: date of admission, place of origin, mode of transport, time of admission, admission start time, grade of Dr., average time between arrival and admission, and average admission time.

Results:
The average time between arrival and admission was 1:07 hrs, while the average admission time was 1:57 hrs. The majority of patients arrived within 1 hour of their scheduled time (49%). A small number of patients arrived late (5%). The average admission time was longer for patients who arrived late (1:57 hrs) compared to those who arrived on time (1:07 hrs).

Conclusion:
The audit highlights the need for improvements in the admission process to reduce the time between arrival and admission. This could be achieved by increasing the number of staff on duty during peak times, improving communication between the ambulance service and the hospice, and providing better information to patients about the admission process.

Coordinating Supportive and Palliative Care for Patients with Lung Cancer

Abstract number: P369
Abstract type: Poster

Aims:
The aim of this study is to assess the impact of a palliative care service on the quality of care provided to patients with lung cancer.

Methods:
A retrospective audit was conducted over a period of six months. The data collected included: date of admission, place of origin, mode of transport, time of admission, admission start time, grade of Dr., average time between arrival and admission, and average admission time.

Results:
The average time between arrival and admission was 1:07 hrs, while the average admission time was 1:57 hrs. The majority of patients arrived within 1 hour of their scheduled time (49%). A small number of patients arrived late (5%). The average admission time was longer for patients who arrived late (1:57 hrs) compared to those who arrived on time (1:07 hrs).

Conclusion:
The audit highlights the need for improvements in the admission process to reduce the time between arrival and admission. This could be achieved by increasing the number of staff on duty during peak times, improving communication between the ambulance service and the hospice, and providing better information to patients about the admission process.

The Dynamic of a Palliative Care Team in the Hospital

Abstract number: P370
Abstract type: Poster

Aims:
The aim of this study is to assess the impact of a palliative care service on the quality of care provided to patients with lung cancer.

Methods:
A retrospective audit was conducted over a period of six months. The data collected included: date of admission, place of origin, mode of transport, time of admission, admission start time, grade of Dr., average time between arrival and admission, and average admission time.

Results:
The average time between arrival and admission was 1:07 hrs, while the average admission time was 1:57 hrs. The majority of patients arrived within 1 hour of their scheduled time (49%). A small number of patients arrived late (5%). The average admission time was longer for patients who arrived late (1:57 hrs) compared to those who arrived on time (1:07 hrs).

Conclusion:
The audit highlights the need for improvements in the admission process to reduce the time between arrival and admission. This could be achieved by increasing the number of staff on duty during peak times, improving communication between the ambulance service and the hospice, and providing better information to patients about the admission process.
geared at broadening the access to palliative care for broader groups of population, especially from rural areas.

The main areas of this program are aimed, primarily, at disseminating information on the essence, methods and forms of palliative care; training healthcare practitioners and nurses; reorganizing some beds in the general healthcare facilities’ system as hospices.

Thus, the program succeeded in:

1. launching of a training and methodology center at our hospice already in 2009, where 103 students took their training followed by the support of the International Renaissance Foundation.
2. - training program for family doctors at the chair of post-graduate education at the national medical university since September 2009
3. - opening of a palliative care service in the Regional Health Care Department in early 2010 and starting the work on preparing premises and opening an inpatient hospice for tube/shell/palliative patients. The creation of this hospice unit is supported by Network of PLWH.
4. - planning to create 2 more inter-district inpatient hospices in Horodenka and Dolyna districts.

Abstract number: P373
Abstract type: Poster
Development of Regional Plan for Improves Palliative Care Programme in Rural Area in Catalonia Spain

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The Catalan Palliative Care public health programme was proposed by the WHO in the 1990s, and has since been developed, to ensure the palliative care services. The programme has shown good results in terms of coverage, effectiveness, efficiency and satisfaction.

During 2010 the Health Department and the Observatory “QUALE” of End of Life of Catalonia, are developing a specific Plan for improve the attention of end of life in special rural area, localized in the region of Alt Pirineu i Aran.

Methodology: The process have 3 phases.

Phase I: To creation of nominal group of PC’s professional (Doctors, nurses, psychologies, social, work and managers). To unite of terminology and project was considered by the local community and the analysis of the results of the program reviews and evaluations will be discussed, demonstrating how, at this time, both programs have managed to attract public awareness towards palliative care in the region. Despite the difficulties existing at the beginning, the project was considered by the local community and national experts as a successful pilot-project and sustainable for the region.

Abstract number: P377
Abstract type: Poster
An Oncologic Palliative Care Unit Organization

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In Oncologic Palliative care three main aspects are important in patient plan of care:
- Prognosis while defining main symptoms and their control in order to anticipate complications based on tumour natural history and the best symptom control.
- Family caregivers have to be identified and trained in order to be capacitated to afford patient care (symptom control, wound care and family’s patients) considering their KPS and their right to stay home with families considering caregiver burdens.
- Therapeutic adhesion considering psychological and adherence to drug regimen.

In our Service of Palliative Care, patient without symptoms control are treated on our Palliative Care Unit. Patient and caregivers are treated by a specific palliative care multidisciplinary team.

The use of frameworks is fundamental in each approach. Each patient have their prognosis made in their admission based on Papcscope instrument and main symptoms are identified in order to define therapeutic plan control. Papcscope A, B and C are present in 20%, 25% and 15% respectively. Symptom control are evaluated every month with EAS scale and our prevalent symptoms are: loss of appetite 51%, drowsiness 41%, shortness of breath 35%, tired 33%, sadness 28%, pain 28%, anxiety 20% and nausea 15%. Always when pain and dyspnoea are identified we the goal to achieve control ( reduction of pain). When patients are supposed to leave Hospital, adherence of drug treatment is evaluated and always low adherence is identified a pharmacists is supposed to approach care.

Every week team discuss goals and fails of each case in order to improve care, offer best symptom control, reduction of communications problems and burden of the team.
Assessment of European Clinical Guidelines Concerning Treatment of Neuropathic Pain in Patients with Cancer with AGREE II

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Introduction: In Europe, the majority of drugs used for the treatment of neuropathic pain have not been registered for cancer patients. Clinical practice guidelines (CPGs) are necessary for legal prescription of neuropathic pain medication in this patient group. Until recently, most guidelines on neuropathic pain treatment in cancer patients exist and how these guidelines were developed. The study was performed in cooperation with the European Federation of the IASP Chapters (EFIC).

Methods: All EFIC chapters and two NeuPSIG members of each country were approached in order to obtain the most recent information about the existence of CPGs concerning the treatment of neuropathic pain in cancer patients in their country. The definition of a CPG is that it has got clinical recommendations, which are based on a systematic review. CPGs with at least one chapter about neuropathic pain treatment in cancer patients were assessed. AGREE II evaluates the process of practice guideline development and the quality of reporting.

Results: 26 questionnaires to 26 EFIC chapters and to 32 NeuPSIG members.

The overall response rate to this questionnaire was 87%. Within this questionnaire, we were able to collect 54 guidelines from 18 countries. Eighteen CPGs contain a chapter about neuropathic pain treatment in cancer patients but only 10 CPGs fulfilled the in- exclusion criteria. Results of this assessment will be available in December 2010.

Discussion: The prevalence of the different CPGs according to AGREE II shows a wide variety. A specific CPG for the treatment of neuropathic pain in cancer patients does not exist. Recommendations for treatment of neuropathic pain in cancer patients can be found in CPGs about pain in cancer and in pain or neuropathic pain from other populations.

Abstract number: P3B1
Abstract type: Poster

How Does Pain Interfere with Palliative Patients’ Hope and Quality of Life?

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Introduction: Palliative care aim to control Pain and improve quality of life (QOL) of patients living with chronic advanced illness. It is not clear how pain interfere with QOL and its implications in patients hope.

Aims: To identify pain, quality of life and hope in palliative patients; to analyze the relationships among pain, hope and quality of life.

Design/methods: This correlational study uses a socio demographic / clinical questionnaire - numeric scale (0-10); Bowel Function Index (BFI), a questionnaire for assessing opioid induced constipation (0-100 = none - very severe); Brief pain Inventory Short Form. Bowel function, constipation and pain was documented using the Bowel Function Index (BFI), a questionnaire for assessing opioid induced constipation (0-100 = none - very severe). The occurrence of bowel dysfunction related symptoms such as reduced appetite, nausea, abdominol pain) was recorded. At study completion, physicians and patients assessed efficacy and tolerability.

Results: A subgroup of more than 600 patients included in the study suffered from severe or very severe cancer pain, pre-treated with weak opioids or oxycodone alone. Average pain intensity and BFI of the different CPGs according to AGREE II shows a wide variety. A specific CPG for the treatment of neuropathic pain in cancer patients does not exist. Recommendations for treatment of neuropathic pain in cancer patients can be found in CPGs about pain in cancer and in pain or neuropathic pain from other populations.

Abstract number: P3B1
Abstract type: Poster

Prolonged-release Oxycodone/Naloxone Is Effective and Well Tolerated in the Treatment of Cancer Pain

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Research aims: A prolonged-release (PR) formulation of oxycodone/naloxone reduces cancer pain and sideeffects such as opioid induced bowel function related symptoms and improves Quality of Life (QoL). Aim of this multicentre observational study assessed the efficacy, tolerability and QoL of oxycodone/naloxone PR in daily routine.

Study design: A total of 246 patients with moderate to severe cancer pain were included in the study suffered from severe or very severe cancer pain, pre-treated with weak opioids or oxycodone alone. Average pain intensity and BFI was recorded. At study completion, physicians and patients assessed efficacy and tolerability.

Results: A subgroup of more than 600 patients included in the study suffered from severe or very severe cancer pain, pre-treated with weak opioids or oxycodone alone. Average pain intensity and BFI was recorded. At study completion, physicians and patients assessed efficacy and tolerability. A subgroup of more than 600 patients included in the study suffered from severe or very severe cancer pain, pre-treated with weak opioids or oxycodone alone. Average pain intensity and BFI was recorded. At study completion, physicians and patients assessed efficacy and tolerability.

Conclusion: Oxycodone/naloxone PR proved to be effective and superior tolerable in patients with severe and very severe cancer pain, compared to treatment with weak opioids or oxycodone alone. The strong analgesic efficacy combined with improved bowel function markedly increased the QoL of patients assessed efficacy and tolerability. Oxycodone/naloxone PR proved to be effective and superior tolerable in patients with severe and very severe cancer pain, compared to treatment with weak opioids or oxycodone alone. The strong analgesic efficacy combined with improved bowel function markedly increased the QoL of patients assessed efficacy and tolerability. Oxycodone/naloxone PR proved to be effective and superior tolerable in patients with severe and very severe cancer pain, compared to treatment with weak opioids or oxycodone alone. The strong analgesic efficacy combined with improved bowel function markedly increased the QoL of patients assessed efficacy and tolerability. Oxycodone/naloxone PR proved to be effective and superior tolerable in patients with severe and very severe cancer pain, compared to treatment with weak opioids or oxycodone alone. The strong analgesic efficacy combined with improved bowel function markedly increased the QoL of patients assessed efficacy and tolerability. Oxycodone/naloxone PR proved to be effective and superior tolerable in patients with severe and very severe cancer pain, compared to treatment with weak opioids or oxycodone alone. The strong analgesic efficacy combined with improved bowel function markedly increased the QoL of patients assessed efficacy and tolerability. Oxycodone/naloxone PR proved to be effective and superior tolerable in patients with severe and very severe cancer pain, compared to treatment with weak opioids or oxycodone alone. The strong analgesic efficacy combined with improved bowel function markedly increased the QoL of patients assessed efficacy and tolerability.

Abstract number: P3B2
Abstract type: Poster

A Randomized, Double-blind, Active-controlled, Double-dummy Group Study to Determine the Safety and Efficacy of Oxycodone/Naloxone Prolonged-release Tablets in Subjects with Moderate to Severe Chronic Cancer Pain

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Objectives: To show that oxycodone/naloxone prolonged-release tablets (OXYN PR) improve constipation and maintain analgesia, compared with oxycodone prolonged-release tablets (OxyPR) in patients with moderate to severe cancer pain.

Study design/methods: A randomized, double-blind, parallel group 4-week study of 185 patients randomized to OxyPR (n=95) or OXYN PR (n=92). The starting dose of oxycodone PR was based on the subject’s prior dose of opioid and was an equivalent to 20-80 mg oxycodone PR at randomisation. During the Double-blind Phase a titration was permitted up to a maximum daily dose of 120 mg oxycodone PR. Eligibility required cancer pain needing continuous opioid treatment, which had composition induced or confirmed by opioid therapy over the last 4 weeks. Eligible patients included the Bowel Function Index (BFI) (primary endpoint), Brief Pain Inventory Short Form (BPI-SF) (core endpoint), laxative and rescue medication use. Quality of life (QoL) and safety assessments were also conducted.

Results: After 4 weeks, mean BFI score with OXYN PR was significantly lower than with OxyPR (LSMean Difference: Δ=12.36; p<0.001). The reduction with OXYN PR was clinically relevant and had low mean intake with OXYN PR was 20% lower than with OxyPR (p=0.168). Mean BPI scores were similar for OXYN PR and OxyPR (1.30 vs 0.53). Inpatient quality of analgesic rescue medication was low and comparable for OXYN PR and OxyPR (LS Mean Difference: Δ=0.02). The reduction of OXYN PR was clinically relevant and had low mean intake with OXYN PR was 20% lower than with OxyPR (p=0.168). Mean BPI scores were similar for OXYN PR and OxyPR (1.30 vs 0.53). Mean total laxative intake with OXYN PR was 20% lower than with OxyPR (p=0.168). Mean BPI scores were similar for OXYN PR and OxyPR (1.30 vs 0.53). Mean total laxative intake with OXYN PR was 20% lower than with OxyPR (p=0.168). Mean BPI scores were similar for OXYN PR and OxyPR (1.30 vs 0.53).

Conclusion: OXYN PR provides superior bowel function in patients with cancer pain, compared with OxyPR and is well tolerated, with OXYN PR maintained analgesic efficacy.

This study was funded by Mundipharma Research GmbH & Co KG.

Character count: 1841 (maximum 2000 characters including spaces and funding statement; excluding title and authors)
Are Spiritual Distress and Physical Pain Interrelated in Cancer: A Prospective Study

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Aims: Spiritual pain is advocated as an integral component of the “total pain” concept. Whilst spiritual care is a key component of the holistic care pathway, relationships between physical pain, spiritual distress and physical symptoms is less clear. Spiritual pain correlates with desire for hastened death, institutionalisation and spiritual identity. It has been suggested that spiritual distress may be related to physical pain, but there is limited evidence to support this. This study examines spiritual wellbeing and its relationship to physical pain.

Methods: A prospective study of cancer patients within a Specialist Palliative Care Unit (SPCU). Patients completed the Brief Pain Inventory (BPI) and the Functional Assessment of Chronic Illness Therapy Spiritual Wellbeing Scale (FACIT-Sp-12). The FACIT-Sp-12 is a psychometrically sound measure of spiritual wellbeing in patients with cancer. It is divided into subscales of meaning and faith subscale. The relationship between FACIT-Sp-12 scores and pain was analysed.

Results: Recruiting targets have been missed however recruitment is ongoing. Preliminary results show that among 20 patients (median age 66) the mean total FACIT-Sp score was 35 (QR = 20–61) and median subscale scores for Meaning/Peace and Faith were 25 and 30 respectively. The median total score for 12 (KPS 75–78). There was a significant inverse correlation between total BPI score and total FACIT score (r=0.459, p=0.048) and between total BPI score and FACIT Meaning/Peace subscale score (r=0.473, p=0.041).

Conclusion: The results indicate that SPCU patients were not experiencing the greater levels of spiritual distress. These findings support the biopsychosocial model of pain. SPCU patients with high pain scores should be actively screened for spiritual distress and offered appropriate counseling when it is identified.

Abstract number: P386
Abstract type: Poster

The Barriers to the Use of Oral Morphine in a Hospital Setting in the Developing World

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Aims: The aims of this study were to determine the knowledge, attitudes and beliefs surrounding the use of morphine and its administration to the inpatients and dispensers in a hospital setting in the developing world and to establish the barriers to morphine use amongst the same group of participants.

Study design: This was a mixed methods design, carried out in two hospital settings, one a national referral hospital and the other a regional referral hospital in sub-Saharan Africa. The first part involved the use of a questionnaire distributed to doctors and dispensers looking at knowledge, beliefs and attitudes towards morphine prescription. The second part involved interviewing doctors and dispensers all of specialties and grades, and pharmacists and dispensers involved in dispensing morphine, among at establishing the barriers to morphine use. Inclusion criteria: doctors, pharmacists and dispensers who agreed to complete the questionnaires. For the qualitative interviews doctors were purposive sampling interviewing doctors of all grades and specialities. All dispensers and pharmacists working in the hospital settings were included. Exclusion criteria: those who declined to be interviewed.

Results: The qualitative interviews will be completed by the end of 2010. Results from the questionnaires have shown that there is good knowledge about morphine use with some misconceptions related to sub-effective morphine. Morphine use is limited in the hospital setting which restricts it use. Provisional results of the qualitative interviews have shown that the main barriers to morphine use are availability and expectations that the visiting team from the hospital will prescribe morphine.

Conclusion: This study suggests that the main barrier to morphine use in the hospital setting in the developing world is availability of oral morphine. There appears to be good knowledge about its use and willingness to prescribe and dispense oral morphine when available.

Abstract number: P387
Abstract type: Poster

Pain Treatment of Agitation in Patients with Dementia: A Systematic Review

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Aim: To review the evidence for pain treatment of agitation in people with dementia. Pain measurement tools to evaluate pain in dementia have not been validated. A recent study presented at the TAC during rest (r=0.55, p< 0.01).

Conclusions: These study findings offer support for the use of these tools in clinical practice, particularly for patients in long term care. Prospective studies are encouraged to be conducted during periods of activity to improve the detection of pain and the accuracy of the pain assessments. This study was funded by the Canadian Institutes of Health Research and the Ontario Ministry of Health and Long Term Care.

Abstract number: P389
Abstract type: Poster

The Pharmacokinetics of Fentanyl Pectin Nasal Spray Are Not Affected by Seasonal Allergic Rhinitis in Healthy Subjects

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Aim: Fentanyl pectin nasal spray (FPNS) provides pain relief significantly faster than placebo and immediate-release morphine sulphate. This rapid onset of effect is due primarily to the benefits of nasal administration. However, seasonal allergic rhinitis may influence these effects. Consequently, the pharmacokinetics (PK) of FPNS were evaluated in subjects with induced allergic rhinitis.

Methods: Healthy subjects with seasonal allergic rhinitis due to ragweed or tree pollen were evaluated in this open-label, three-way crossover design study to compare the PK and safety profiles of FPNS under the following conditions: symptomatic rhinitis untreated (Active), symptomatic rhinitis treated with FPNS (FPNS), and oxymetazoline (Treated) and asymptomatic (Reference). Rhinitis was induced in an environmental exposure chamber. The order of exposure to these conditions was randomised and separated by a 14-day washout period.

Results: Of 31 subjects enrolled, 37 developed symptoms of moderate rhinitis following exposure to ragweed and 17 to tree pollen. These subjects entered the randomised phase of the study as two separate cohorts, with 17 ragweed and 11 tree pollen-exposed subjects entering all three treatment arms during the study. For both cohorts the Reference and Active groups generally had similar PK parameters after FPNS administration. However, Cmax, AUC and AUC∞ of fentanyl were generally lower and Tmax appeared to be delayed in the Treated group compared with the Active or Reference group. Most adverse events (AEs) were mild; no severe AEs were reported.

Conclusions: The clinical efficacy of FPNS is unlikely to be significantly affected by rhinitis occurring in a patient with an established effective dose of FPNS, but it may be impaired in a patient with rhinitis who concomitantly uses a vasoconstrictive decongestant such as oxymetazoline. Funded by Archimedes Development Ltd.

Abstract number: P390
Abstract type: Poster

Reduction of Behavioural Disturbances by Pain Treatment in Nursing Home Residents with Dementia: Double Blind, Cluster Randomized Clinical Trial of Efficacy

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Aim: To test the hypothesis that individual patient pain treatment can reduce agitation in nursing home (NH) patients with moderate and severe dementia, a cluster randomized 8-week double-blind controlled trial with follow-up assessment four weeks after end of intervention were performed. 18
Abstract number: P392
Abstract type: Poster

Strong opioids do not shorten the survival time in <65-year-old palliative oncological patients

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Introduction: Health care gives fear that strong opioids have a life shortening effect. This study analyses the effect on survival time by different doses of opioids in palliative cancer patients above 65 years that died in a palliative care unit.

Patients and methods: The inclusion criteria were >65 years, advanced cancer, with pain or with breakthrough pain. The patients, admitted to our palliative care unit (PCU) up to 2.10.2010 and died in the PCU. The medical charts of 1088 patients were analyzed. Demographic variables, disease-related characteristics (tumor type, metastases, co-morbidity), pain treatment (dose of opioids before, on admission and during hospitalization) and survival time in the PCU were registered. The doses of the different opioids were recalculated to oral morphine equivalent doses (OME).

Results: The data of 1088 patients were studied: 979 patients used opioids while 109 didn’t. Patients were stratified in 5 groups according to the severity of agitation in patients with moderate and dangerous symptoms, analgesics should be considered for this condition before initiating symptomatic treatment with antidepressive drugs.

Conclusions: Individual pain treatment can reduce the severity of agitation in patients with moderate and dangerous symptoms, analgesics should be considered for this condition before initiating symptomatic treatment with antidepressive drugs.

Abstract number: P394
Abstract type: Poster

An exploratory analysis on the effectiveness of four strong opioids in patients with cancer pain

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Aim: This analysis, carried out in the context of a wider observational prospective study, tried to explore whether the patients evaluated by the WHO criteria (morphine, oxycodone, fentanyl, buprenorphine) had different effectiveness when using several different outcomes and endpoints.

Methods: A hundred-fifty-eight cancer patients were monitored over a 3-week follow-up program. The analogic efficacy was assessed using several effectiveness endpoints, such as pain intensity (PI), pain intensity difference (PID), proportion of non-responders. To subjects percentage of switches and dose escalation.

Results: Mean values of PI led to differences among opioids only ranging from 10% to 30%, FR (PID ≥ 30%) were more frequent in buprenorphine-fentanyl-oxycodone groups than in morphine; NR (PID 0%) was variable according to switches resulted in three times more frequent when using morphine than buprenorphine (24.4% vs. 8.6%). An increase of dose > 5% a day was observed in 33.3% of fentanyl patients vs. 15% of buprenorphine. As a whole, opioids show some different behaviors on the basis of the considered endpoints.

Conclusions: There is no evidence that strong opioids are ineffective. Furthermore, they are responsible for their own pain.

Conclusions: The objectives of this study were to produce preliminary findings on which to design a further confirmatory effectiveness RCT. However, the observed results, even if the small sample size and the nature itself of the study do not allow a definitive evaluation of the effectiveness of the drugs, underline a certain degree of variability among opioids and address towards a correct planning of a comparative randomized clinical trial that is now underway in Italy.

Abstract number: P395
Abstract type: Poster

The new WHO guidelines on pharmacological treatment of persistent pain in children with medical illness: Main issues and what is next?

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Objectives: The World Health Organization (WHO) developed guidelines for the treatment of persistent pain in children for health-care professionals and policy makers in order to remove educational barriers to the use of opioid analgesics.

Methods: Recommendations were developed using GRADE methodology. The object was defining the guidelines’ scope, retrieval and appraisal of the evidence and formulation of recommendations in a transparent process with experts from around the world.

Results: The process resulted in the publication of the WHO Guidelines for Pharmacological Treatment of Persistent Pain in Children with Medical Illness. They contain clinical recommendations on pharmacological interventions and a health system recommendation. A Research Agenda recommends further research.

Conclusions: The WHO pediatric pain treatment guidelines cover a wide range of types of pain beyond cancer pain. It is the first time that WHO recommends that all children do not receive pain in children be addressed. Treatment should be through a two-step approach: a non-opioid analgesic for mild pain and a stronger opioid for moderate to severe pain. The latter should be titrated to the adequate dose. There is no room for the use of codeine. Investigation on efficacy and safety of other opioid groups is needed before considering their use and role in relieving pain in children.

Abstract number: P396
Abstract type: Poster

Prevalence, characteristics and management of cancer related breakthrough pain in Czech republic (Results of PARMA project)

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Background: Studies conducted in different countries and settings have described cancer breakthrough pain (CBTP) prevalence ranging from 40% to 80%.

Objectives: To describe the CBTP in our patient setting as for prevalence, clinical characteristics, treatment strategies used and patient satisfaction.

Methods: A survey about cancer related persistent pain in 258 consecutive cancer patients treated by oncologists and palliative care and pain specialists in Czech Republic. Cooperative physicians distributed the CBTP self-assessment tool to consecutive cancer patients in their office, who have been used for their pain the strong opioids.

Results: 435 patients completed the questionnaire. The average intensity of baseline pain was 0-4/10 in 73% patients (group A) and 5-10 in 27% (group B). The prevalence of CBTP pain was 60% in group A and 48% in group B. The duration of the episode of CBTP was 0-15 min in 9%, 16-30 min in 18%, 31-45 min in 15%, 46-60 min in 10% and >60 min in 27% in group A. The number of CBTP episodes was 1-5 per week in 15%, 1-2 per day in 43%, 3-5 per day in 24%, more than 6 per day in 18% in group A and 3-5 per day in 24%, >6 per day in 18% in group B. The median survival time for patients treated with 600-900 mg/day (n = 52) didn’t change the survival time compared with opioid naïve patients. The median survival time for patients treated with 600-900 mg/day (n = 52) or >900 mg/d (n = 48) was respectively 13.5 and 17.5 d.

Source of funding: US Cancer Pain Relief Committee, OSI and other non-commercial entities
shown to be efficacious in the treatment of breakthrough pain (BTP) in patients with cancer, at a dose determined by individualised titration in each patient. The aim of this analysis was to determine the likelihood of achieving a successful dose of sublingual fentanyl tablet during initial dose-finding, and describe the relationship between effective dose and baseline opioid dose.

Methods: Data were derived from 2 clinical trials (Study 1, n=131; Study 2, n=139) of sublingual fentanyl in patients with cancer-associated breakthrough pain (BTP). Both trials received IRB approval and comprised a 2-week titration phase and 12-month follow-up phase. Initial dose was 10 mcg, titrated at an effective dose (producing effective relief of all BTP episodes on 2 consecutive days) of 100-800 mcg. Relationship of baseline patient characteristics to effective dose and titration success was determined using classification tree analysis with recursive partitioning.

Results: 270 patients entered the titration phase. Mean baseline BTP opioid dose was 16.9±12.3 mg morphine equivalent, mean baseline around-the-clock (ATC) opioid dose was 192.3±44.2 mg morphine equivalent, and mean baseline BTP/ATC ratio was 0.14±0.14. Across both studies, 174/270 patients (64.4%) were successfully titrated to an effective dose (mean effective dose, 498.2±234.4 mcg). Effective dose was not significantly correlated with either baseline pain severity or baseline ATC opioid dose. Patient age (70 years and older in patients receiving ATC morphine equivalent doses ≤ 425 mg/d compared with higher doses (69.3% vs 37.5%).

Conclusion: For patients with cancer-induced BTP, fentanyl doses ≤ 250 mg/d do not significantly differ from control, whereas higher doses have a clear relationship to effective dose for fentanyl.

Abstract number: P399
Abstract type: Poster

Unpredictability of Doses of Intrathcal Fentanyl for Treatment of Cancer Pain

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Background: Intrathecal fentanyl has lower incidence of side effects such as nausea and itching than intrathecal morphine. Although relative potency of fentanyl is documented 75-125 to morphine, there are few data investigating the intrathecal potency compared fentanyl and morphine.

Method: Five patients of severe pain of lower extremities and perineum with advanced anorectal cancer who need the opioid-rotation to fentanyl due to morphine side effects were enrolled. They had the catheterization technique through the 4th lumbar interspace and administration of fentanyl (0.1-0.4 mg/d) via a MiniMed pump. When analgesia was unsuccessful, intrathecal opioid was switched to morphine from fentanyl for a day to establish the effective criteria defining an effective dose, 64.4% of patients achieved an effective dose of sublingual fentanyl. Study supported by ProStrakan and Oreso.

Successful Dose Finding with Sublingual Fentanyl: Combined Results for 2 Open-label Titration Studies

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Abstract number: P398
Abstract type: Poster

Adherence to a Prevention of Platinum-induced Polyneuropathy Using 6-month Oral Alpha Lipoic Acid

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Background & aims: Platinum-containing chemotherapy induced peripheral neuropathy causes pain, and frequently becomes a dose-limiting factor for cancer treatment. The neurotoxicity appears to be irreversible; therefore prevention of neuropathy is necessary. Our aim is to determine the effectiveness of Alpha lipoic acid (ALA, thioctic acid) can prevent peripheral neuropathy for patients receiving platinum.

Methods: Adults with planned chemotherapy who receive either 600 mg ALA or placebo three times a day for 24 weeks. Neurotoxicity is measured by FACT/GOG-NTX score, and pain was measured by brief pain inventory (BPI).

Results: Of two hundred forty three patients randomized, 56 patients completed the study. Treatment was compared for 24 weeks. At baseline, the ALA (n=122) and placebo (n=121) groups were comparable for age (58±11, 60±11 years, p=0.36), gender (51% and 49% respectively, p=0.085), prior platinum exposure (p=0.99), FACT/GOG-NTX score and BPI score. At the 24 week only 41 evaluable patients in the ALA group, and 53 evaluable patients in the placebo group. Sixty five percent drop-outs were in ALA group, and 60% drop-outs in placebo group (p=0.17). The reasons for drop-outs were: withdrawal consent
Poster sessions

(57/147, 39%), refuse to take medication or non-compliant (53/147, 24%), lost follow-up (2/147, 3%), deaths (2/147, 1%), change of chemotherapy regimen (8/147, 6%), adverse effect (4/147, 3%), and other (31/147, 21%).

Conclusion: Intensive schedules of oral agents may be particularly challenging in the symptom management phase, and strategies to gauge the pre-enrollment risk of non-adherence and monitor adherence is worthy of further exploration.

Abstract number: P402
Abstract type: Poster

Long-term Treatment Evaluation of Fentanyl Buccal Soluble Films in Breakthrough Cancer Pain Patients - An Interim Analysis

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Aim: To learn about the experiences of living and coping with chronic pain from older people living with chronic pain. This study was supported by the British Pain Society and Help the Aged (now Age UK).

Abstract number: P407
Abstract type: Poster

Clinical Benefit and Prognostic Factors of Failure to Methadone Rotation as Second Line Opioid in Advanced Cancer Patients: Preliminary Results

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Background: Older people are more likely than any other sector of the population to experience pain and suffer significantly from its detrimental impact. The management of pain is a priority in the care of older people with cancer and one of the most important aspects of end-of-life care. Yet, there has been little published about the experiences and reflections of older people living with chronic pain.

Aim: To learn about the experiences of living and coping with chronic pain from older people living with chronic pain.

Method: Two group interviews were convened with older people who had been prescribed ketamine for refractory mucositis pain over a 12 month period. All ten patients who received high dose radiation therapy (64-72 Gy) for head and neck squamous cell carcinoma. Five patients were receiving combination chemotherapy.

Discussion: Of 108 patients (66, 53/53, various tumors, 66% could be included, the majority of pts with or in the last month other than MO or combinations. M 실제로는 94 (mean), 70 had risk factors (3 neutropenic, 6 incident, 3 motion/existential), HADS-A at start was 7.7, HADS-D 10.4; D3S 3.5 (mean), pain 5.6 (mean). 6 pts were prescribed. Patients were commenced on ketamine 20mg in 10ml bistoctrucal mouthwash, 6 hours. They were advised to "stop and sp". Treatment was stopped at 13 to 36 days. The main side effect reported by patients was a stinging sensation when starting the ketamine mouthwash which was subsided. It was deemed effective and well tolerated by all patients. No central nervous system adverse effects were reported by patients. Ketamine was continued for an average of 10.5 days post radiotherapy.

Conclusion: Ketamine mouthwash is a useful and safe adjuvant treatment in the setting of radiation-induced mucositis pain. For the future we may trial starting at a lower dose of 10mgms ketamine and monitor its effectiveness.
failure of MTD. To assess the benefit of ROP from MTD to a 3rd lineOP. Ps were assessed at day 3, 7, 9, 14, 21 & 28 after MTDROP. Ps on MTD and good pain control without toxicity at day 28 will be considered responders (R). No R will ROP to a 3rd lineOP and followed until day 144. Pain was assessed using BPI torment scale.

Results: We include 56 pts (36% sample size). Mean age: 60 yrs-old. Men 64.3%. Most frequent neoplasms were: digestive 27.2%, lung 23.3%. Bad prognostic ps were excluded (p>0.05). Pts before MTDROP was (%) fentanyl 16.2, morphine 17.9, Oxycodone 17.9 & Buprenorphine 1.8. Mean Equivalent Daily Dose Oral Morfine before MTDROP was 186.6mg and Mean Equivalent Daily Dose Oral Methadone after MTDROP was 23.2 mg. Causes for R OP were(%) bad pain control 67.9, opioid toxicity 7.1 and both causes concurrently 25. After R OP, 56 of pts on MTD at day 3, 7, 9, 14, 21 and 28 were 98.2, 87.5, 80.4, 69.6, 48.2 & 35.7 respectively. Follow-up early losses occurred in 35.7% pts, mainly for administrative reasons. Nine pts failed to MTD and 6 dropped out due other analgesic procedures. MTD pts mean average pain improved from 5.3(y)0 to 3.16(y)0 in 6 days. Pain intensity scale and the functional analysis was undertaken of the relationship between each two arms. (2) the proportion of patients who achieved pain control was defined as adequate when the 5 following criteria were all met;

Abstract number: P408
Abstract type: Poster
What Is the Key Pain Assessment Question in Specialist Palliative Care Units?
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Aims: To improve the management of pain in Specialist Palliative Care Units (SPCU). It is vital that an optimal pain assessment is done. Whilst multi-dimensional pain questionnaires, such as the Brief Pain Inventory (BPI), are the gold standard, such tools are too burdensome for routine use. It has been reported that “worst pain” is the most meaningful pain assessment question in cancer patients, but the validity of this in SPCU patients has not been examined. The aim of this study is to define the most meaningful pain assessment question in SPCU settings.

Methods: A prospective study of SPCU inpatients with cancer pain. All new in-patients with a cancer diagnosis were assessed, within 24 hours of admission. Pain was assessed using the BPI. An analysis was undertaken of the relationship between the components of the pain intensity scale and the functional interference scale.

Results: The highest proportion of pain among the standard tools was the worst pain (92%), followed by BPI current pain (97.0), BPI average pain (y)0.30, and BPI average pain (y)0.30. The conclusion: The results indicate that ratings of recalled worst pain, rather than average or current pain, most meaningfully represent the functional impact of pain on these ICU patients. This is in keeping with previous findings from studies in oncology outpatients. Asking patients to recall their worst pain should be a key pain assessment question in SPCUs.

Abstract number: P409
Abstract type: Poster
Efficacy and Safety of Intravenous or Subcutaneous Oxycodone Injection for the Management of Cancer Pain: An Open Trial in Japan
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Aim: To investigate the efficacy and safety of intravenous (IV) or subcutaneous (SC) oxycodone injection for pain management in Japanese patients with cancer. Method: A multi-center, open-label, dose titration study with two arms of administration route was conducted. 72 patients enrolled in the IV arm; 20 patients the SC. The inclusion criteria was receiving scheduled potent-opioid or non-opioid analgesics without sufficient effect. Eligible patients were to receive IV or SC oxycodone injection continuously for 7 days by randomised enrollment. The primary endpoint was the pain relief rate (PRR), i.e. the proportion of patients who achieved adequate pain control over a 48-hours. Pain control was defined as adequate when the 5 following criteria were met:

(1) unchanged dose of oxycodone,
(2) the pain intensity under as “no” or “slight” on the category of the category of the pain scale,
(3) frequency of rescue-dosing no more than twice per 24 hr,
(4) tolerable in all adverse events,
(5) the unchanged dosing-regimen of analgesics or adjuvant analgesics.

The frequency, severity and causality of adverse events were recorded throughout the study. The PRRs with adverse events were compared in both arms. Result: 2 patients in the IV arm and 3 patients in the SC were excluded from efficacy evaluation: PRR was 81.4% (57/70) during 4.3±4.1 days in the IV arm; 73.7% (14/19) during 4.7±2.9 days in the SC. Nearly all of the adverse events were tolerable, recovered without sequelae and to those commonly observed in usual other patients who were treated with oxycodone (22.8%), constipation (20.7%), nausea (20.7%), and injection site erythema (35.0%). In the efficacy and the adverse events, significant differences were not found between each two arms. Conclusion: Both continuous IV and SC oxycodone injection provide an effective and safe analgesic effect for the management of cancer pain. This study is funded by Chugai Pharmaceutical Co., Ltd as the first trial of oxycodone injection in Japan.

Abstract number: P410
Abstract type: Poster
Therapeutic Value of CT-guided Percutaneous Cervical Cordotomy for Refractory Cancer Pain: A Report of Two Cases and Literature Review
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Aim: Cancer patients undergoing percutaneous cervical cordotomy (PCC) develop decreased due to the risk of complications and advances in pharmacotherapy for cancer pain management. But the CT-guided PCC has improved the therapeutic potential. We aimed to clarify the therapeutic value of CT-guided PCC in the management of refractory cancer pain. Methods: We described our experience with CT-guided PCC in two cases of refractory cancer pain. Mr. A, a 60-year old man with malignant pleural mesothelioma presented with his right chest pain caused by vertebral body invasion and nerve root irritation by the tumor. Mr. B, his 70-year old woman with breast cancer presented with neuropathic pain associated with malignant brachial plexopathy in her right arm. They had severe pain even with potent opioids, adjuvant analgesics and neuromaxical opioid analgesia with local anesthesia. Results: The patients had complete relief of their pain in the affected side by treated with CT-guided PCC. Although they had mirror pain contralaterally after the procedure, it was transient in Mr. A. In Mrs. B, mirror pain persisted for long periods, but pain intensity was lower than that reported in the affected side before PCC and fentanyl and duloxetine was effective in treating her mirror pain. Although she had transient postdural puncture headache, it disappeared completely by epidural blood patch. Other adverse effects were not found. Recent literatures suggested that in Japan CT-guided PCC were comparable to that of conventional fluoroscopy-guided PCC, but the complication rates and long-term effects appeared to be better.

Conclusions: CT-guided PCC is one of the effective approaches for patients with pharmacotherapy-resistant cancer pain. Further trials are needed to show the therapeutic value of CT-guided PCC.

Abstract number: P411
Abstract type: Poster
Assessing Total Pain in the Terminally Ill Cancer Patients in Kenyan Public Healthcare System
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The Kenyan healthcare system has focused mainly on curative approaches with little or no attention to the suffering of people faced with life limiting illness such as cancer. There is need therefore to scale up palliative care services in order to address the suffering associated with cancer and improve quality of life. Method: 251 Patients, 236 family caregivers, 5 Medical Caregivers, 24 Community Leaders and 8 Spiritual Leaders participated in the FACT-Sp and ESAS tools were used for data collection.

Findings: 35% were male and 65% were female. The mean age was 49 with a SD of 11. Female family care givers were 54% and the male were 46%. The mean age for family care givers was 42 years with a SD of 11.

Family care givers were often more educated than the patients. 39% of the patients had missed medication for lack of money. Their mean Quality of Life was 81 and that of their counterparts at 89.

Poor Wellbeing, Appetite, Pain and Fatigue were the most prevalent symptoms reported by the patients. 2 Symptom Clusters emerged; Anxiety, depression, droolingness and Wellbeing, Appetite, Pain and Fatigue. 50% of the patients reported Severe Pain and 9% reported No Pain. Concerns about Opioid use included “addictive nature, toxicity and side effects”, Only one of the participating hospitals stocked morphine. Spiritual Pain had the highest correlation to Quality of Life in comparison to functional, emotional, physical and social wellbeing.

90% of patients and family caregivers reported free communication about the illness. The data showed that communication or no communication with family markedly affected the quality of life of the patient. Recommendations: Findings may be used for benchmarking information for palliative care services. Service providers and policy makers can refer to these findings to help assess palliative care needs.

Abstract number: P413
Abstract type: Poster
Dying at Home: A Fact
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At the present time, in most European countries, only a small percentage of children with incurable illness
Abstract number: P414
Abstract type: Poster

Systematic Evaluation of Quality of Life and Symptoms in Advanced Cancer Patients between 2 and 18 Years of Age

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Objective: To assess quality of life (QOL) and symptoms in advanced cancer patients between 2-18 yrs.To explore the correlation between QOL and symptoms reported by patients and parents.

Method: Prospective, descriptive and longitudinal study.

Results: N 48 Age: median 12.5 months (26.2148) 40% of patients had palliative care. 11 patients (23%) had cancer. 15 patients (31%) had symptoms at the time of data collection. 11 patients (23%) were referred for treatment. 7 patients (14.5%) were referred for treatment.

Abstract number: P416
Abstract type: Poster

Pilot Study on Cancer Treatment Accessibility in Cameroon

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Background: The main themes include accessibility to health services, and patients/parents' perspectives of treatment accessibility. The study was conducted in 2009 in 2 hospitals in Cameroon.

Abstract number: P417
Abstract type: Poster

AIDS/ HIV Prevention in Children: An Evidence Based Approach

Cameroon. Cameroon lies on West Africa, described as a country of numerous ethnic groups. The main themes include accessibility to health services, and patients/parents' perspectives of treatment accessibility. The study was conducted in 2009 in 2 hospitals in Cameroon.

Abstract number: P418
Abstract type: Poster

Challenges in the Use of Paediatric Central Venous Access Devices in the Community

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Abstract number: P419
Abstract type: Poster

Providing Family Choice in Place of Extubation when Death is a Likely Outcome

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Abstract number: P420
Abstract type: Poster

Symptoms in Advanced Phase of Childhood Cancer: Evaluation and Approach

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Abstract number: P421
Abstract type: Poster

Symptoms of Advanced Phase of Childhood Cancer: Evaluation and Approach
1. Assessing the incidence of symptoms
2. Noting the exposure of individual care plans for each symptom
3. Assessing parents’ perception on the contribution of palliative care to the symptom control and quality of life


To communicate the experience of the development of a working team of palliative care (PC) in a children’s hospital during 1996 to 2010.

Method: Descriptive, activities presentation, care modality and team’s evolution.

Background: PC was initially delivered within the Oncology Unit (1990). Wishing to cater for the growing demands from patients with other pathologies, the PC Unit was created in 1996. Hospital (founded in 1875) is a leading tertiary care pediatric institution that deals with patient referrals both locally and from neighboring countries.

Conclusions: The team’s evolution changed over time. Now it is composed of four pediatricians, four volunteers, one pharmacist, one occupational therapist, one psychologist and one physiological supervisor.

Abstract number: P424
Abstract type: Poster

Palliative Care in a South American Children’s Hospital: A History of Fourteen Years of Work

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Results: Out of 94 children who died in our care 51 had cancer. 80% of children died at home. 30% of families lived in the slums. The data confirm a high prevalence of symptoms overall. The most common symptoms were pain (100%), lack of appetite (87%), asthenia (87%), constipation (72.9%), nausea (70.8%), dyspnoea (60%), cough (60%), irritability (66.7%) and anxiety (60%). Pain was controlled in 60% of our patients, better than dyspnoea (10%) and nausea (50%). Anorexia, fatigue and irritability were frequently rated in our survey, distressing the parents a lot. We found that not the same attention was given to the management of psycho emotional problems compared to the physical symptoms. Better symptom control was achievable earlier to palliative care. The parents’ survey showed that the palliative care team intervention had a major contribution towards symptom control and improvement in quality of life in children with advanced cancer. Parents appreciated that the child was able to be cared for at home most of the time.

Conclusions: All children experienced substantial suffering in the last period of life. Pain was better controlled and the symptoms were reduced. The palliative care interventions made it possible for the majority of children to die at home and contributed a lot to improve the quality in life for the children and their families.

Abstract number: P424
Abstract type: Poster

Systematic Assessment of Symptoms in Children with Chronic Obstructive Pulmonary Disease

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Introduction: Chronic Obstructive Pulmonary Disease (COPD) is a progressive condition that is characterized by the chronic and little reversible obstruction of the airways. In our country this condition appears as a pulmonary after-effect caused by acute lower respiratory tract infections due to Adenoviruses and Influenza. It is a very serious condition appears as a pulmonary after-effect caused by acute lower respiratory tract infections due to Adenoviruses and Influenza. It is a very serious condition appears as a pulmonary after-effect caused by acute lower respiratory tract infections due to Adenoviruses and Influenza. It is a very serious

Method: Descriptive, prospective, transversal study of patients with COPD in Pulmonary Disease (COPD) in a progressive condition that is characterized by the chronic and little reversible obstruction of the airways. In our country this condition appears as a pulmonary after-effect caused by acute lower respiratory tract infections due to Adenoviruses and Influenza. It is a very serious condition appears as a pulmonary after-effect caused by acute lower respiratory tract infections due to Adenoviruses and Influenza. It is a very serious
determined with the help of Synthesis® 7.0, a useful support received from a palliative care team

Results: so far, 5 patients have been included (mean age 8.8 yrs, 3 females). One patient died before the completion of the study, one patient was withdrawn. One girl could answer the questionnaires herself; her quality of life improved from 1 to 6 (scale 0-10) under homeopathic therapy; her restlessness was reduced from 8 to 0, and her sleeplessness was gone.

The caregivers (n=3) also saw a reduction in restlessness (mean 7.6 to 3.7), in anxiety (mean 5.6 to 3.6) in the patients, as well as a small improvement in quality of life (mean 3.6 to 4.3). Their own QOL and health did not improve during the study.

Conclusion: The data are too preliminary to allow any conclusion on the effect of add-on homeopathic treatment for children in palliative care. The study is still ongoing, and updated results will be reported.

Abstract number: P425
Abstract type: Poster

Homeopathic Treatment for Restlessness and Anxiety in Pediatric Palliative Care

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Introduction: The pediatric palliative care team in Munich took care of over 200 children and teenagers with life-threatening diseases in the last 6 years. To evaluate the usefulness of classical homeopathic therapy on restlessness, anxiety and quality of life we started a prospective observational trial with add-on homeopathic treatment.

Methods: Classical homeopathic anamnesis is performed for each patient (minimum duration 2.5 hours). The correct homeopathic remedy is determined with the help of Synthesis® 7.0, a homeopathic repertoire, and a specialized software program, ‘Radar’, under the supervision of a specialist in homeopathic medicine.

The caregivers receive three questionnaires before start of the homeopathic treatment, as well as 6 weeks and 3 months later: the HPS (scale for home-care), the SL12 (health of the caregivers) and a self-developed questionnaire about the symptom burden and quality of life (QOL) of children and caregivers. The children perform the KINH (age-bound questionnaire on QOL for children with chronic disease) and a child- oriented questionnaire about possible needs.

Results: So far, 5 patients have been included (mean age 8 yrs, 3 females). One patient died before the completion of the study, one patient was withdrawn. One girl could answer the questionnaires herself; her quality of life improved from 1 to 6 (scale 0-10) under homeopathic therapy; her restlessness was reduced from 8 to 0, and her sleeplessness was gone.

The caregivers (n=3) also saw a reduction in restlessness (mean 7.6 to 3.7), in anxiety (mean 5.6 to 3.6) in the patients, as well as a small improvement in quality of life (mean 3.6 to 4.3). Their own QOL and health did not improve during the study.

Conclusion: The data are too preliminary to allow any conclusion on the effect of add-on homeopathic treatment for children in palliative care. The study is still ongoing, and updated results will be reported.
Abstract number: P427
Abstract type: Poster
Cancer Paediatric Palliative Care in Russia: A New Step Forward

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Background: Annually 4.5 thousand new cancer cases are registered in children and adolescents in Russia. The aim of the study was to take the first attempts to describe palliative care for children with cancer in Russia and perspectives for its development.

Methods: We adopt a multimethod approach, which involves the use of evidence from published literature, the Internet resources, local experts interviews and personal communication. Data have been gathered from the following sources: (1) published articles in peer reviewed and professional journals; (2) books and monographs; (3) palliative care directories, (4) palliative care web sites, (5) grey literature and conference presentations, and (6) the opinions of experts.

Results: We found cancer hospice care services in 5 countries within the territory. They are represented by small hospices; home teams or wards in adults’ hospitals. General palliative care is provided by specialists in diverse paediatric clinical settings. Currently 2 inpatient hospices for children are under development. A lot of NGO’s and public initiatives that support medical care for social well-being of children with cancer all over the country. Among them: F. Bouchutky and Dr. Marina A. Balik in the U.S. launched a project entitled Pediatric Palliative Care Initiative for Russia. The powerful advocacy initiative “The Angel’s House” was launched in Moscow with the aim to push forward paediatric palliative care development in the country.

Conclusion: There is evidence of wide-ranging initiatives designed to create the organizational, workforce, and policy capacity for hospice palliative care services for children. Activities include: attendance at, or organization of, key conferences; lobbying by health care representatives; and an incipient service development, usually building on existing home care programs. New hospices and palliative care services are scheduled to start in 9 regions.

Abstract number: P428
Abstract type: Poster
The Dialogic Life-death in Care Provided to Adolescents with Cancer

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Objective: To understand the configuration of palliative care in the context of care delivered to adolescents with cancer and identify elements that take into consideration the complexity of the human condition.

Method: This qualitative study was based on Edgar Morin’s concept of complexity. A total of 12 adolescents, 14 family members and 25 health professionals participated in the study. Interviews and observation were used to collect data. The discussion related to empirical data was guided by the dialogic life-death in care that continuously is provided to adolescents with cancer.

Results: Disease disrupts daily activities and at the same time encourages people to look at themselves and to death that becomes increasingly present. The experience of adolescents reveals they start to experiment time with urgency and confront death more intensely. The singular way in which adolescents experience time and face death may not be in tune with care provided by the health team, considering structural, organizational and affective aspects.

Conclusion: It is in this context in which the dialogic life-death, evident in the human condition, emerges. Reflecting on the ways care is construct leads to the conception of palliative care. We share the conception proposed by the World Health Organization that does not restrict palliative care to a particular phase of the disease, but gives it into care that permanently connects the healing and palliative dimensions of care, involving the work of a team that accompanies patients with pain, diagnosis and treatment, establishing meaningful ties, from diagnosis to care or to death, when the latter is inevitable. The central idea is to find concrete conditions that implement this conception into daily practice. It implies in concomitantly considering aspects related to individual and collective goals, to the institutional context and to the health system.

Poster sessions
In Advance Care Planning (ACP) Acceptable and Feasible for People with Dementia? A Systematic Review of the Literature

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Aim: People with dementia have limited access to good quality palliative care. Advance care plans (ACP) may improve this. We aimed to review systematically the literature on ACP in dementia, in order to identify issues for people with dementia, their carers or health care professionals to address. To assess the limitations and findings of studies.

Methods: A systematic review with a broad search strategy refined on PubMed and translated for CNAM, BNI, PsychINFO, EMBASE, AMED, Cochrane Library, SIGLE and CPI (searched to March 2009). Studies were appraised by two researchers.

Results: We identified 5190 studies, 270 were included (one qualitative, 11 quantitative and 5 mixed methods). Fourteen studies were conducted in the USA, seven within Europe and one in Australia. Fourteen studies were conducted in the USA, seven within Europe and one in Australia. Seventeen studies had a focus on ACP in dementia, many in long-term care settings. In recognition of this, the National Dementia Strategy, launched in 2009, included a focus on end of life care.

Conclusion: More evidence is needed on feasibility and acceptability in dementia.

Abstract number: P434
Abstract type: Poster

Dying with Dementia in a Mental Health Unit

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Background: More patients are dying with dementia, many in long-term care settings. In recognition of this, the National Dementia Strategy, launched in 2009, included a focus on end of life care.

Methods: A systematic review with a broad search strategy refined on PubMed and translated for CNAM, BNI, PsychINFO, EMBASE, AMED, Cochrane Library, SIGLE and CPI (searched to March 2009). Studies were appraised by two researchers.

Results: We identified 5190 studies, 270 were included (one qualitative, 11 quantitative and 5 mixed methods). Fourteen studies were conducted in the USA, seven within Europe and one in Australia. Fourteen studies were conducted in the USA, seven within Europe and one in Australia. Seventeen studies had a focus on ACP in dementia, many in long-term care settings. In recognition of this, the National Dementia Strategy, launched in 2009, included a focus on end of life care.

Conclusion: More evidence is needed on feasibility and acceptability in dementia.

Abstract number: P434
Abstract type: Poster

PRISMA WP6 Expert Meeting on Palliative Care in Long-term Care Facilities

Algers G., Fassman H.R.W.1, Oomsenska-Philippen B.D.1, Ribbe M.W.2, Froggatt K.3, Deliens L.1, on behalf of PRISMA WP6
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Background: The rapid ageing of the European population will increase the needs of people with disabilities. The increasing need for long-term care services is a challenge for the health care system. The current system is under pressure due to increasing costs and decreasing resources.

Aim: To identify the major barriers and facilitators for the implementation of a palliative care system in long-term care facilities.

Methods: The meeting was organized as a workshop. The main outcomes of the meeting were presented as a workplan for the subsequent PRISMA WP6 meeting in London.

Results: The main barriers were identified as lack of resources, lack of staff training, lack of awareness of the need for palliative care, and lack of guidance from the National Resilience. The main facilitators were identified as the need for collaboration between different care providers, the need for education and training, and the need for financial support.

Conclusion: The PRISMA WP6 meeting will focus on the development of a workplan for the subsequent PRISMA WP6 meeting in London.

Abstract number: P435
Abstract type: Poster

Advance Care Planning in Terminally Ill and Frail Older People: Acceptance of Dying and Balancing Experiences, Trust and Control

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Objective: To get insight into the views and attitudes concerning advance care planning (ACP) in older persons near the end of life.

Methods: In-depth interviews were conducted in 38 elderly patients with limited prognosis recruited from a hospital and home care services, and from 14-27% of Norwegian nursing homes every year. A total of 120 cancer NH patients with matched hospital patients. Paired Samples T-Test for reported measures and Independent Samples T-Test for differences between groups will be used. Intraclass correlation coefficient analyzes by One-way analysis of variance (ANOVA).

Conclusion: Expecting new scientific knowledge which will contribute to better services for NH patients. The EAPC conference we will describe the comprehensive approach of the study protocol and stimulate further international collaboration. We stimulate other countries to develop a replica of this study in their own country, and hence, joining this international collaboration, based upon relevant experiences by an international collaboration (experts from Norway, Catalonia, Belgium, the Netherlands and England) resulting from a PRISMA expert meeting.

Abstract number: P436
Abstract type: Poster

The Impact of Introducing End of Life Pathways to Aged Care Facilities in Rural Australia

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Background: Rural Residential Aged Care Facilities (RACF) care for frail people. They are under-resourced,
and the care available is mainly generalist care. A project aimed at improving palliative care skills and knowledge in RACFs in the Murray Valley area of Australia and the primary care education for all levels of care staff and general practitioners (GPs), and the introduction of palliative care pathways to participating facilities.

Research aims: To assess the impact of introducing palliative care pathways and associated education to RACFs in rural Australia.

2. Before and after assessment of indicators of quality delivery of palliative care.

Results: Seventeen aged care facilities caring for 720 residents delivered end of life care. A model of care intervention was judged by primary carers to be of a high standard, but staff members were uncertain that they were doing the right thing, and interactions with anxious relatives were challenging. There was improved self-reported knowledge and confidence of the staff. They expressed far more confidence in approaching advance care planning and communication with primary carers. Primary care reported improved care. Successful introduction of care pathways is contingent on the pathway criteria being suited to the aged care environment; The facility having an appropriate use of hospital resources. 53 (71%) admissions were admissions via emergency ambulance, of which 177 examples of better palliative care for older people were identified from literature searches and from an international call for examples through 14 organizations, including the EAPC and the European Union Geriatric Medicine Society. 36 examples are described in the publication, and a further 141 will be available on our website (www.kcl.ac.uk/palliative). Examples were assessed for inclusion by an expert group. This publication takes both an individual person and a health system approach, focusing on examples from or relevant to the WHO European Region. The publication is intended for palliative care professionals, practitioners and multidisciplinary professionals concerned with the care and quality of life of older people.

Results: There are 177 examples of better palliative care practices for older people which are the result of an acutely ill older person. Practice examples range from improving palliative care for older people within the whole health system to specific smaller examples such as improving palliative care in care homes. Most examples await rigorous evaluation of effectiveness. This work was supported by the Maruzza Lefebvre D’Ovidio Foundation.

Poster sessions

Abstract number: P440
Abstract type: Poster

*Investigating the Myth that Older People Are Being Admitted to Hospital from Care Homes for End of Life Care* A Prospective Study between October 2009 of 75 Patients over the Age of 80 Years Admitted to Hospital from a Care Home

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Within current practice clinicians felt care home residents were admitted to hospital for end of life care that could have been managed in the care home. With deaths set to increase by 17% by 2030 (Gomes & Higginson 2008) there was a need to establish how and analyse influence admitting for informed service development. The aims of the study were:

1. Establish the number and circumstances of admissions from care homes to Accident and Emergency (A&E) and the Acute Medical Unit (AMU), followed by detailed analysis of deaths
2. Ascertain, via peer review with retrospective analysis and support, a proportion of these patients could have remained in the care home.

All care home residents admitted to A&E and AMU were identified by reception staff between June and September 2009. The authors recorded data about admission from the referral letter, ambulance and hospital notes, on a proforma. 75 patients were admitted. 14 (19%) patients died, 6 could have been managed in the care home. These admissions may have benefited from more advanced care planning and enhanced resources for symptom control. 8 died needing acute trust care (all within 8 days), which is an inappropriate use of hospital resources. 53 (71%) were admissions via emergency ambulance, of which nurses referred 90%. All deaths considered manageable in the care home came from this cohort. Critique of methodology revealed that 23 admissions were missed (it is only possible retrospectively to gain data from these two homes but on no reason to suspect bias). It is a partial myth that care home residents are admitted to hospital for end of life care that could have been managed in the care home. These are the result of an acutely ill older person. Practice development is underway with care home staff and GPs to develop plans and focused end of life care. There is recognition of training requirements for management of the acutely unwell patient also. No funding was received.

Abstract number: P441
Abstract type: Poster

Palliative Care for Older People: Better Practices

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Aims: This booklet, which was facilitated by an EAPC taskforce, is the third of a series published by the World Health Organization raising awareness of the need for better palliative care. It aims to provide examples of better palliative care practices for older people for helping in the delivery of support and ensuring palliative care is provided in modern environments.

Methods: 177 examples of better palliative care practices for older people were identified from literature searches and from an international call for examples through 14 organizations, including the EAPC and the European Union Geriatric Medicine Society. 36 examples are described in the publication, and a further 141 will be available on our website (www.kcl.ac.uk/palliative). Examples were assessed for inclusion by an expert group. This publication takes both an individual person and a health system approach, focusing on examples from or relevant to the WHO European Region. The publication is intended for palliative care professionals, practitioners and multidisciplinary professionals concerned with the care and quality of life of older people.

Results: There are 177 examples of better palliative care practices for older people which are the result of an acutely ill older person. Practice examples range from improving palliative care for older people within the whole health system to specific smaller examples such as improving palliative care in care homes. Most examples await rigorous evaluation of effectiveness. This work was supported by the Maruzza Lefebvre D’Ovidio Foundation.

Abstract number: P442
Abstract type: Poster

Clinical and Biochemical Nutritional Status among Non-cancerous Elderly Patients with Pressure Sores

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Aim: To assess clinical and nutritional status of non-cancerous elderly patients with pressure sores. Methods: Newly admitted 313 elderly patients to Hospital for Adults of Association of Volunteers of Palliative Care in Wielkopolska, Pozna, Poland were clinically assessed and 42 of them were non-cancerous with pressure sores in sacral region of 10-15 cm in diameter. Bed-bound, non-cancerous, elderly patients are at risk to develop pressure sores. Identification of nutritional problems can facilitate strategies which need to be employed in this patient bed sores at the end of their lives. Aim of this study was to investigate clinical and nutritional status among non-cancerous elderly patients with pressure sores. Results: 42 patients were recruited for this study. Clinical assessment of patients included: diagnosis, age, gender, body mass index (BMI), medical history, current diseases, pressure sore characteristics (location, diameter). Bed-bound, non-cancerous, elderly patients were asymptomatic. Pressure sores were located on sacral region of 10-15 cm in diameter. Bed-bound, non-cancerous, elderly patients were asymptomatic. Pressure sores were located on sacral region of 10-15 cm in diameter. Body mass index (BMI) was normal in 28 (66.7%) patients, overweight in 14 (33.3%) patients. Pressure sores were assessed according to Thornean scale. They were divided as patients with stage (PS) (n=11, 8.3±7.0 mmHg), stage (PS) (n=12, 8.3±7.0 mmHg), stage (PS) (n=9, 7.5±5.7 mmHg), stage (PS) (n=9, 7.5±5.7 mmHg). The positive correlation MNA-SF & G0' was observed (R=0.54; p=0.0002) and from PS to PS4 subgroups. The positive correlation MNA-SF & G0' was observed (R=0.54; p=0.0002) and from PS to PS4 subgroups. The positive correlation MNA-SF & G0' was observed (R=0.54; p=0.0002) and from PS to PS4 subgroups.

Abstract number: P443
Abstract type: Poster

Developing End of Life Care in Care Homes without Nursing: An Appraising Approach

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Background: There is little support and education in relation to death and dying for staff in care homes without nursing despite these homes supporting 6.5% of UK deaths. These homes need support and empowerment for care staff. These factors are vital if the philosophy of life in residential care homes is to be dignified and respectful.

Aim: The aim of the project was to work alongside staff using an appreciative inquiry approach in 2 residential homes in London to support and empower care staff. The following tools were used as a forum for emotional support and teaching. A reflective diary was used and a further challenge identified. Data were collected through a pre and post staff knowledge survey; and, a prospective audit of deaths regarding admissions to hospital.

Results: Results show reduced hospital admissions and an increase in discussions with residents/families. The reflective debriefing sessions were key for staff education and support. Challenges included: primary care involvement, prescribing ‘anticipatory’ medication for the last days of life, and, finding an appropriate model for monthly register discussions. Conclusion: Residential homes need increased collaboration from primary care with increased support and empowerment for care staff. These factors are vital if the philosophy of life in residential care homes is to be dignified and respectful.

Abstract number: P444
Abstract type: Poster

A Retrospective Survey of Attendance of Care Home Residents to the Emergency Department of a District General Hospital and Evaluation of Attendances with Life-limiting, Progressive Disease

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Aims: To determine the reasons for and outcomes of the presentation of patients from care homes to the emergency department (ED) of an urban district general hospital. To evaluate attendees with life-limiting, progressive disease (LLPD) ED presentations.

Method: A retrospective review of case notes of residents of local care homes presenting to the ED of an urban district general hospital over a 1 month period. Demographic, medical and outcome data of all attendances were recorded.

Results: 18 care home residents presented to the ED within the study period. 108 (78%) case notes were
reviewed. The mean age was 82 (range 45-95). 77 (7.1%) residents were transferred from residential homes and 31 (29%) from nursing homes. 5 (4.6%) abstracts and 1417 were reviewed by their general practitioner (GP) prior to hospital transfer. 52 (48%) were admitted to hospital, with a mean length of stay of 13 days (range 3-56 days). 8 (7%) died in hospital. 39 (36%) attendances were following a fall, 47 (44%) had dementia and 18 (17%) had a prior documented diagnosis of LRTI (24% Vs 7%, p< 0.05, z-test) and were likely to have documented provisional diagnoses (97% Vs 76%, p< 0.005, z-test). No statistical differences exist for likelihood of admission, length of stay and death rate between patients with and without documented LRTI (p> 0.05). However, those who had LRTI and uncontrolled symptoms were more likely to have a hospital death (36% Vs 10%, p< 0.05, z-test).

Conclusion: Few care home patients are reviewed by their GP prior to hospital transfer. Falls, dementia and LRTI are common features of admissions to the hospital. Patients with LRTI more frequently present with poor oral intake, have LRTIs and have documented diagnoses made early in admission. Those with LRTI and uncontrolled symptoms are more likely to die as inpatients.

No funding was required for this study.

Abstract number: P445
Abstract type: Poster

Palliative Care for Persons with Dementia - A Guidance for Person-centered an Gender Sensitive Communication

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Aims: This project aims at publishing a guidance on communication issues for health professionals working in any care setting where people with dementia might live and die. It is contracted by the Austrian Ministry of Health. The guidance targets at supporting professionals in dealing with challenging situations and aims to foster good communication practice in dementia care.

Methods: The guidance draws on the following data that were generated in prior research projects:
1. A systematic review that assesses the evidence of communication skills training for persons with dementia.
2. An in depth literature research on person-centered and gender sensitive communication.
3. A research project that yielded two case studies concerning methods of person centered communication in nursing homes.
4. An interdisciplinary and qualitative focus group in hospitals researching the question: what are major challenges in communicating with persons with dementia in different situations in hospitals?

Results: The guidance consists of the following elements:
1. Basic communication skills, methods and attitudes
2. Useful tools, publications and websites
3. Gender sensitive communication and gender analysis
4. Person centered communication and validation
5. Palliative Care and end-of-life Care
6. Organization development and evaluation
7. Evidence for communication skills trainings
8. Communication for different professions and organizations

Conclusion: Health care professionals in hospitals face major challenges while caring for persons with dementia. With this guidance we had gathered considerable knowledge for communication with persons with dementia in nursing homes, there is a possibility to improve communication concerning the situation in hospitals, in home care and in palliative care settings. The guidance aims at bridging this gap and transform knowledge into practice where dementia care takes place.

Abstract number: P446
Abstract type: Poster

Gender Sensitive Hospice and Palliative Care Culture in the Care for the Elderly

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Background: Palliative care for the elderly is gaining importance. When taking individual needs seriously, gender has to be acknowledged as a relevant category. Gender issues are far from being adequately addressed in palliative care research and practice in dementia care.

Aims: The present project is to unfold the diversity of meanings of gender in the context of hospice and palliative care for frail elderly. The “doing gender” of caregivers in cancer and the complex interactions between individual, symbolic and structural gender effects are subject to the analyses. Methods: In following those questions we organised a four step process:
1. A literature review was made and key researchers and experts in the field in German speaking countries were identified.
2. We invited these experts, practitioners and post graduate students to a transdisciplinary workshop, where inputs and discussions were moderated.
3. A book publication interrelated all the important findings.
4. Expert interviews followed.

Results: Findings indicate that there are basic ethical issues that are interrelated with care, body, touch and spirituality that have to be seen in discussing gender. Gender is involved in the interconnection of structures and construction of gender as well as certain symptoms as pain and depression. Diversity and organisational dimensions have to be taken into account.

Conclusion: As our findings suggest gender sensitivity is an important aspect of palliative care. It is necessary that we have to look closely on gender themes arising within care interactions. Power relations constitute an important aspect. Research projects involving the interconnection of structures and construction of gender as well as certain symptoms as pain and depression. Diversity and organisational dimensions have to be taken into account.

Abstract number: P447
Abstract type: Poster

Systematization of the Nursing Assistance for Depression in the Elderly with Palliative Care

do Amaral J.B.1,2, Vasconcelos C.D.S.1, Santos B.M.C.1
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With the population aging, Brazilian studies have demonstrated the increase in occurrence of psychiatric depression, with depression as the most common disorder for this age group. The prevalence rates vary depending on the different forms and severity of depression are taken under consideration. When depression is portrayed in the elderly with predictive care we have to recognize that in addition to this group’s peculiarities the debilitating and progressive course of the incurable disease entails a greater intensification of physical, emotional, psychological and social symptoms, reverberating in the quality of life by making the process of death full of suffering for the elderly and their families. Nurses have an important role in the care of these patients and for that reason, it systemsizes its assistance through steps that are essential to meet the needs of customer care and family members in its multiple and complex dimensions. The present article aims to present the SAM Nursing Assessment Tool with palliative care for the elderly with depression. This is a qualitative study based on literature review, with data taken from books, articles, journal websites in Portuguese and electronic media in the period between 2000 and 2008. We believe that this work contributes to a reflection on the adequate role of nurses in the nursing care for the elderly with Cerebral Insufficiency. Depression, emphasizing the role of the family in care planning.

Abstract number: P448
Abstract type: Poster

Level Two Palliative Care Provision: A Novel Sharing of Expertises

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Background: The Extended Care Unit is the largest provider of in-patient care of the three specialties on campus: Care of the Elderly, Rehabilitation and Specialist Palliative Care. The palliative philosophy guides care, with the residents and their families being treated in a holistic manner through a multidisciplinary approach. The beds are categorized as 60 Nursing Home Support Scheme beds and 40 Level 2 Palliative Care (PC 2).

Objective: The PC 2 categorisation recognises the need for continuing care amongst people with life limiting illnesses of short prognosis, when they can no longer be cared for at home. This group benefit from the expertise of healthcare professionals with additional training and experience in palliative care.

Methods: In order to support and develop PC 2 care delivery certain steps were taken including:
1. Development of an admissions policy.
2. Creation of an Interdisciplinary Admissions Committee (IBAC) involving personnel from both extended and palliative care.
3. Development of links and support from the specialist palliative care team.
4. Development of clinical governance structures

Results: Referrals are made or sanctioned as appropriate by a Palliative Care Consultant. The IMC arrange for a suitability assessment prior to admission to insure that the unit can meet the patient’s needs and expectations. Specialist palliative care support is provided through an SHO and the Palliative Care ANP on a regular basis and through integrated working with the extended care medical, nursing and the wider multidisciplinary team.

Conclusions: The objective is to provide qualitative and quantitative data to represent service provision with a view to aid further development of the service.

Abstract number: P449
Abstract type: Poster

Oral Health in Elderly Patients of the Family Medicine Clinic “Dr. Ignacio Chavez” (Mexico, City) Associated with Health Related Quality of Life

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The main causes for the loss of teeth in the population are oral cavity and periodontal disease. The quality of life of the elderly patients is affected due the eating problems and trouble in their social relations they present due to aletations in their teeth. We researched oral health and the grade of edentulism of the elderly patients trough the use of CPOD index and the Kennedy classification and associate them with life quality, nutritional state, chronic pathologies and social demographic variables. We studied 102 patients in a convenience and non probabilistic samples. It was used statistic analysis with student t, anova, Spearman coefficient correlation and SPSS program. A significant relation was found between loss of teeth with age, hypertension and speak and pronounce correctly, and between nutritional state with teeth cavity. The determining factor of oral health was found. The only dimension of oral health related quality of life associated with edentulism was speak and pronounce properly. Edentulism was not associated with nutritional state.

Abstract number: P450
Abstract type: Poster

Changing Attitudes towards Care Homes and the Elderly - A Community Health Promotion Approach

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Sones, 2004, a large London hospice has developed and delivered a successful ‘health promotion’ project with local primary and secondary schools. Children
and students work alongside dying patients and their families, creating large pieces of artwork. As part of the process, evaluation results tell us that attitudes towards hospice care have changed. The project has captured imagination and has been taken up by others as an example of practitioners working in both hospices and care homes and be picked up by others as an exemplar of promoting healthier attitudes towards the end of life, and in particular the elderly. It is the aim of the project to further develop a health promotion and community responsibility philosophy across care homes and amongst the communities within the care network. It is hoped that the project will capture the imagination of practitioners working in both hospices and care homes and that it will be the subject of further study. In the future, the project will bring the hospice education centre in the form of four education and support days over the year, where participants are invited to come together to share experiences and learn from each other. The presentation will focus on:

- Showing the results of the pilot project carried out with care homes
- Fully outlining the project as it has developed through "be a pack" pack.
- Sharing evaluation results as carried out as part of the pilot project.
- It is the aim of the project to further develop a health promotion and community responsibility philosophy across care homes and amongst the communities within the care network. It is hoped that the project will capture the imagination of practitioners working in both hospices and care homes and that it will be the subject of further study. In the future, the project will bring the hospice education centre in the form of four education and support days over the year, where participants are invited to come together to share experiences and learn from each other. The presentation will focus on:

**Abstract number:** P451
**Abstract type:** Poster

**Pharmaceutical Cost Analysis in Palliative Care**

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This retrospective study aimed to evaluate the drug utilization and related costs during the palliative phase of care in Hospital Residencial do Mar (HR Mar). A sample of 16 palliative patients from the national network of continuous care under treatment in HRMar a 2009 was chosen as our target population. We have evaluated the daily cost of drug therapy over a period of one year. Due to the daily cost dispersion in the population, three intervals of cost were considered to classify the population elements. This procedure allowed a simplification of the cost analysis and the development of a strategy for drug cost reduction.

The study shows that the costs of medication can be reduced and therapeutic efficiency can be improved through a judicious replacement of those drugs whose global consumption has the most significant impact in the total pharmaceutical budget.

**Abstract number:** P453
**Abstract type:** Poster

**Living Will Completion Rates Among Albertans, a Population Based Survey**

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**Research aims:** In Canada, living wills and advance directives have been legally sanctioned for over 10 years in most provinces. Few surveys have been done to determine the proportion of adults who have taken this step for a preferred future. A 2010 telephone survey of a representative sample of adult Albertans was undertaken to document the extent that adults thus add to a limited knowledge base.

**Study design and methods:** The University of Alberta, Population Research Laboratory added questions in their annual cross-Alberta telephone survey. In May-July, 1,203 Albertans were surveyed. This survey was conducted using random techniques to select population proportions are included for results highly (95%) representative of adults aged 18+. Data for the 7 questions and socio-demographic questions were obtained and descriptive comparative tests undertaken for initial findings on advance directives.

**Results:** Of all responders, 43.6% reported having a living will or advance directive now and another 42.1% indicated that they plan to have one in the future. Comparative descriptive findings illustrate some major differences among Albertans with regard to living will completion, findings that will be the focus of this discussion.

**Conclusion:** Albertans have a surprisingly high rate of advance directive completion. Alberta is a young province with only 10-11% consistently aged 65+, so population aging is not an apparent factor for open CPR policies. Policy change is most likely tied to the end of life. Other factors contributing to a high completion rate include: CPR decisions of the patient, and the public in Serbia, and since there are many unanswered questions in their annual cross-Alberta telephone survey. In May-July, 1,203 Albertans were surveyed. This survey was conducted using random techniques to select population proportions are included for results highly (95%) representative of adults aged 18+. Data for the 7 questions and socio-demographic questions were obtained and descriptive comparative tests undertaken for initial findings on advance directives.

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Germany were defined and prioritised. The aim of this follow-up study is the identification of concrete measures to achieve these targets.

Study design and methods: A three-round Delphi study with stakeholders acting on the meso and macro level of the German healthcare system (e.g. representatives of patient organisations, health insurance funds, politics, medical and nursing associations) was conducted. In the first Delphi round, participants were asked to propose up to five measures for each of the six key targets identified during the previous study, using a semi-structured questionnaire. The three-round Delphi methodology was inductively analysed with qualitative content analysis.

Results: In total, 107 experts responded to the first survey round, resulting in a broad range of measures for each key target on the micro-, meso- and macro-level. After data reduction, 37 measures were extracted and grouped in 6 major categories: family caregivers, qualification, quality, public relations, services, and coordination. For example, the category “family caregivers” comprises the measures: legal advice for family caregivers; professionally conducted training for family caregivers; the right to palliative care leave; extensive availability of respite care; consequent integration of family carers in decision making procedures; further development of bereavement services.

Conclusion: Since the measures were collected on a broad base including stakeholders from different relevant fields of society on part of the decision makers in the healthcare system can be expected. The range of measures on different levels of policy, especially in the first Delphi round presents a substantiated basis for the elaboration of targeted action plans to implement these measures. Prioritisation of the second and third Delphi round will provide empirical support for advocacy.

Funding: German Research Foundation

Abstract number: P458
Abstract type: Poster

The International Pain Policy Fellowship: Improving Opioid Availability and Accessibility

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Aims: The relief of severe pain, a critical component of palliative care, cannot be accomplished without improving availability and access to opioid analgesics. Unduly strict national drug control policies are relevant significant barriers to patient access to opioid analgesics. The International Pain Policy Fellowship (IPPF) program was developed to: 1) encourage practitioners from low- and middle-income countries to work with their governments to evaluate and recommend systems and policies to improve opioid availability for patients with pain; and 2) develop pain policy experts to address the existing need for opioid availability around the world. The objective of this study is to describe the progress to date resulting from the IPPF program.

Methods: Two cohorts of healthcare professionals have been awarded Fellowships, the first in 2006 and the second in 2008, totaling 17 Fellows from 15 countries. All Fellows attended an initial training session to learn about the roles and functioning of the international drug control system and create a rationale for acceptance to patient access to opioid analgesics. The International Pain Policy Fellowship (IPPF) program is a two-year fellowship, with in-country training followed by an international training program. Results: Progress made by the Fellows includes: successful importation of oral morphine; creating a center for the production of oral morphine; and working with the Ministry of Health to change the national policy of restricting morphine to inpatient use. Conclusion: The IPPF, with some of the world’s experts in opioid availability, has empowered already-entrepreneurs in the field to work with patients, and colleagues, resulting in significant progress towards overcoming barriers to opioid availability in their countries.

Acknowledgements: Fellowes, Open Society Institute, International Palliative Care Initiative and Lance Armstrong Foundation.
Dying in your Own Way. A Contribution to Advanced Care Planning in the Netherlands

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Talking about death and dying is often a taboo. The wishes of patients regarding their deaths are insufficiently known and/or not followed. To create open communication more understanding is needed due to different opinions about death and dying. In an online survey, performed by Motivaction, 1570 Dutch people were interviewed. Based on the model of Mentality, it turned out that the Dutch population can be divided into five segments. The project these five segments were the starting point for an awareness campaign and the development of specific products and working areas and various expertise in palliative care.

Abstract number: P464
Abstract type: Poster

Only Months to Live: Patients and Family Members’ Experiences of Prognostic Disclosure in Lung Cancer

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Research aims: This paper examines the impact of prognostic disclosure on patients with lung cancer and their family members. The results were drawn from a large-scale study which sought to explore the experiences of patients and their family members about discussing preferences and wishes for end of life care.

Study design and methods: The design was a cross-sectional qualitative interview study. 25 patients with lung cancer and their family members took part. They were recruited from a tertiary and local cancer centre in northern England. A constructivist grounded theory approach was used to analyse the data.

Results: Patients reported confusion from doctors’ use of numbers or percentages. Patients compared others’ prognosis to make sense of their being. A given a period of life left was reported frequently in response for a ‘time bomb’ to go off and when people outlived their prognosis family members were left ‘in limbo’. People reported shock, anger, depression and insomnia following diagnosis of a prognosis with some saying that ‘knowing is harmful’. Four patients who had lived beyond their prognosis questioned the accuracy of medical science, reported loss of faith in their physician or hoped for more time.

Conclusion: The disclosure of a prognosis caused sufficient distress in both patients, taking away the uncertainty of death and removing any sense of ‘normality’. Patients and family members reported afterwards that they attempted to avoid causing each other further distress by not talking about death and dying. These findings question who benefits from the disclosure of a prognosis, clinicians or patients?

Source of funding: The first author’s PhD research fellowship with the Dutch Cancer Support through its Research Capacity Development Programme

Abstract number: P465
Abstract type: Poster

How Do GPs Manage Depression in Palliative Care Patients? A Focus Group Study

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Aim: Depression is highly prevalent in palliative care patients. There are concerns of both under- and over-diagnosis and treatment. In the Netherlands most palliative care patients are in primary care. The aim of this study was to explore how general practitioners (GPs) perceive recognition, diagnosis and management of depression in patients in a palliative trajectory.

Study design and methods: A focus group study was used to study the perception of GPs on depression in patients in a palliative care trajectory. Purpose sampling revealed a sample GPs with different working areas and various expertise in palliative care. Cyclic qualitative analysis using constant comparative analysis by two researchers who independently coded the transcripts thematically using ATLAG.

Results: Four focus groups with 22 FPs in total (13 men, 9 women) lasting approximately 1.5 hour were held from February-April 2010. After the third focus group saturation was reached.

FPs describe the diagnostic and therapeutic process of depression in palliative care patients as a continuous and overlapping process, in which ‘attention’ for depressive conditions should be a key element. Matching the role of the GP as a continuous family caregiver, in this process, FPs have much attention for patients’ context and their family variables. They apply criteria for depressive disorder very loosely and rely much more on the context of the patient and their clinical judgment. They do not define a specific method or systematic assessment. Management is best described as supportive and discussing emotional and existential problems with patients and family caregivers. Antidepressant drugs are seldom prescribed and sometimes the help of a psychologist is asked. The FPs identify in number of factors that hamper their role in the diagnostic and therapeutic process.

Conclusion: In general GPs perceive no important problems in diagnosing and managing depression but state that there is room for improvement.

Abstract number: P467
Abstract type: Poster

Communication of Diagnosis and Prognosis to Seriously Ill Patients and Attitudes of Health Professionals and Students in Spain

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Background: In some countries such as Spain withholding the diagnosis tends to be a common practice, unlike other European countries.

Methods: Non-validated ad hoc questionnaires to measure attitudes towards communication of terminal disease’s diagnosis and prognosis were administered to 197 healthcare professionals and students; 40 Health Practitioners (HP), 68 Registered Nurses (RN), 39 Intern Medical Students and 50 Resident Medical Staff (RMS). Most were women (67%) between 25-35 years (34%). ANOVA analysis was used.

Results: All subjects believe that diagnosis and prognosis of a terminal disease should be communicated to the patient. RN perceive more clearly than other professionals that most patients are not informed (p=0.010). All subjects perceive that in most of cases, diagnosis is disclosed to the family in first place, but HP believe more strongly that this should be the proper attitude compared with other professionals (p=0.034). All groups believe that patients want to know the diagnosis of terminal illness and, furthermore, that they actually know it, even if it has not been communicated to them specifically. 91.3% of the sample would like to know this information if they had a terminal illness themselves. Among the reasons for not communicating the diagnosis, HP and RMS highlighted the patients’ right not to be informed, while RN and NS highlighted the family opinion.

Conclusion: In general, there is a conflict between what subjects perceive in their environment and what they think should be done. RN seem to be more dissatisfied with this situation than other professionals. All groups of professionals want to know and they should know in first-hand this information. They also think that this knowledge would be beneficial to not only to the patients but to be informed. Family attitude towards diagnosis disclosure, and lack of ability of the professionals to deal with bad news, might be the core of the problem.

Abstract number: P468
Abstract type: Poster

Simple Skills Secrets: Core Communication Skills for General Practitioners

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Aims: Currently senior UK cancer clinicians, who frequently have to break significant news, explain complex treatment options or discuss end-of-life issues are required to undertake 3-day national advanced communication skills training courses. It has been shown that communication skills can be learned and also that the use of open questions increases the number of patient concerns elicited. However, there are no evidence based and varying degrees of seniority across all settings and these professionals may also benefit from advanced communication skills training to increase confidence and improve patient care.

Design: We present a simple model of communication training that optimizes the number of patient concerns elicited and facilitates a patient-generated plan to address these concerns. The model is applicable to all settings and can be delivered in short education sessions, and can be put into practice as soon as it is learned, by a variety of professionals from hospital and community settings.

Results: 262 people have undertaken training in this communication model in sessions lasting from 1-3 hours. The participants work in different settings: general practices, nursing homes, hospital, hospice and district nursing teams. Both clinical and administrative staff took part. A qualitative analysis of the educational sessions showed that learners rated the course highly, felt more confident in communication after the course and also had a greater understanding of the importance of open questions.

Conclusion: Feedback from the training has been positive and many staff have been reached who would otherwise not have had the chance to undertake a longer course or the skills course. Brief interventions have been shown to be successful in patient education and we propose that the same can translate directly to the patient skills training for health professionals.
A heightened awareness of death may elevate existing issues amongst patients receiving palliative care. Some religious or spiritual beliefs take on more significance at this time and may protect against anxiety and depression. However, evidence is mixed and suffers major methodological shortcomings. In particular many studies are cross-sectional and have used measures of spiritual belief which correlate with psychological variables, artificially inflating associations. Moreover most research is US based and may not translate well to a more secular UK society. This study responds to recent NICE (2004) guidance and is driven by the research questions:

(1) Does the strength of spiritual belief alter as disease progresses?
(2) Do people with stronger spiritual beliefs experience less psychological distress?

Methods: In a prospective study, 80 patients (96% cancer) receiving specialist palliative care were seen three times over ten weeks (baseline, 3 wks and 10 wks). At each appointment they answered questions on their strength of spiritual belief (Beliefs and Values Scale), levels of anxiety and depression (HADS), distress, communication and medication, social support, and medication.

Results: Strong spiritual belief is associated with less anxiety and depression (HADS), distress, and medication. There is a lack of association between beliefs and psychological status. The association is stronger for those who have been referred more recently towards end-of-life. The lack of association between beliefs and psychological status contrasts earlier research which supports the idea that beliefs mitigate anxiety and depression in patients with serious illness.

Abstract number: P470
Abstract type: Poster

Sensitive and Professional Communication Preferences of Palliative Care Patients: A Qualitative Study
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Background: In order to deliver high quality care and support terminally ill patients in decision-making, good quality information and communication are essential. Evidence suggests that the communication skills of healthcare professionals in our own country do not achieve the desired goals of enhancing patient and family satisfaction.

Objective: To determine whether the quality of information helps to a better acceptance of prognostic and decision-making, good quality information and communication are essential. Evidence suggests that the communication skills of healthcare professionals in our own country do not achieve the desired goals of enhancing patient and family satisfaction.

Methods: 20 primary caregivers were interviewed in a palliative care unit using face-to-face open interviews, within a qualitative study addressing preferences towards the end-of-life of patients who had taken care of cancer patients hospitalized for more than 2 months.

Results: 80% of caregivers were women. 65% were aged between 35 and 49 years. They all knew what a terminal prognosis was. 58% believed that the information given to them had been correct, and 73% had been informed in a warm and sensitive manner. 82% accepted that the information given and 50% had felt anxious while being informed. The support from the team was not sufficient. They all felt that they had helped in accepting diagnosis and prognosis. 40% wanted their loved one to know all information while 34% preferred a consciense of silence within the family.

Discussion: We already know that the emotional status of caregivers is determinant in the process of coping and accepting prognosis and diagnosis. The acceptance of prognosis can be improved by accurate information delivered in a sensitive, way, as well as by the support given by a well qualified and trained team.

Abstract number: P471
Abstract type: Poster

Training in Communication Skills and Management of Cancer Patients. A Survey in Two Regional Units in Spain
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Introduction/aim: Cancer patients are a specific group that require up to a level a different approach. It is not only the diagnosis that determines their difference but also the complications and often treatment modifications. The aim of this study was to investigate the experience and training of medical personnel in communication skills and management of oncologic patients.

Methods: The sample included 35 specialists (3) and 39 residents (9) of two regional Greek hospitals (General Hospital of Komotini, General Hospital of Drama) only of clinic. The study included the in a study. A brief questionnaire has been developed. The questionnaire comprised 5 items evaluating the type of education received, involvement in communication skills training, answer options for all questions consisted of yes or no.

Results: Only 14% (5/36) of specialists had specific training in communication skills (6:15,28% during undergraduate studies) (US); 38.46% through postgraduate studies(PS) and 46.15% through interviews, discussion with more experienced colleagues(IDC); (R): 62.50%US 12.50%PS and 25%ID (31.41% answered that the diagnosis is the most difficult part in discussion with oncologic patients and their relatives) 35.47(29%) found that the most difficult task is to discuss diagnosis, 56.75% about remission and 3 (4.05%) discussing about the end of treatment and start of palliative care.

Conclusion: There are no high rates of specific training. Possible solutions to improve the current situation are:

1. Development and publication of regional guidelines.
2. Organization of local groups responsible for training in guidelines and their implementation in practice.
3. Training in communicational skills during undergraduate studies in medical schools.
4. Regular meetings in hospitals and interviews with specialists of different specialties about palliative care.
5. Hospital based training workshops and role model groups.

Abstract number: P472
Abstract type: Poster

Predictors of Patients’ Use of Cancer Support Groups: A Longitudinal Study
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Aim: Randomised controlled trials have demonstrated that patients benefit from participation in cancer support groups, but only a small minority join groups. The aim of this study was to investigate factors predicting patients’ use of support groups to inform potential future interventions to increase support group uptake.

Study design: Longitudinal study.

Sample: 192 patients with lung, colorectal (Dukes CD3) or bladder cancer (30) recruited from oncology outpatient clinics. By 12 months 41% had died.

Data collection: self completed questionnaires at baseline and two, six and 12 months follow up.

Baseline data included demographic variables, perceived social support, perceived control and distress over cancer, coping strategies, views of support groups (questionnaire designed from qualitative research), treatment modifications. Follow up data included health related quality of life, recommendations and use of support groups.

Analysis: Univariate and multivariable logistic regression.

Results: Main variables associated with inclination to join a group at baseline were use of other groups or cancer support, distress over cancer and having less existing support (p<0.01). Eight (12%) of 69 patients had joined a group at six months. Main variables associated with joining were being female, poor quality of life at two months, distress and receiving a recommendation to join a group (p<0.01).

Conclusion: Support groups may mainly be those who suffer the greatest problems and distress and have less support, although this is unlikely to mean that those with less acute needs would not benefit. Support groups use other groups and cancer support. Key to future intervention is in the finding that disadvantage plays a significant role in uptake, which suggests that recommendation by health professionals may be an effective way to increase support group use.

Funder: Dimbleby Cancer Charity

Abstract number: P474
Abstract type: Poster

Informed Care of Patients with Life-Threatening Illness: The Opportunity for Enhanced Patient and Family Satisfaction
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Introduction/research aims: The aim on specialized palliative home care (SAPV – Spezialisierte ambulante Palliativbetreuung) was implemented as a right for every patient in need in April 2007. To assess the quality of palliative care we sent questionnaires to physicians. The results can help to implement SAPV.

Methods: We have sent 600 questionnaires to randomly selected physicians in Mecklenburg-Western Pomerania/Germany in April 2008 (response rate: 34.5%) n=207). They contained 25 questions about palliative care and cancer pain therapy. We compared the results from 2008 with those of 1999 (T-Test). Additionally to the survey of 2008 we implemented 21 questions on advance directives.

Results: „Do you inform your cancer patients about the diagnosis cancer?“ 61.6% always, 33.2% often, 3.2% rarely, 2.5% never; no significant change compared to 1999 „The information of life-sustaining or life-prolonging measures in cancer patients in final stage should in principle be decided by all parties concerned (patient, family and caring team (physician, nursing staff, etc.).“ 82.2% agree, 10.7% indifferent, 7.1% disagree; no significant change (p=0.707) „In this context, it is to discuss the prognosis, 56.75% about remission and 3 (4.05%) discussing about the end of treatment and start of palliative care."

Conclusion: There are no high rates of specific training. Possible solutions to improve the current situation are:

1. Development and publication of regional guidelines.
2. Organization of local groups responsible for training in guidelines and their implementation in practice.
3. Training in communicational skills during undergraduate studies in medical schools.
4. Regular meetings in hospitals and interviews with specialists of different specialties about palliative care.
5. Hospital based training workshops and role model groups.

Abstract number: P475
Abstract type: Poster

Talk about Talking. ‘Safe’ and ‘Challenging’ Therapeutic Talk in a UK Independent Cancer Support Service
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Background and aims: The opportunity for enhanced patient and family satisfaction has been shown to be related to use of psychosocial care in supportive and palliative care settings. This abstract focuses on emotional talk as one aspect of the findings from a study examining the emotional talk of clients experiencing an Independent Cancer Support
Service (ICSS). The service provides counselling, complementary and creative therapies to people affected by cancer.

Method: Interviews regarding experiences of the ICSS were conducted with 17 clients (cancer patients (11) and family (6)). Interview data were subjected to thematic analyses based on Grounded Theory principles.

Results: The importance of an opportunity to talk about feelings was an almost universal factor in clients’ accounts of the emotional support derived from the ICSS. Clients receiving complementary therapies such as massage, reported frequently discussing emotional matters during these sessions, indicating that they valued the optional nature of emotional talk in such sessions. Conversely, clients attending peer groups or ‘talk therapies’ such as counselling often described talking in these sessions as emotionally ‘hard-work’ or ‘draining’, indicating that in such therapies a perceived obligation for emotional talk can be experienced as challenging.

Conclusions: Clients’ accounts of talking at the ICSS suggest that they engage in different types of talk in therapy sessions, which are experienced as ‘safe’ or ‘challenging’ depending on clients’ perceived level of control over the intensity of emotional expression in which they were being comfortable or ‘safe’ talking in an environment where they are able to control or titrate the amount of emotion to the袒ade of the therapeutic relationship. We suggest that what might be considered as incidental talk during complementary therapy sessions in supportive and palliative care is important to psychosocial support of these clients, and that its non-normative nature is what makes it so valuable.

Abstract number: P477
Abstract type: Poster

How Empowered Are Patients in Palliative Care?

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The Trento Palliative Care Service assists each year 500-400 cancer patients about 250 to 300 of them until their death; about 75% of the cases, the death takes place in home 20% of the cases in hospice. In 2009, 50.7% of our patients who died, had undergone “active” chemotherapy treatment in the terminal stage of their disease (during the last three months of their life). With reference specifically to these latter patients, chemotherapy was suspended, as follows: in 41% more than 60 days before their death; in 26.8% from 22 to 60 days before they died; in 19.5% from 2 to 21 days before they died. In 12.7% in their last week of dying. In a recent Bristol University study, two-thirds of cancer patients do not receive the information they need when they are about to die. Moreover, every patient, undergoing chemotherapy, had a clear awareness about the following:
1) their situation as to the evolution of the disease and the meaning of their diagnosis;
2) objectives and costs (both financial and in terms of quality of life) of the cancer treatment to which they were subjected.

In January 2010, we began a survey of all our patients, to be concluded in December 2010. The survey is based on a questionnaire that seeks to ascertain the following:
1) for all patients: their degree of understanding and awareness about their own situation (pathology, prognosis);
2) for patients undergoing chemotherapy: their understanding of the treatment’s objectives.

We are currently collecting the data, however, from a first analysis of the findings we can already infer some important considerations about the difficulty of having complete, effective communication with cancer patients, especially when the disease often no prospect of recovery.

This make real empowerment difficult for the patient, even when he/she is cared for in a palliative care setting.

Abstract number: P478
Abstract type: Poster

Emotional Reactions and Actions of Children and Adolescents against Illness Advanced Parents

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Research aims: Describing the emotional responses and thoughts of children and adolescents against cancer illness advanced parents and during the mourning. Describing the factors that may influence positively or negatively at any time (before, during and after the loss), in the welfare of the minors. Create protocols for the development of interventions and psychotherapeutic intervention tailored to our youth population, in order to facilitate them to face the crises due to the illness of the father or mother.

Study design and methods (selection criteria, variables, statistics):
Type of study: Non-randomized longitudinal descriptive study.

Patients: Children aged between 5 and 18 years of patients with advanced or terminal cancer who are making control and/or treatment at the Clinical Institute of Oncology of the University of the Hospital Girona Dr. Josep Trueta. Study population also will be the parents of these minors. The response will be attended to cancer and adolescents who have not a parent with cancer.

Results: The results will be evaluated through SPSS, and analysis of quantitative and qualitative data by means of inferential statistics, taken as the value of significance p < 0.05. Also, as a complement, there will be qualitative analysis of data obtained, then structured interviews done to parents and children.

Conclusion: There is no much research on how the distress experienced by children and adolescents who are informed of the proximity of death of the father or mother, as well as how they face it. At each evolutive stage, the child needs a type of protocols to prevent future psychopathological disorders and complicated mourning. For this, much research and development of specific programs is needed. In this study, implicitly, will support families in order to meet the needs of the child or adolescent, being itself a therapy tool, preventing emotional problems that can appear in the minor during the disease process and death of a parent.

Abstract number: P479
Abstract type: Poster

Study Circle - Dynamic Communication

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Aim: In the everyday work in a palliative care unit placed in Sahlgrenska University Hospital we found us struggling in finding a way of supporting patients’ next of kin and within the intraprofessional team.

The aim was to get a common platform how to interact with respect, tolerance and dignity for all team members (kitchen staff, secretary, assistant nurse, nurse, occupational- and physiotherapist, priest, social worker in health care, medical doctor, senior consultant).

Method: We decided to use study circle as a tool to reach our aims. Study circle is based on reading, reflection and discussion. We were trained to be study circle leaders by a recent Bristol University study, two-thirds of cancer patients do not receive the information they need when they are about to die. Moreover, every patient, undergoing chemotherapy, had a clear awareness about the following:
1) their situation as to the evolution of the disease and the meaning of their diagnosis;
2) objectives and costs (both financial and in terms of quality of life) of the cancer treatment to which they were subjected.

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Abstract number: P478
Abstract type: Poster

Spirituality, Hope and Mental Health in Breast Cancer Patients

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2Breast Cancer as the first prevalent malignant disease in Iranian woman affected the mental health and psychosocial behaviors. In the other hand the Hope and Spirituality will improve Quality and may even Quantity of life in breast cancer (BC) Patients. In this study the relation of mental health, hope and spirituality in BC cases was evaluated.

Patients and method: This is a cross sectional, correlated study which is done in 91 BC patient with at least 8 months after diagnosis, and age between 30- 60 years old, the psychological stages were I-II-III and stage IV cases were excluded. The questionnaires were GHQ-28, for mantel health; Schneider for Hope and Spiritual experience of Mr Ghohari and coworkers for evaluating the Spiritual effect. Questionnaires were completed for all cases. The data were analyzed by SPSS sops software.

Results: Mental health significantly was correlated with hope, anxiety and stress; spirituality was significantly correlated with hope and mental health. The patients with acceptable hope had negative relation with hope (P< 0.05); spirituality was significantly correlated with hope and mental health.

Conclusion: Hope and mental health improvement will affect with the quality of life in BC patients and Should be in more Consideration in their management.

Abstract number: P481
Abstract type: Poster

Clinical Supervision Experiences. Pediatric Palliative Care Team, Seven Years Sharing the Care

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Background: The Pediatric Palliative Care Team has been working since 1996. Its composition has changed over the years. Currently, it includes: four physicians, four volunteers, a pharmacist, an occupational therapist, an anthropologist and a psychologist for external supervision. In 2003, an external clinical supervision was incorporated to improve communication, integrate knowledge, skills and attitudes, optimize the performance of the team, prevent burnout, encourage growth in personal and professional areas.

Objective: Share clinical supervision experiences of the PPC team at the Children’s Hospital, during 2003 - 2010. Reflect on the benefits of supervision for the making of interventions, sharing feelings about the intensity of the task and the death of children and support of their families.

Method: The whole team participates in a two-and-a-half hour monthly supervision where: Clinical cases and/or difficult situations are exposed. Ways of intervention are agreed. Resilience in the team members is strengthened. A space for grief and bereavement of the deceased patients is closed.

Results and conclusions: After 7 years of including clinical supervision, the PPC team referred that they: Improved communication, integrated knowledge that fostered professional and personal growth, created new projects and educational activities, optimized handling of difficult cases and delivering bad news, developed attitudes to prevent burnout. Enhanced self-care in each of the members.

Abstract number: P482
Abstract type: Poster

Creating an Environment for Dialogue in Palliative Care — A Collaborative Project Involving Staff, Artists, Artisans, Patients and their Families and Carers

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Aim: To work together to create a physical setting on a palliative care ward that promotes dialogue in an environment that appeals to the patients' feelings of safety and openness.

Background: Dialogue and communication are one of the cornerstones of palliative care. Respectful and empathetic dialogue and conversation are among the most important required conditions for relieving psychological, social and spiritual existential suffering as well as alleviating physical symptoms. Furthermore, personal or recreational areas on the ward, corridors and patients' rooms are seldom designed or adapted for conversations of a serious nature. Art and handicrafts, while often present, rarely contribute towards creating an optimal palliative care environment. In addition, staff, patients and their relatives and carers differ greatly in what they perceive as meaningful stimulation for productive conversation. Certain factors such as age, background, ethnicity and the progress of the disease are significant determiners in this respect and should be taken into account.

Method: All patients and staff meet regularly for three months on a palliative care ward. Patients and their relatives and carers are invited to take part in dialogue on a "virtual room" in the broadest sense. Art and handicrafts are produced on the ward and models for "dialogue setting" are created as appropriate settings for dialogues and meeting places will be described as models but also, it is hoped, created as appropriate settings for dialogues and meetings between individuals on the ward.

Abstract number: P483
Abstract type: Poster

A Booklet for Psychologist in Palliative Care to Evaluating Distress and Identity Crisis

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Patient’s distress at the end of life is the subject of a growing number of studies since 1997 and of many works of the National Comprehensive Cancer Network. In 2009, Dr. Chochinov wrote that the appreciation of the nature of distress concerning dying and dying in oncological care. The new doctoral research, begun in 2009, is the first one taking advantage of the material obtained by psychosocial intervention with patients in palliative care. Its main objective is to study distress with psychological concepts of identity crisis and to show that they could be a cornerstone of psychological development. The secondary objectives are to create a booklet for psychologists, to identify characteristics of patients distress and to evaluate the intersubjective space created by the interviews.

Methodology: This study is observational and multi-centre. All psychologists of palliative care teams in a French region received proposals to be co-investigators during one year (2010) in using a booklet for collecting their clinical analysis. They first tested it with 23 patients. The final form of the booklet consists of 35 items to assess after interviews when the doctor has been in the patients' room. This requires from psychologists a position of meta-analysis: the patient’s mental processes and its own-transfer and interview’s situation. The relationship between the mental processes of patients and psychologists is studied via correlation coefficients and multiple significant factors. Correlation analyses of these relations during the interviews is measured by means of mixed models for repeated data, and Ancova.

Results: 147 patients and 845 interviews were assessed in the study. At mid-stage they have completed 81 booklets and 223 questionnaires. Initial results indicate a significant difference concerning distress and identity crisis. As a part of a PhD project this tool was used to model the evolution of these relations and meetings between individuals on the ward. It was possible to comparatively analyze these two case studies of psychological intervention highlighting the benefits and limitations through the demand and the patient’s own distress. Given the outcome of the consultations, we analyze the different possibilities of coming to terms with ones’ sickness, even when ones’ death is doxable for others. The process is documented on an ongoing basis through photography, interviews and diary entries.

Abstract number: P485
Abstract type: Poster

Research Methodology for Multi-site Research in Palliative Care - The Palliative Care Clinical Studies Collaborative (PaCSC) Model

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Conducting multi-site RCTs is challenging in any setting. RCTs in a palliative care require careful consideration in design and implementation to account for the population being studied. PaCSC is conducting RCTs across 6 symptom nodes (pain, delirium, breathlessness, anorexia, nausea, constipation) that has methodology specifically designed for the palliative care setting. The studies are being conducted in 14 sites and will involve recruitment of more 750 participants of whom more than 400 have already completed.

Methods: PaCSC is designed with short efficacy time points (3-7 days) and longer effectiveness endpoints including pharmacoeconomic. The reported measures are kept to a minimum to reduce burden. Support from clinical staff is vital for RCTs. All protocols have been designed with the input of the needs of the patients. To avoid burdening clinicians with trial related activities each study has broad eligibility criteria to maximize the number of potential participants. Those referred are screened by research staff against more detailed eligibility criteria. In parallel 3 focus groups with renowned experts from palliative care, public health and harm reduction was invited to a four-stage

Abstract number: P486
Abstract type: Poster

Developing and Evaluating a Specialist Palliative Care Service for People with Neurodegenerative Disorders. An Application of the MRC Framework for the Design and Evaluation of Complex Interventions

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The MRC Framework (MRC-F) for the design and evaluation of complex interventions has been proposed as a guideline for the development and the evaluation of new Specialist Palliative Care Services (SPCS).

As a part of a PhD project this tool was used to model and assess a SPCS for people severely affected by Motor Neurone Disease (ALS), Multiple Sclerosis (MS), Parkinson’s Disease and related disorders (PD s).

The 3 phases of the framework were employed: The theory / preclinical stage included an assessment of the existing knowledge by a review of the literature, to specify a research question and to plan the methodology for the following steps. The phase 1 (modelling) stage involved a specific education program for the professional members of the team and a focus group with professionals involved in the care of this sample allowed to have their point of view on the creation of the new service, to explore the existing services, collect information about the potential users. The third step consisted in an exploratory Randomized Controlled Trial (RCT) adopting the waiting list procedure aimed at assessing the impact of the SPCS on some Palliative Care Outcomes (PCO).

The main results showed a clinical and statistical significant improvement in the Quality of Life (QoL) and physical symptoms in patients with gynecological malignancy, with intense care hospital.

Conclusions: The new SPCS on some Palliative Care Outcomes has been proposed as a guideline for the development and the evaluation of new Specialist Palliative Care Services (SPCS). A question-based assessment was conducted by interviewing 22 patients and their family carers, exploring their unmet needs and expectations. In parallel 3 focus groups with professionals involved in the care of this sample allowed to have their point of view on the creation of the new service, to explore the existing services, collect information about the potential users. The third step consisted in an exploratory Randomized Controlled Trial (RCT) adopting the waiting list procedure aimed at assessing the impact of the SPCS on some Palliative Care Outcomes (PCO).

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Ethnography in Palliative Care Context: Ethical Challenges

Pastrana T.1,2, Goodwin D.1, Thomas C.1, Payne S.3

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Background: Ethnography is a well established method among qualitative researchers that provides an important contribution to the understanding of real world context and cultures. It focuses on the description and understanding of the (sub-)culture from the researcher's point of view. Therefore the following strategies are used to obtain on first hand experience (participant observation), ethnographic interviews and detailed field descriptions. Besides the ethical issues commonly associated to ethnography, in settings where participants are vulnerable or stressed raises more challenges that are under-explored.

Aim: The aim of this paper is to discuss some ethical issues of doing ethnographic observations in palliative care context.

Methodology: A healthcare was conducted in a 11-bed inpatient specialist palliative care unit in Germany as an visitor doctor from August to September 2009. Data were collected by recording field notes of participant observation and undertaking ethnographic interviews. About 184 hours participant observation and 16 informal conversations with key members of the staff (medical doctor, nurse, and psychologist).

Results: Particular ethical challenges were encountered during the fieldwork. The most important issues were:
1. management of identities,
2. observation of embarrassing painful and distressing situations,
3. management of relationships in the field, and
4. observe ethical conflicts in the field

Conclusions: The discussion will explore the significance of ethical issues for the researcher as well as the experience of the participants. Ethical issues make the conduct of ethnography challenging in ways that cannot be forever overcome. Ethical framework research skills will as a constant ethical reflection are required.

Abstract number: P489
Abstract type: Poster

Geographic Themes in Palliative Care Research

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Background: Geographically based research comprises a field of academic and clinical development which may have relevance for palliative care, especially as services expand their coverage across Europe.

Aims: To identify the main geographic themes in palliative care research; to quantify the level of development in each theme; and to identify gaps in the literature.

Method: A search of PubMed found a sample of geography-related evidence in palliative care. We analysed the abstracts of 179 articles found and compiled a list of the main themes. We examined the list of articles and re-assigned one or more theme to each record. Finally we counted the numbers of each theme was assigned to construct a frequency table.

Results: The search found 179 articles of potential interest, of which 67 included geographic content. We identified 14 themes, listed here with frequencies:
- Geographical variations in access to, or use and availability of, services [44];
- Problems of rural & remote locations [12];
- Comparative studies with data from two or more locations [9];
- Planning & provision of services using geographic data [8];
- Place of death & place of care [8];
- Geographical information systems [6];
- Ethnicity & geography [5];
- Alases, gazetteers & directories of services [3];
- Epidemiology of diseases & symptoms [3];
- Geographies of patients, families & carers [3];
- Telehealth & home-based care [3];
- Geographies of professionals [1];
- Managing space & the built environment [1];
- Industrial relations, politics & geography [1].

Conclusion: A small yet significant body of geographical research is developing in palliative care across a range of overlapping themes. We identified several themes which may be of interest to policymakers, commissioners and practitioners, but which received little attention to far. Geographically based research needs to be explored for its potential benefits to research, services and outcomes.

Abstract number: P490
Abstract type: Poster

An Investigation of the Relationship between Caring, Death Anxiety and Burnout among Palliative Care Nurses

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Introduction: “Death Anxiety” denotes the phenomenon often created by human awareness of the possibility of death. Humans are unique in that they must learn to adapt to the awareness of their own ephemeral existence. For nurses working in palliative care, death is an unmistakable reality regardless of experience and stage of training. A convenience sample of 213 nurses completed three measurement scales on death anxiety, burnout and caring. Spearman’s rho correlation was used to establish associations between variables of interest, and multiple regression to determine predictor variables of burnout.

Results: The results show a positive correlation between death anxiety and burnout. The more nurses felt unable to control psychological pain and other symptoms, the more they experienced death anxiety and burnout levels increased. Caring shows as statistically significant predictor of burnout. Hospital nurses reported higher death anxiety and burnout, whilst community nurses showed the least levels.

Discussion: These results are consistent with previous studies. High death anxiety and burnout may interfere with nurses’ ability to provide effective care or engage in reflective practice.

Implications for practice and future work: Highlighting factors that influence nurses in referring patients for clinical trials may help to identify strategies to improve future recruitment into palliative care clinical trials. A follow up questionnaire study is planned to investigate patient’s attitudes towards research.

Abstract number: P492
Abstract type: Poster

Formation of a Palliative Care Research Cooperative Group in the United States

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With the aim of establishing a network of palliative care professionals towards clinical trials within the specialty, and the level of inconvenience / intervention they deem acceptable to their patients.

Method: A questionnaire adapted from a similar Australian study was sent to 134 palliative care professionals working in hospital, community and hospital settings covering a population of 620,000 across East Kent. Participants were asked their views on clinical trials in palliative care, making use of a Likert [bipolar] and frequency scales. Forms were completed anonymously.

Results: Ninety-seven questionnaires were returned (72% response rate). 57% of responders were nurses, 20% healthcare assistants, 13% allied professionals and 10% doctors. 39% had previous experience of research. 96% indicated they would be interested in referring patients for studies that were quick and easy. 38% 4% were willing to refer patients to non-pharmacological studies, but were less interested in referring to pharmacological studies, with particular reluctance if there was a possibility of side effects.

Detailed analysis will be presented of both the quantitative and qualitative data.

Abstract number: P491
Abstract type: Poster

When is it Acceptable for Palliative Care Patients to Participate in Clinical Trials? A Survey of Palliative Care Professionals

Caufield R.1, Osbome T.1, Lobo B.1, Thorm A.1

1Pilgrim’s Hospices, Maggat, United Kingdom

Background: The need for good quality research in palliative care has been highlighted in the End of Life Care Strategy. However, it has historically been difficult to recruit palliative patients into clinical trials. The limited evidence available suggests reluctance amongst palliative care professionals to refer their patients to participate in research.

Aim: To assess the attitudes of palliative care professionals towards clinical trials within the specialty, and the level of inconvenience / intervention they deem acceptable to their patients.

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Detailed analysis will be presented of both the quantitative and qualitative data.

Implications for practice and future work: Highlighting factors that influence nurses in referring patients for clinical trials may help to identify strategies to improve future recruitment into palliative care clinical trials. A follow up questionnaire study is planned to investigate patient’s attitudes towards research.

Abstract number: P492
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Formation of a Palliative Care Research Cooperative Group in the United States

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Abstract number: P492
Abstract type: Poster

Formation of a Palliative Care Research Cooperative Group in the United States
holistic needs, decision making and the choice of place of care.
2. Staff needs and perspectives; identify the gaps in confidence in palliative care and the barriers to the delivery of palliative care, explore key strengths and challenges including beliefs, systems, culture.
3. Framework of MCQs for the identification of patients with palliative care needs, provision of care, barriers and benefits to the delivery of care, and influences on decision making.
A grant has been awarded to develop this research showing the value of this approach.
Conclusion: Identification of patient priorities and building capacity takes time but allows for a coherent and longitudinal approach to PCRC development. Collaboration raises credibility, adds capacity, is mutually beneficial, and may help develop future national research leaders.

Abstract number: P494
Abstract type: Poster
Preliminary Baseline Results from Poland of a Pan-European Phase IV Open-label Multicentre Study in Patients with Breakthrough Cancer Pain (BTcP) Treated with Fentanyl Buccal Tablet (FBT) [1]
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Fentanyl buccal tablet (FBT) is a rapid-onset opioid indicated for treating adult patients with breakthrough cancer pain (BTcP) receiving opioid maintenance therapy. FBT should be titrated to a successful dose that provides adequate analgesia with minimal adverse events. We found over 400 BTcP events, quality of life, anxiety/depression, symptoms, strengths, or costs.

Abstract number: P497
Abstract type: Poster
Palliative Care Research in an Academic Center of Palliative Care in Portugal
Barbosa A 1
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The aim of our study is to review the main research areas developed by our academic center on palliative care in Portugal. We found the following main domains: needs assessment, instrument validation, symptom assessment, quality of life, prognostication, caregivers experience and needs, communication, existential and ethical problems. We critically discuss some difficulties in developing research in palliative care in Portugal, where palliative care research is not a priority. Our center is a small academic center than other European countries, few palliative care hospital departments and department centers, limited number of beds from academic centers, ethical and practical issues on studying persons near death, few validated instruments for Portuguese population and lack of financial support.

In our academic center of palliative care 57 master theses were developed by 26 students from 2004 to 2010. The results were compared to the following methodology modalities: quantitative (27); qualitative (26); triangulation research (2) and systematic research (3).
We concluded that the main challenges for palliative care research to our center are: presentation/publication research findings, enlarging research areas, increasing coordination of different centers and integrating international surveys.

Abstract number: P498
Abstract type: Poster
Quantity, Quality and Scope of Palliative Oncology Literature
Hui D 1, Parmar H.A. 1, Diamant S. 1, Fulton S. 1, Liu J. 1, Bellamy A.1, De La Cruz M. 2, Ribeiro E. 1,2
1MD Anderson Cancer Center, Houston, TX, United States, 2University of Cambridge, United Kingdom
Research aims: The current state of palliative oncology literature is unclear. We examined and compared the quantity, quality and scope of palliative oncology publications in the first 6 months of 2004 and 2009.
Methods: We systematically searched MEDLINE, PsycINFO, EMBASE, ISI Web of Science, and CINAHL for original studies, articles and systematic reviews related to "palliative care" or "cancer" during the first 6 months of 2004 and 2009. Two physicians reviewed the literature independently and could not agree on the quality characteristic for inter-rater reliability. We summarized the publication characteristics using frequencies and percentages, and compared them using the Chi square test.
Results: 535/54738 (0.98%) oncology publications in 2004 and 678/79502 (0.85%) in 2009 were related to palliative care (P=0.02). Combining the two time periods, a large majority of the palliative oncology
Title: Reflexology in Cancer Patients with Pain in Palliative Care

Molinari M., Fernandez P., Ishikawa N.
National Cancer Institute of Brazil, Rio de Janeiro, Brazil

The concept of Total Pain is a syndrome associated with physical, social, psychological and spiritual as factors. Reflexology is the physical act of applying pressure to the feet and hand with specific thumb or finger techniques, based on a system of zones and reflex areas that reflect an image of the body on the feet and hands with a premise that such work effects a physical change and a psychological perception. The aim of this study is to evaluate the effectiveness of reflexology in cancer patients with pain in palliative care.

Method: This study is a randomized control trial, approved by the Ethics Committee and Research, protocol 82/09, with adult cancer patients at the National Cancer Institute of Brazil at Palliative Care Unit. The criteria of inclusion were: Visual Analog Scale (VAS) below 5/10 and in order to classify the pain, the Karnofsky Performance Scale (KPS) more than 40%, which allows patients to be classified as in a functional impairment. The intervention group received reflexology and the control group received superficial touch only. The Altmann’s randomized schedule was used.

Result: 40 patients have been attended, 20 patients belong to the Reflexology Group and 20 belong to the Superficial Touch. The mean age of 53 years. The majority patients were female. The Karnofsky Performance Status: 20 patients had 40%, 16 had 50% and 4 patients had 60% of KPS. The location more usual of pain reported was reported in head and spine. The majority patients were female. The Karnofsky Performance Status: 20 patients had 40%, 16 had 50% and 4 patients had 60% of KPS. The location more usual of pain reported was reported in head and spine.

Conclusion: It was noticed that reflexology is efficient in the pain control, and patients reported another benefits, like: reduction of nausea and anxiety and feel safe and calm. This research is not finished yet, and we are working on that.

Abstract number: P500
Abstract type: Poster

Introduction: Patients with cancer-related fatigue (CRF) experience greater central nervous system depression, and may be associated with a prolonged voluntary motor task (Yavuz et al. Pain Symptom Manag, 38:587-96, 2009). Based on this finding, we hypothesized that CRF patients would endure less muscle fatigue indicated by fewer changes in twitch force properties of muscle after voluntary muscle fatigue.

Method: Ten patients with advanced solid cancer and significant CRF and 12 age- and matched healthy controls performed a sustained voluntary maximum-intensity electrical pulses onto the skin surface overlying the muscle and the evoked twitch force (TF) was measured by a force transducer before and immediately after S30. Peak TF, rate of TF development, contraction time (CT, from initiation to peak of TF), and half relaxation time (HRT, from peak to 50% peak TF) were quantified.

Results: Peak TF, CT, and HRT decreased significantly (P<0.05) in CRF patients but these parameters remained the same after vs. before S30. Discussion: Because no voluntary muscle activation was involved with the electrical stimuli evoked muscle contraction, the measured TF parameters were pure muscle responses and their changes after S30 reflect effects of muscle fatigue. Minimal reductions in peak TF, CT and HRT in CRF patients suggest insignificant muscle fatigue in these individuals.

Conclusion: Task failure in CRF patients is caused more by central fatigue and less by muscle fatigue.

Abstract number: P504
Abstract type: Poster

Exercise Training in Palliative Patients with Advanced Cancer: A Non-randomized Controlled Pilot Study in Palliative Care: Investigating the Effect and Feasibility of an Exercise Program for Palliative Patients with Cancer

1Nijmegen University Medical Centre, Department of Anesthesiology, Nijmegen, Netherlands, 2Nijmegen University Medical Centre, Nijmegen, Netherlands

Background: Physical condition is the most important parameter to determine the quality of life in cancer patients with advanced cancer (PAC). Exercise programs have proven positive effects on physical and QOL outcomes, as well as (physical) limitations during the exercise program.

Study design and methods: A non-randomized controlled study. All patients attending the outpatient clinic of an academic hospital during the inclusion period (March to April 2010) without curative options, physical and psychological ability and able to walk 6 minutes were included. The program consisted of graded exercise adapted to individual limitations of the patients, consisting of aerobic and aerobic exercise, 2 weekly during 6 weeks. Outcome measures were feasibility outcomes, muscle strength, aerobic functional fitness, QOL, fatigue, physical functioning, social functioning, mood status and pain.

Abstract number: P502
Abstract type: Poster

Development and Beneficial Outcomes of the International Collaborative OPCARE9: International Young Researchers Going Hand in Hand

Raimanns N.1, Brege C.1, Domenet F.1, Galbusero M.1, Jorge M.1, Lindquist O.1,2, Lundh Hagelin C.1,2, Popa M.1,2, ‘Scherer S.1, on behalf of OPCARE9, ‘Erazmus MC, Department of Anesthesiology, Rotterdam, Netherlands, 2Erazmus MC, University Medical Center Rotterdam, Department of Medical Oncology, Rotterdam, Netherlands, 3Hasselt, Marie-Care Palliative Care Institute, London, United Kingdom, 4Cantonal Hospital St.Gallen, Centre of Palliative Medicine, Switzerland, 5University Hospital Cologne, Department of Palliative Medicine, Cologne, Germany, 6Kaid-functional Muscular Fatigue in Palliative Care: A Non-randomized Controlled Pilot Study in Palliative Care Investigating the Effect and Feasibility of an Exercise Program for Palliative Patients with Cancer

1Nijmegen University Medical Centre, Department of Anesthesiology, Nijmegen, Netherlands, 2Nijmegen University Medical Centre, Nijmegen, Netherlands

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Deep Palliative Sedation in Hospice and Home Care: A Multicentric Prospective Italian Study* 

Zwoz FM1, Sardo V1, Guardamagna VA1, V1, Pinesan C1, Marnoni L1, Cesarini E1, Moro G1, Garbagnate Milanese, Italy, 1Federazione Cure Palliative, Italian Palliative Care ptu.

Study design and methods: Prospective (same 15 days enrolment period), multicenter (46 Italian Palliative Care Units), observational study. Data collection period/patient: 5 weeks/Hospice pts (max TS in HO); 9 weeks/Home care pts (max 19 HO) or until death ("F" code). 

Results: Patients enrolled: 979 (53% female, 18-98 years-old; 91% cancer pts); 203 (31%) in HO, 190 (37.3%) in HOCA and 6 mg in other assistance settings. At the end of study (max TS in HO and max19 in HOCA) died pts were 80% in HO and 71% in HOCA. DOP treatments were 65% of all pts in HOCA vs 20% in HO (4.5% vs 21.9%). DOP between 24-72h was used more in HOCA than in HO (30% vs 4.5%). In 10.2% of cases pts were deeply sedated for ≥3 and ≤7 days; 4.5% of pts for >55 years-old; 98% cancer pts), 203 (51%) in HOCA, 124 (20%), 151 (21%) and 26 PAC participated, during the training period. 

Abstract number: P505 

Abstract type: Poster 

Demographic Predictors of Symptom Prevalence in Advanced Cancer 

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Background: Knowledge of the demographic predictors with the strongest impact on symptom prevalence can facilitate symptom management. We aimed to identify the dominant predictor of symptoms from age, gender, performance status (PS), and treatment status. 

Methods: Recursive Partitioning Analysis (RPA) identified the dominant predictors of 38 symptoms in 948 consecutive patients. RFA split data into two categories. It assessed all possible data splits for the four variables and selected the one that maximized the prevalence difference between the two categories. 

Results: Median age was 65 (range 12-94 years), 55% were male, 34% had ECOG PS ≤3. Most common cancers: lung, gynestutinary, gastrointestinal. Gender was not a dominant predictor for any symptom. Age was the dominant predictor for 8; the influence was unidirectional. Head/neck and pancreas cancers individually were both dominant predictors for dysphagia and belching, respectively. Only 2 symptoms (aches/pains, dream) had no dominant predictor. 

Conclusions: 36 symptoms had a dominant demographic predictor. Age was the dominant predictor for 8; the influence was unidirectional. Head/neck and pancreas cancers had clinically and statistically significant influence over symptom prevalence. Symptom profiles based on dominant demographic predictors may be present in advanced cancer.

Abstract number: P506 

Abstract type: Poster 

It’s More than CYP! Drug Interactions in Palliative Care 

Gartner L1,2, Ruben K.1, 3, Schleign K.4, 5, Volte B.1,2, 4, 5 

1University Hospital Cologne, Department of Palliative Care, Germany, 2Center for Integrated Oncology Cologne Bonn, 3Department of Palliative Medicine, Cologne, Germany, 4University Hospital of Cologne, 5Trials Centre Cologne (BMI 01K07006), Cologne, Germany, 4Kronen Pharmacy, Hospital and Community Pharmacy, Wesel, Germany, 5Working Group Pharmacies of the German Association of Palliative Care, Berlin, Germany 

Introduction: This study aims to identify substances with high or low risks of inducing drug-drug interactions (DIs) and provide practical guidelines. 

Material and methods: Retrospective systematic chart analysis of 200 consecutive inpatients. ORCA (Ontsional Rেcification of Drug Interactions), the recently developed and internationally advocated classification system was applied using the national database of the Federal Union of German Associations of Pharmacies (APG, Germany). 

Results: In 151 patients (75%), potential DDIs were identified. In these 151 cases 631 theoretically possible DUs were reported. Relatively safe were lorazepam, opioids (not: methadone), non-opioids (not: NSAIDs), proton-pump inhibitors, metoclopramide, dopamine antagonists, antihistamines, NSAIDs, (Levo-)methadone, amitriptyline, carbamazepine and diazepam, fuurosemide. 

Discussion: Opioids (not: methadone), non-opioids (not: NSAIDs) and ko-analgesics (exept fentanyl) were generally safe. Most relevant DDIs were associated with select compounds at histamine, acetycholine and dopamine receptors as well as to NSAIDs. Even in the last hours of life substances (e.g. anticholinergic drugs) produced relevant DIs of agitation/delirium) that cannot be monitored due to the patients limited ability to communicate. Since in these other substances were detected in our patient population we have recently been identified to be relevant for DIs in other countries (e.g. phenytion, vitamin K antagonists, tramadol), these were included with a specific remark in the practice guideline (red/green and ghost flags) provide in this article. 

Conclusions: The number of potential DDIs can be limited if a few facts are considered. Therefore, a concise synopsis of this publication is presented as a “flag” system and “road map”. 

Abstract number: P507 

Abstract type: Poster 

Prevalence and Clinical Relevance of Mucocutaneous Fungal Colonization in Palliative Care and other Vulnerable Palliative Patients 

Poster sessions (Thursday) 

P508 

Prevalence and Clinical Relevance of Mucocutaneous Fungal Colonization in Palliative Care and other Vulnerable Palliative Patients 

Introduction: We included all those patients who were in our palliative care program and didn’t have any exclusion criteria. 

Methods: Descriptive study from June to September 2011. 

Poster sessions
Symptoms which varied by PSG in both prevalence & severity. 12 of these varied by PSG in both prevalence & severity, half were gastrointestinal symptoms. Conclusions: The prevalence of the bad quality sleep was similar to others studies in palliative care. Although it is important that there was relationship between some symptoms and “poor sleepers”, it’s true that the strength of association was weak. It’s necessary to do more research with bigger samples and with more balanced groups in sleep quality.

Abstract number: P513
Abstract type: Poster
The Impact of Breathlessness in Patients with Intractable Malignancy - A Qualitative Study

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Background: Lung cancer and mesothelioma are commonly associated with dyspnoea. Non-pharmacological symptom management programmes have been available in this trust for a number of years. We report the personal experiences of 9 patients with cancer and dyspnoea, before the intervention.

Methods: All patients completing the programme in North Tyneside General Hospital, including chemotherapy, radiotherapy and palliative care, were eligible. Participants completed in depth, semi-structured interviews, which were analysed by interpretative phenomenological analysis (IPA). Interviews were continued until a saturation of themes was achieved.

Results: 9 interviews were completed. In terms of individual experiences of the condition, its consequences and the breathlessness experience, 4 major themes were identified. These are summarised as: i) The lung cancer illness, ii) Coping with breathlessness, iii) The breathlessness experience, iv) Consequences of breathlessness.

Conclusion: These include social and functional impact, loss of independence and quality of life. Further research is required to determine which symptoms represent clinically relevant CRF.

Abstract number: P514
Abstract type: Poster
Implementation of the Victoria Bowl Performance Scale

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Background: Knowledge of differences in symptom prevalence and severity between cancer primary sites may help understand symptom pathophysiology. We examined the symptom prevalence & severity between different cancer primary sites, symptom prevalence & severity.

Methods: We retrospectively analyzed 38 symptoms in 796 consecutive cancer patients. Because of small patient numbers for certain primary sites, we empirically formed 12 primary symptom groups (PSGs). Symptom prevalence (frequency mild, moderate severe) were compared among 12 PSGs using Chi-square test. Pairwise comparisons were done to determine which sites differed. A p-value of < 0.05 indicated statistically significant differences between symptoms in the same symptom group.

Conclusions: There were statistically significant correlations (p≤0.295) and well-being (p≤0.24; p<0.05).

Abstract number: P515
Abstract type: Poster
Cut-off Points for Cancer-related Fatigue. Where Do We Stand?

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Background: Cancer patients are usually screened for cancer-related fatigue (CRF) using a 0-10 numeric rating scale. For both research and clinical practice, limitations of self-report measures are well-known, and the exact definition of satisfactory bowel function varies. Bowel dysfunction is a common symptom in cancer patients, and the BPS is the most-validated tool for bowel dysfunction. Bowel dysfunction was extensively studied in patients with cancer. The aim of this study was to examine the relationship between the BPS and the BPS score in patients with cancer.

Methods: We conducted a systematic review of studies published in PubMed from 1966 to 2018. We included studies that examined the relationship between the BPS and the BPS score in patients with cancer. We excluded studies that did not report the BPS score in patients with cancer.

Results: We identified 10 studies that met the inclusion criteria. In these studies, the BPS score was correlated with the BPS score in patients with cancer. The relationship was significant in all studies.

Conclusion: The BPS score is significantly correlated with the BPS score in patients with cancer. The results of this study support the use of the BPS score in patients with cancer.
Pharmacological Management of Anorexia: A Randomised Double Blind Multi-site Placebo Controlled Parallel Arm Trial of Megestrol Acetate and Demethasone in People with Advanced Cancer

courvoisier D.C.1, Martin P.1, Abernethy A.1, Bauer J.1, Tuttellall M.2, Bochner F.2, jato1 A.2, Eckerman S.3, Clare P.3, Hadgraft J.1
1Flinders University, Department of Palliative and Supportive Services, Daw Park, Australia; 2Barwon Health Palliative Care, Geelong, Australia; 3Duke University Medical Center, Durham, NC, United States; 4Wesley Research Institute, Auchenflower, Australia; 5University of Sydney, Dept of Medicine, Sydney, Australia; 6University of Adelaide, Pharmacology, Adelaide, Australia; 7Mayo Clinic, Rochester, MN, United States; 8University of Wollongong, Wollongong, Australia; 9Memorial Sloan-Kettering Cancer Center, New York, NY, United States;

Background: Anorexia is a common and distressing problem associated with reduced quality of life-limiting illnesses. Demexathone is widely used as an appetite stimulant, and is inexpensive. However, there is no clear evidence for its net clinical benefit and there is a lack of clinical consensus on optimal dose/regimen/duration in this population. Megestrol, on the other established treatment and there is Level I evidence for its efficacy as an orexigenic agent in advanced cancer but cost-effectiveness has not been established. Despite the evidence, megestrol is not currently prescribed extensively as an appetite stimulant to advanced cancer, mainly due to its cost. The results from existing studies do not provide sufficient evidence of the net clinical benefit, relative efficacy, toxicity, or cost benefit of these two agents in people with advanced cancer receiving palliative care. Such people are likely to be sicker and have a shorter survival than those in the previous studies, and the principal aims of therapy (appetite stimulation and quality of life vs. weight gain and improved function)

Aims: The primary aim is to compare megestrol acetate versus placebo and dexamethasone versus placebo in terms of ability to stimulate appetite. Secondary aims are to compare relative consequences of therapy and hence net clinical benefit and net benefit.

Study design: Double blind, multi-site placebo controlled, randomized Phase III trial of 3 arms: megestrol acetate 480 mg/day vs. Dexamethasone 4 mg/d vs. placebo. People with advanced cancer receiving chemotherapy (74) and the appetite will be eligible to participate. A sample size of 165 people who complete 1 week of treatment is required. to date, 67 people have been randomised.

Abstract number: P517
Abstract type: Poster

Review of Red Cell Transfusions in a Specialist Palliative Care Setting

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1Mount Vernon Hospital Cancer Centre, Northwood, United Kingdom

Introduction: Red cell transfusions are used in palliative care to improve symptoms. Whilst there are national guidelines for the use of red cell transfusion, there is no clear guidance to support the clinical judgment for transfusion in the palliative care setting. Likewise, there is not with risk and benefit resource implications. We therefore set out to review our practice in a specialist palliative care unit.

Methods: The Patients undergoing transfusions during a 6 month period were identified and case notes reviewed. Data were sought for patient demographics, indications, pre-transfusion Hb, evidence of response to transfusion.

Results: Of 29 transfusion episodes in 24 patients. All patients had advanced malignant disease. Case notes review of 19 patients (11 m; 8 f; mean age 71 years; range 49-88) who received 23 transfusions (49 units) showed mean pre-transfusion Hb was 8.3g/dl (range 7.6-10.2). Target Hb levels were not set and there was no evidence of hematologically justified transfusions. The anaemia was normocytic in 86% of patients. Fatigue (17/23) was the main trigger followed by dizziness/fainting (5), low Hb (5), dyspnoea (3) and other (3). Mean number of units transfused was 2.1 (range 1-4). Blood was administered per standard protocol without complications. A discussion of transfusion risks/benefits was recorded in 9/23 episodes. Benefits were documented in 17/23 and symptomatic benefit was recorded in 12 (52%). Four patients died within 14 days of transfusion.

Conclusion: Our findings confirm symptomatic improvement occurs about 50% of transfusion episodes but it is difficult to predict who will benefit or whether transfusing to a target Hb will improve this. A more structured evaluation and documentation of anaemia related symptoms and response to transfusion may help to inform future decisions, particularly in patients receiving transfusions repeatedly.

Abstract number: P518
Abstract type: Poster

Palliative Hypofractionation Irradiation of Elderly Patients with Breast Cancer

Bajo Lázaro E.1, Domínguez Rodríguez M.1, Matute Carmasa D.M.1, Fernández Condejo M.E.1
1Hospital Juan Ramón Jiménez, Radiation Oncology, Huelva, Spain

Purpose: The incidence of breast cancer in elderly patients is increasing. As they are usually diagnosed at advanced stages, due to comorbidity, these patients often do not receive the standard therapy of patients of other age groups. This retrospective study was undertaken to evaluate early and late reactions and local control of elderly breast cancer patients treated with adjuvant or palliative once-weekly hypofractionated radiotherapy (RT).

Methods and materials: From May 2002 to July 2009, 16 elderly patients (median age 77 years with breast cancer were treated with adjuvant or palliative hypofractionated RT. The clinical stage distribution was as follows: stage II after breast conservative surgery in 43.75% and locally advanced unrespectable tumor in 56.25%. Oestrogen receptors were present in 87.5%, and progesterone receptors in 81.3%. RT was delivered once weekly in five fractions of 7 Gy to a total dose of 35 Gy to the tumour bed or surgery.

Patients with inoperable tumours received seven fractions of 7 Gy to a total dose of 49 Gy. Adjuvant hormonal therapy was given in 81.3% of patients. The median follow-up was 48 months.

Results: All patients had some degree of early skin reaction, mainly grade 1 (7,14%) in the group receiving 35 Gy, and grade 2 (55,6%) in the group receiving 49 Gy.

There were no cases of local recurrence in patients treated with surgery and radiotherapy. All patients with local recurrence were performed a partial with a response median of duration of response of 27 months.

Conclusions: Hypofractionated RT scheme provided a good long-term local control and resulted in mild early skin reactions. We recommend this scheme of treatment in patients with breast cancer who have difficulties sustaining daily treatment because of old age or disabling associated disease.

Abstract number: P519
Abstract type: Poster

Hypothyreosis - An often and Easy to Treat Co- morbidity in Palliative Care!

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Several patients throughout the last years on our palliative care ward were diagnosed with a hypothyreosis as a reason for fatigue and depressive symptoms.

A substitution of L-thyroxin increased the activity level and psychological wellbeing of a lot of patients which had a manifest hypothyreosis before. The research aim is to show the correlation of hypothyreosis as a common co-morbidity in palliative care which can be treated easily and that thyroid suppression is therefore a reasonable therapy to treat a palliative care ward.

In the first part of our study we retrospectively analysed in 84 patients between 1/1/09 and 09/31/10 a tsh-level was measured and how often a hypothyreosis was diagnosed. In the second part we implemented the HRT into our daily routine and to our standard laboratory tests on admission to our ward and quantitatively analysed how many patients between 08/01/10 and 04/30/11 had a hypothyreosis and to what reason.

465 patients were included into the retrospective study. A tsh-level was measured in 7.7% of all patients. More than 47% of the tested patients had a manifest hypothyreosis.

In the group with routine tsh-test on admission about 60% of our patients had a tsh-test (indication for laboratory test had to be given). Nearly 7% had a hypothyreosis due to different reasons (German classification: 2%). Treatment of hypothyreosis could successfully improve fatigue and depressive symptoms in most of these patients when indicated to do so. Also the careful i.-application of L-thyroxin is probable in palliative care.

Hypothyreosis is a common co-morbidity in palliative care. It may cause fatigue and depressive symptoms, and in most cases it can be treated non-invasive with low-costs and with short treatment duration. A tsh- measuring is a reasonable lab-test in palliative care setting to identify a reversible method to improve the patients' quality of life.

Abstract number: P520
Abstract type: Poster

Cognitive Assessment of Cancer Patients in Palliative Care: A Systematic Review

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Aim: Proper cognitive assessment in palliative care cancer patients can improve therapeutic plan and research. This review aimed to identify the instruments used for cognitive assessment in this population.

Methods: Search based on the question “What are the instruments used for cognitive assessment of cancer patients in palliative care?” MeSH terms and words related to neoplasm, palliative care, cognition and assessment composed the search strategy. Results were performed on PubMed, Cinahl, Lilacs, Embase, Scopus, Web of Science, Psycinfo and Cochrane in May 2010. Articles inclusion criteria: instruments for objective measurement of cognitive function, palliative cancer patients and published in English, Portuguese or Spanish. Exclusion criteria: instruments for anxiety/depression/mental disorders/organic changes, case studies and reviews. Studies were analyzed regarding design, instruments characteristics and prevalence of dysfunction.

Results: From 468 abstracts, 24 were selected. Eight were controlled trials (6 randomized), 15 observational studies and 1 validation study. Twenty- one general and specific instruments to assess one or more functions were applied alone or in combination. The Mini-mental State Examination-MMSE (15/24), Trail Making Test (7/24) and the Wechsler Adult Intelligence Scale (4/24) were the most used. Seventeen tools were paper/pencil tests and 2 computerized tests. 13 instruments did not only assess MMSL was previously validated in cancer patients. The prevalence of cognitive dysfunction ranged from 7.4% to 49% and deficits in memory and fine motor coordination were the most captured.

Conclusion: A wide range of cognitive dysfunction prevalence was observed and memory and fine motor coordination were the most affected. Only one instrument was validated to palliative care cancer patients and few studies were found, which weaken the data. Validated instruments can provide more accurate cognitive assessment of cancer patients in palliative care.

Abstract number: P521
Abstract type: Poster

The Experiences of Patients with Malignant Ascites

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1Sus Ryder Care, Gloucestershire, United Kingdom

Research aims: To explore cancer patients’ experiences of living with ascites including their perceived quality of life before and after treatments; the role of semi-permanent drains and views of potential research in this area.

Study design and methods: Cancer patients with ascites have been / are being purposively selected according to their experiences of ascites management (diuretics, paracentesis performed in hospital ward, radiology, trochars, semi-permanent drains).

Consenting patients participate in tape-recorded
Poster sessions

Hanada R.1, Kawahara R.1
1Nissay Hospital, Anesthesiology, Osaka, Japan

Abstract number: 160
Abstract type: Withdrawn

Title: Role of semi-permanent drains - convenience and impact on self-image

Emerging themes from preliminary analysis are:
1. Participants reported that drains were a nuisance and caused inconvenience.
2. There was a significant impact on self-image.
3. Drains affected daily life activities.

Conclusion: Drains are often necessary in advanced cancer patients, but efforts are needed to minimize inconvenience and impact on self-image.

Abstract number: 252
Abstract type: Poster

The Effects of Rikkunshito Suppository for Nausea and Vomiting in Cancer Patients

Nissho Hospital, Anesthesiology, Osaka, Japan

Background: In palliative care patients, the quality of life is often compromised due to adverse effects from chemotherapy, opioids, or tumor invasion, which cause symptoms such as nausea, vomiting or anorexia. Rikkunshito (TJ-45; Tsumura & Co., Japan), a traditional Japanese medicine composed of eight herbs, has been recently garnered attention in Japan for ameliorating upper gastrointestinal symptoms. Over the past few years, TJ-43 has been reported to improve appetite by promoting ghrelin secretion. However, TJ-43 is only available in oral form, thus patients with ingestion distress may not be able to take the drug. We therefore developed a suppository form of TJ-43 with the approval from Nissho Hospital Ethical Review Board. Here we report the efficacy of this suppository in palliative care of cancer patients.

Methods: Six subjects (4 females, 2 males) aged 59-78 years with malignancies affecting the liver, uterus, breasts, or brain were included. TJ-43 suppositories were given to patients by rectal administration on days 1-7. Changes in dietary intake, nausea, vomiting, and appetite were assessed. Changes in appetite were evaluated with the Filatov appetite scale on days 1, 5, and 7.

Results: TJ-43 suppositories were significantly improved in appetite and nausea compared to baseline. The appetite score improved from 2.9 (range 1-5) to 3.6 (range 1-5) on day 5 and 3.7 (range 1-5) on day 7. Nausea score also improved from 2.3 (range 0-4) to 2.0 (range 0-4) on day 5 and 1.8 (range 0-4) on day 7.

Conclusion: TJ-43 suppositories are an effective and convenient treatment for nausea and vomiting in palliative care patients with ingestion distress. As oral administration is often problematic for advanced cancer patients with swallowing difficulties, suppositories may be particularly useful in palliative care.

Abstract number: 253
Abstract type: Poster

Use of Methylnaltrexone in Opioid Induced Bowel Dysfunction

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Background: Opioid induced constipation is a significant problem for patients on opioids for cancer pain. Methylnaltrexone (MNTX) is a peripheral mu-receptor antagonist that blocks the peripheral opioid receptor and is responsible for opioid induced bowel dysfunction. MNTX does not cross the blood brain barrier, therefore it does not block central opioid receptors, thus retaining central analgesic properties of opioids.

Aim and method: To establish whether MNTX is effective in treating opioid induced bowel dysfunction in cancer patients. This is a prospective case note review of all patients who have received MNTX in the palliative care unit from January 1997 to June 2010 at Palliative Care units and the acute cancer hospital in a city in the United Kingdom. A total of 39 patients with a wide range of malignancies underwent administration of MNTX during this period. The average age was 72 and included 9 males and 30 females. The opioids and the dose of MNTX used was 8mg subcutaneously for patients below 61 kg and 12 mg for patients above 61 kg.

Results: A total of 26 administrations of MNTX during the period from Nov 2009 to June 2010 of which 6 were excluded from the audit due to lack of record of time of administration. The dose of MNTX used was 8mg subcutaneously for patients below 61 kg and 12 mg for patients above 61 kg.

Conclusion: MNTX is an effective treatment in the management of opioid induced bowel dysfunction when conventional laxatives have failed. It is well tolerated and has minimal opioid antagonist properties. It can be administered in the community and can thus avoid unnecessary hospital admissions.

Abstract number: 252
Abstract type: Poster

Use of Somatostatin analog to treat terminal symptoms in Advanced Cancer

Sapporo, Japan

Objective: We occasionally have to care not only refractory pain but also manage the terminal symptoms by ketamine administration as adjuvant for opioid in the palliative care unit. The efficacy of ketamine for the terminal symptoms as well as refractory cancer pain are evaluated.

Methods: Patients who were administered ketamine for some terminal symptoms in the palliative care ward in KKR Sapporo medical center from 2009/9 to 2010/9 followed retrospectively. Patients charts were checked 1) the age, 2) gender, 3) the reasons of ketamine administration, 4) opioid dose, 5) duration of medication, 6) initial dose and 7) maximum dose of ketamine.

Results: The number of patients who were evaluated was a Japanese version of the Support Team Assessment Schedule (STAS-J) on the first day of administration and on the day after maximum dose of medication. Adverse events were also evaluated.

Conclusions: We occasionally have to care not only refractory pain but also manage the terminal symptoms by ketamine administration as adjuvant for opioid in the palliative care unit. The efficacy of ketamine for the terminal symptoms as well as refractory cancer pain are evaluated.

Abstract number: 257
Abstract type: Poster

Is Ketamine Effective to Terminal Symptoms of Advanced Cancer?

Takigawa C.1
KKR Sapporo Medical Center, Palliative Medicine, Sapporo, Japan

Aim: We occasionally have to care not only refractory pain but also manage the terminal symptoms by ketamine administration as adjuvant for opioid in the palliative care unit. The efficacy of ketamine for the terminal symptoms as well as refractory cancer pain are evaluated.

Methods: Patients who were administered ketamine for some terminal symptoms in the palliative care ward in KKR Sapporo medical center from 2009/9 to 2010/9 followed retrospectively. Patients charts were checked 1) the age, 2) gender, 3) the reasons of ketamine administration, 4) opioid dose, 5) duration of medication, 6) initial dose and 7) maximum dose of ketamine.
to 0.9 by STAS significantly. Adverse effects were sleepiness, dizziness and headache. 2 patients discontinued PCA bolus shot, one patient ceased administration due to severe side effects. We need to verify the ketamine’s clinical usage in the prospective study for each symptom.

Abstract number: P528  
Abstract type: Poster  

Relaxation Therapy for Sleep Disorders in Palliative Care: A Randomized Study  

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Background and objectives: Prevalence of sleep disorders in patients with advanced chronic progressive illness varies between 24 and 95%. The relaxation therapy, can promote sleep through relaxation techniques and visualization, and thus avoid the use of sleep medication. The aim of this study is to demonstrate that, if the somatic causes of sleep disorders are under control, relaxation therapy in hospital promotes sleep and sleep continuity.

Design: Prospective randomized study with an immediate intervention group (II relaxation D3-D7) and a delayed intervention group (II: Sophro, D8-D9), which began on 1.1.2009. The intervention consists of a technique of relaxation therapy of 10 minutes per session and a CD that the patient listens before falling asleep. analogue scale (VAS) between 0 and 10: VASSS. The taking of sleeping pills was recorded.

Intermediate results: 17 (9.1%; 8) included patients (mean age 63 ± 13.5. 10 patients had cancer. Physical demographics data of two groups were similar (P = 0.05). Sleep disorders were mainly difficulties of falling asleep, 10 patients had pre-existing sleep disorders. Physical symptoms were controlled (VAS ≤ 5). Respectively 10 and 7 patients had a diagnosis of depression and anxiety possible or probable. All patients were discharged from hospital. The VASSS ad inclusion was: 4.9 ± 2.7; II: 4.4 ± 1.2; ID: 5.1 ± 3.5; P < 0.5). The VASSS at D4 (II: 0.7 with no relaxation therapy recorded) was similar in two groups: II: 5.3 ± 2.9 and ID: 3.4 ± 0.8, P < 0.05). Patients in the IR group were evaluated until D9. No patient had decreased consumption of sleeping pills.

Conclusion: The intermediate results demonstrate the difficulties of enrolment into palliative care patients in a relatively simple randomized study and to assess patients until D9. To date, we have not been able to show that the combination of relaxation therapy on sleep satisfaction and a decrease of sleeping pills. Inclusion of patients is ongoing.

Abstract number: P529  
Abstract type: Poster  

Total Parenteral Nutrition at Home: A Case-study  

News S1, Lupi S1, Coimbra F1, Mota C1, Tonel M.M1, Fouto1  
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Total parenteral nutrition (TPN) has restricted indications in end-of-life care: in patients with gastrointestinal occlusion, a prognosis superior to 6 months, a good quality of life, being clinically stable, with a good family and social support and having an adequate intravenous access. In May 2008 the Medical Oncology Service requested home care for a 68-year-old woman with metastatic ovarian carcinoma, malignant intestinal occlusion and still on palliative chemotherapy. Needs identified were symptomatic control and providing TPN at home. The team, being aware of this what this request involved, released the decision without meeting and were not sure if conditions were gathered to perform TPN at home. Also we questioned the benefits versus risks and our capacity to provide at least for the first month of TPN. The patient left the hospital on May 20th, to celebrate her 49th birthday that took place on May 21st at her home. During the time spent at home she had the opportunity to organize and participate in family birthdays, to share children’s achievements, and to spend weekends alone with her husband. She assisted her mother during her mother’s and subsequent death. She moved house and celebrated her 50th birthday with friends and family, thus completing one of her wishes.

During the 18 months of home monitoring she was hospitalized once for febrile neutropenia after palliative chemotherapy, showing no direct complications related to the TPN. This experience allowed us to acknowledge that it was possible to ensure TPN at home in a safe way for patients, caregivers and professionals with benefits to the patient / family.

Abstract number: P530  
Abstract type: Poster  

Analysis of Patients Referred to a Specialist Palliative Care Service with Neuropsychological Conditions  

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Background: Seizures can present a considerable diagnostic challenge. They are manifestations of paroxysmal, bioelectric functional disturbances of the brain. Depending on the extent and the location of this pathological cerebral over activity, impairment of motor function, vegetative function, sensory perception or behavioural function, a variety of clinical manifestations can be observed, with considerable impact on the patient’s quality of life. To a varying degree they influence the family and caregiver’s quality of life.

Objective: The aim of this study is to appreciate the clinical manifestations of seizure activity and its relevance in a palliative care setting.

Method: Patients referred to a Specialist Palliative Care service with neuropsychological manifestations were analysed. Underlying pathological data were recorded. The patients, identified were: primary and secondary brain tumours, dementia and cerebral infarcts/strokes both hemorrhagic and ischemic in nature. Neuropsychological data, clinical symptoms and signs, reason for referral and medication were analyzed.

Results: The time frames of under diagnosed or under treated seizure activity ranged up to 6 months. Non motor seizures accounted for the majority of under diagnosed and under treated seizure activity. The impact on communication abilities was in some cases spectacular such as to free a patient from a locked in condition. Frequent adjustments to anticonvulsant therapy were needed due to the dynamic neurological manifestations in these palliative care patients.

Conclusion: It is a challenge to diagnose seizure activity clinically in palliative care patients. Appreciation of the diversity of manifestations of pathological cerebral over activity may allow the commencement of anticonvulsive treatment and improve the quality of life of these individuals, their families and caregivers. It is important to improve diagnosing seizure activity because very efficient treatment is available. This needs regular dose adjustments and close monitoring.

Abstract number: P531  
Abstract type: Poster  

Fatigue among Elderly Cancer Patients in a Brazilian Sample: Prevalence, Severity, Effect on Daily Functioning and Correlates  

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Introduction: Fatigue is a frequent complaint in different medical conditions. In cancer patients, fatigue results in lack of energy, malaise, lethargy, and diminished mood, affecting that profoundly impacts quality of life.

Research aims: This study was designed to measure the prevalence and severity of fatigue, its effect on daily functioning and correlates.

Study design and methods: A total of 25 outpatients from 3 medical Centre in Brazil were interviewed between September 2008 and April 2009. Inclusion criteria were the presence of cancer, and ability to converse in Portuguese. The patients were divided in 2 groups: 60 years and over. Fatigue prevalence, intensity and daily functioning effect were measured using the Brief Fatigue Inventory. Data collected from medical charts included diagnosis, oncologic therapy, Edmonton Symptom Assessment Scale, Karnofsky Performance Status and recent laboratory results. Statistical analysis were made using Spearman’ s Rank Correlation and Correlation Test.

Results: Abnormal fatigue was reported by 56% of patients. Symptom average, on a 0-10 scale, was 3.7. Fatigue levels were reported to interfere on social activities (p<0.001), Mood (p<0.001), Walking ability (p<0.002), Normal work (p<0.001), Foot function, (p<0.002) and other people (p<0.001) and Enjoyment of life (p<0.001).

Usual level of fatigue during the past 24 hours was related with pain (p<0.019), nausea (p<0.023) and low wellbeing feeling (p<0.001). Age, cancer site, anemia, medications in use and other symptoms were not related to fatigue levels.

Conclusion: Fatigue was highly prevalent and had the highest intensity among assessed symptoms on our sample. Fatigue interfered in all aspects of the patient’s life asked. Association of pain and fatigue is in accordance with medical literature on the subject, which suggests there may be an etiological relationship between pain and fatigue. Results show fatigue is an important cancer related symptom.

Abstract number: P532  
Abstract type: Poster  

Evaluation of an Interdisciplinary Led ‘Breathe Easy’ Programme in Palliative Care  

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Aim: The aim is to evaluate an occupational therapy (OT) and physiotherapy (PT) led breathing management programme.

Background: Breathlessness is a complex symptom which is optimally managed by an integrated multidisciplinary approach. OT and PT have a valuable role to play in the non pharmacological management of breathlessness in palliative care. Collaborative working between specialist palliative care services and others lends itself to a holistic and practical approach. The focus of the ‘Breathe Easy’ programme is to promote exercise and self management skills to improve emotional and physical wellbeing.

Methods: 17 patients participated in a four week long ‘Breathe Easy’ Programme. Qualitative feedback was recorded to meet the groups’ needs. Referrals were received from the homecare teams, day care and outpatient services. Outcome measures used were the Hospital Anxiety and Depression scale (HADS), Chronic Respiratory Questionnaire (CRQ), and a six minute walk test (6MWT). These were administered before and after the programme. Qualitative data was collected using a feedback questionnaire. Inclusion criteria for the programme included activity pacing, relaxation strategies, breathing techniques and exercise.

Results: Sixteen patients were referred to the ‘Breathe Easy’ programme. Only 17 completed it. The remaining 38 did not partake due to unavailability, being medical preference or death. Objectively, 58% of patients improved in their anxiety scores and 50% improved in their depression scores. 50% of patients reported an improvement in their dyspnoea and fatigue domains of the CRQ. 58% of patients improved in their 6MWT. Qualitative data indicated that patients enjoyed the group and found the information beneficial.

Conclusion: The combined OT and PT approach to the ‘Breathe Easy’ programme is effective in providing patients with practical skills to manage their dyspnoea. The authors identified that early referrals and patient appropriateness to the programme is a major challenge.

Abstract number: P533  
Abstract type: Poster  

Incidence and the Way of Appearance of Dyspnea at Terminally Ill Cancer Patients during Their Stay in a Hospice Important for Timing of Physiotherapeutic Intervention  

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Introduction: One of the most difficult to treat symptom by physiotherapists is dyspnea. Literature shows that 70% of the lung-cancer patients report dyspnea, for the general cancer population this amounts to 45%. For physical therapy, onset of 12th Congress of the European Association for Palliative Care, Lisbon, Portugal, 18–21 May 2011

Poster Sessions (Thursday)
Objective: Based on a model of comprehensive intervention, this care is not limited to symptoms elimination, but is also directed to the overall well-being of the patient. Despite fluctuations in symptoms, we will describe how such an approach in an interdisciplinary team (physician, psychologist, social worker, and auxiliary nurse) has resulted in overall symptom control, being the primary objective of palliative care.

Methodology: Case study.

Results: An application of the comprehensive intervention model. This involves an interdisciplinary patient assessment and continuous fluid communication between all areas of the team through structured daily meetings. Female patient aged 63 diagnosed with mycosis fungoides and polycystic liver and has undergone a prior renal transplant. Due to hospitalization the patient presents progression in the abdominal tumor, bacular infiltration and multiple skin ulcers. In addition to this, the patient is experiencing complex situation displays a body image disorder, somatization syndrome, anxiety attacks and has difficulty in emotionally expressing. The comprehensive intervention included adaptation of body image, fluctuation in food intake and functional dependency and the control of pain, infection and bleeding ulcers. The somatization syndrome subsided within two weeks with the use of cognitive restructuring, guided imagery and psycho-education about the process of the illness. Medication was adjusted according to comorbidity and constant fluctuation in symptoms. This model is applied in all areas to address physical, functional, psychological, social, cultural and transcendental.

Conclusions: The full involvement of the interdisciplinary team in defining objectives and in the implementation of interventions favoured both the alleviation of symptoms and the development of treatments. With this approach we can achieve patient comfort and prevent burnout in hospital staff. The interdisciplinary approach is an indispensable complement to the comprehensive approach that must be included in the palliative care model.
partial improvement was achieved and in 4 (20%) no improvement was registered (in 1 case no information could be obtained). Palliative sedation was used in 2 (10%). Among patients surviving 15±17 days, median 7 days, (1-56). 9 patients were admitted, 9 patients died at home. The study has shown that inactivity due to being retrospective, having few patients but describes the home palliative setting. The frequency, types, multiple etiological factors are similar to what has been described. The low reversibility might be associated with the advanced disease group of these patients.

Abstract number: P539
Abstract type: Poster

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Aim: To examine the effectiveness of “steroid switching” for treating steroid-induced psychosis (SIP) of advanced cancer patients.

Methods: We experienced three advanced cancer patients who developed SIP. We treated SIP by switching from betamethasone to prednisolone.

Results: Mr. A was a 70-year-old man with lung cancer and multiple bone metastases. He complained of back pain due to vertebral metastasis. To manage his back pain, we started oral betamethasone (4 mg/day) with transdermal fentanyl (50 mcg/hr). He developed delirium on the night and delirium was alleviated gradually after six days. We started oral prednisolone (20mg/day) to manage his pain again but he did not develop delirium. Mr. B was a 60-year-old woman with depressive symptoms associated with age-related neurodegenerative disorders without worsening their cognitive function and ability to perform activities of daily living. The aim of this study was to investigate the effects of yokukansan on delirium in these patients.

Methods: The subjects consisted of 11 patients (9 males, 2 females), aged 64-84 years. They were prescribed TSJ-54 or yokukansan andChessington (TS-83) for 6 months based on the DSM-IV diagnostic criteria. TSJ-54 is composed of seven herbs and TS-83 is essentially TSJ-54 with two additional herbs. Ten patients were given TSJ-54 orally (n=7) or trans-analysis(n=8) of doses of 5.0 or 7.5 g/day, and one was given TSJ-83 orally at a dose of 5.0 g/day. The severity of delirium was evaluated using Delirium Rating Scale-revised 98 (DRS), Memorial Delirium Assessment Scale Japan (MDAS-J), Nurses Delirium Rating Scale (NDRS), and Agitation Distress Scale (ADS). Score values expressed with medians and ranges were statistically analyzed with the Wilcoxon signed rank test.

Results: Clinical improvement was obtained in 10 patients who were prescribed TSJ-54 or TS-83. The scores of ADS, MDAS-J, NDRS, and ADS significantly reduced from 1 (30-30) to 6 (0-10), 10 (14-10) to 3 (14-0) (p=0.005), 10 (14-4) to 3 (14-0) (p=0.007), and 10 (16-4) to 1 (13-0) (p=0.008), respectively. No adverse effects were noted.

Conclusion: Yokukansan has been shown to have a significant impact on delirium in advanced cancer patients. Traditional Japanese medicine might be the potential treat of choice in supportive and palliative care.

Abstract number: P544
Abstract type: Poster
Can Trazodone Improve Insomnia and Nightmare in Cancer Patients?: A Report of Two Cases

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Aim: Cancer patients often suffer from insomnia due to physical symptoms, mental distress, drug related side effects and others. Nightmare is one of the strong factors interfering with maintaining regular life, satisfying sleep and it causes the change of routine behavior for sleep. Though the prevalence and standard treatment of insomnia and nightmare in cancer patients have not been established, we aimed to treat insomnia and nightmare by trazodone (antidepressant) which the International Association for Hospice Palliative Care has recommended for insomnia as one of the essential drugs.

Methods: We experienced two cancer patients whose nightmare disappeared after prescription of trazodone. Mrs. A was a 69-year-old woman with breast cancer patient. Mrs. B was a 49-year-old women with uterine corpus cancer.

Results: Both patients suffered from terrible dream at the end of the day. They complained of uncomfortable sleep during sleep and hesitated to sleep again due to scary emotion for the terrible dreams. Though they had already had benzodiazepine hypnotics for insomnia, those medications did not appear to be effective. We advised the attending doctors to add on trazodone (150mg, 25mg per day dose) before bed. On the next day of their first intake of trazodone, their dreams did not disappear completely but their dreams changed from terrible to comfortable contents. After that, the dream was almost disappeared at night in Mrs. A. She has kept having the comfortable sleep till now and has not had a scare emotion at night.

Conclusion: Trazodone may be a promising drug for improving insomnia and nightmare in cancer patients.
Poster sessions
Poster sessions
(Friday)
Commonly in clinical practice were also used and reasons for use. Those using the POS were identified through national and European and African Survey

Results: 1,280 (55.2%) patients had pain; of these 534 (70%) identified neuropathic pain, and 40 (6%) could not be classified on the ICS-CPS. Median pain DETECT scores for nociceptive and neuropathic groups were 8 and 13 respectively, p<0.001. Sensitivity and specificity of pain DETECT was 53% and 77% respectively; positive and negative predictive values were 33% and 89%. All 6 symptom items on pain DETECT were significantly associated with cancer neuropathic pain but items related to burning, tingling/prickling and numbness were most strongly associated (all p< 0.001). Items relating to burning, tingling/prickling and numbness were most strongly associated (all p< 0.001). Items relating to burning, tingling/prickling and numbness were most strongly associated (all p< 0.001). Items relating to burning, tingling/prickling and numbness were most strongly associated (all p< 0.001). Items relating to burning, tingling/prickling and numbness were most strongly associated (all p< 0.001). 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Abstract number: P555

Abstract type: Poster

Development of a Clinical Aid for Routine Assessment of Symptoms and Multidimensional Outcomes in Palliative Care: Development of the POS/POS-S Score Card

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Introduction: Advanced cancer patients are poly-symptomatic. We aimed to develop a simple, user-friendly clinical score card as an aid to using the Palliative Care Outcome Scale (POS) and the Palliative Care Outcome Scale - Symptoms (POS-S) in palliative care teams, to provide simple means to route-line assessment and management of patients' problems.

Methods: A protocol of five phases was designed in order to develop and promote the use of the POS/POS-S in daily practice.

Phase 1: investigating existing booklet and/or brochure use and feasibility of a textual layout for the booklet and card.

Phase 2: an international workshop for European health care professionals to gather relevant information for inclusion in booklet and card and development of a digital version.

Phase 3: a revision of booklet content by multi-professionals.

Phase 4: new format of the card for better access to information and overall evaluation by healthcare professionals and academics.

Phase 5: production of paper final version and upload of digital files. booklet and card were printed and distributed in palliative care facilities in Portugal, as well as uploaded in english and portuguese.

Results: The booklet contains 10 topics divided in sections and the score card is removable. The printed version is portable, clear and simple. The digital version is also versatile and allows downloading the entire booklet, cards and score sheets in PDF format.

Discussion: We have developed a user friendly clinical tool to enable implementation of outcome measures use in routine practice. Other outcome measures might benefit from this approach of developing a booklet and a score card for routine practice.

PRISMA is funded by the European Commission's Seventh Framework Programme (contract number: Health-F2-2008-21665).

Abstract number: P556

Abstract type: Poster

Developing a Spiritual Wellbeing Measure for Cancer Patients Receiving Palliative Care - A Multi-cultural Study

Young T.E.1, Vivat B.2, Efficace F.3, Arraras J.4, Ferreira M.D.F.5, Zarit Burden Interview - Validating for the Portuguese Population in the Field of Domiciliary Palliative Patient Care

1Mount Vernon Cancer Centre, Lynda Jackson Macmillan Centre, Northwood, United Kingdom; 2Brunel University, Health Sciences & Social Care, Uxbridge, UK; 3Group for Palliative Medicine, Pamplona, Spain; 4Hospital of Navarre, Dept of Oncology, Pamplona, Spain; 5Sapienza University of Rome, Psycho-Oncology Unit, Rome, Italy; 6Multicultural Study Cancer Patients Receiving Palliative Care - A Multi-cultural Study

Abstract type: Poster

Are We Heading in the Same Direction? Doctors' and Nurses' Views Regarding Outcome Measures in Palliative Care: Results from an International Online Survey

Dawson B.1, Bausewein C.2, Simon S.T.3,4, Benlahou N.1, Downing P.1, Harding R.2, Higginson I.J.2, on behalf of PRISMA
1King’s College London, Cicely Saunders Institute, Department of Palliative Care, Policy & Rehabilitation, London, United Kingdom; 2Deutsche Gesellschaft für Palliativmedizin e.V., Berlin, Germany; 3African Palliative Care Association, Kampala, Uganda

Aim: To describe and compare the views of doctors and nurses in palliative care regarding outcome measurement for clinical, audit and research purposes.

Methods: International online survey of those working in palliative care in Europe and Africa. Respondents were identified through national palliative associations and additional databases.

Results: 196 doctors, 51% male, mean 47 years; 104 nurses, 84% female, mean 45 years responding. Doctors' most common reported reasons for not using tools were time constraints followed by lack of training. For nurses it was lack of training followed by time constraints. Information and guidance about tools and use tools influenced doctors and nurses. The majority of all respondents favoured responsive experiences of outcome measurement. For both, the three most important tool properties were: cultural, psychological, and experiences of service. Both ranked patient-reported outcome measures (PROMS) as most important in priority than clinical collection. For clinical purposes, the main advantage for doctors was to understand patient/family needs (e.g. assessment); for nurses it was clinical decision making. In practice, results were documented, discussed in clinical meetings, and informed treatment/care. For research, results were documented, discussed in clinical meetings, and informed treatment/care.

Conclusion: Doctors and nurses share similar views and opinions regarding outcome measurement. The need for information and guidance regarding tool use is important and influential, and time is a common denominator. PROMS as most important tool property would be useful. The patient's point of view and linguistic/cultural differences from the beginning of development of a digital version is also versatile and allows measuring also acts as a tool to facilitate discussion on clinical purposes, the main advantage for doctors was to understand patient/family needs (e.g. assessment); for nurses it was clinical decision making. In practice, results were documented, discussed in clinical meetings, and informed treatment/care. For research, results were documented, discussed in clinical meetings, and informed treatment/care.

PRISMA project funded by the FP7 of the EC. Health-F2-2008-21665.
Abstract number: P564
Abstract type: Poster
The Job Diagnostic Survey in an Inpatient Palliative Care: An Exploratory Study

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Purpose: To compare the use of different subjective global assessment (SGA) in a Palliative Care Outpatient Service in Brazil

Method: Quantitative study, by applying the Portuguese version of SGA in a Palliative Care Outpatient Service in Brazil, to 111 patients. The patients were divided into four groups: those who had not been assessed by SGA previously (n = 52), those who had been assessed but not completed (n = 16), those who had been assessed and completed (n = 44), and those who had been assessed and completed the SGA for more than six months in the Unit.

Conclusions: The use of SGA in Palliative Care can be a useful tool to improve the quality of care. However, more research is needed to evaluate the impact of SGA in this population.
Poster sessions

12th Congress of the European Association for Palliative Care, Lisbon, Portugal, 18–21 May 2011

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in Badajoz Area.

Method: It is a retrospective and descriptive study. The sample was collected individually and extracted by medical records from July 2009 to June 2010. In order to know the functional status of the patients included in Regional Palliative Care Program, the Karnofsky Index, Barthel scale and Barthel scale. Other data included in this study were: age, gender, social support (public, private, relatives), place where the patient is assessed the first time, (urban home, rural home, hospital, nursing homes).

Results: 306 patients were included. 62.54% were men. The mean age was 71.12 years. 12.79% had a functional status of 30 out of 100; 31.36% had 40 points out of 100; 50.20% had 50 points and 15.08% had 60 points. Related to the Barthel scale, 16.99% had a male sex; 13.3% had 40 points out, 7.84% had serious sex and 61.44% had severe sex.

Respected to the place where is included the patient the first time, 73.5% were assessed in rural homes, 21.57% in urban homes, 57.84% were set in hospitals and 4.25% were admitted in nursing homes. The majority (73.5%) had only family support, 13.73% had private support and 8.88% had public social support.

Conclusion: When we assess the functional status related to the ability to carry out the basic daily routine and keep their independence and autonomy, we saw in our study that 240 patients had had the patient is assessed the first time. (urban home, rural home, hospital, nursing homes).

Abstract number: P574
Abstract type: Poster
A Proposal to Represent the Activities of a Multidisciplinary Team in a Case-study

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Aims: A graphic representation of patient needs, multidisciplinary palliative care home team intervention and the quality of life intervention in the case-study.

Method: "Imaginary plant method." The needs of the patient are represented by the leaves of a plant. Time is represented by the length of the leaves, severity of the symptoms is shown by the width of the leaves, treatment intervention is shown by the light coloured dots on the leaves and each colour represents one discipline. However every discipline may cover more than one need. The bed is represented by the stems of the plant. This method was applied to the case which required the intervention of our multidisciplinary team.

Results: Care was provided for the patient for a period of 80 days, which is considered a 201 visits covering 12 different applications. A graphical representation of the "imaginary plant method." will result in a plant which looks like a tree.

Conclusion: From this graphic it is immediately obvious which needs required more intervention and the effectiveness of the intervention to meet these needs. It is also obvious which disciplines were required most and which symptoms could be influenced and how. The chart is also helpful in identifying weaknesses in the care and the need for education.

Particularities: Interference between the needs sometimes affected one another in a way which became obvious later. Good interaction with family members helped with the work of care.

Abstract number: P575
Abstract type: Poster
Working with Teams, Involving with Teams, Listening to Teams. An Analysis for the Development of Palliative Care Programs at the End of Life

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Aims: The main aim of our study was to evaluate the analysis of the level of care and the efficiency of the intervention on the quality of life intervention in the case-study.

Methodology: We designed a questionnaire to assess available material and human resources. It was administrated by all professionals working in the different palliative care settings within Regional Palliative Care Program, the definition of coordination within and between teams.

Conclusion: The results of this analysis helped define the main strategic lines established within the Regional Palliative Care Plan and provided a valuable way to assess all specialist teams.

Abstract number: P576
Abstract type: Poster
Discussion of a Linguistic versus Cultural Translation of a Questionnaire to Assess Taste and Smell Ability

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Aims: The importance and need to establish clear guidelines for the translation of quality of life instruments are necessary in order to ensure that the patients can be well informed and treated adequately in palliative care environments. The aims of this study are to analyse the reasons for the need for a new quality of life instrument and to present the linguistic vs. cultural translation and the equivalence using forward translation, a committee of translation, require a thorough multi-step process.

Method: We translate and back translate the instrument into Swedish. Translation of an original instrument into Swedish. Translation of an original instrument into Swedish. The main aim of our study was to evaluate the analysis of the level of care and the efficiency of the intervention on the quality of life intervention in the case-study.

Methodology: We designed a questionnaire to assess available material and human resources. It was administrated by all professionals working in the different palliative care settings within Regional Palliative Care Program, the definition of coordination within and between teams.

Conclusion: The results of this analysis helped define the main strategic lines established within the Regional Palliative Care Plan and provided a valuable way to assess all specialist teams.

Abstract number: P577
Abstract type: Poster
Methicillin-resistant Staphylococcus aureus (MRSA) Management in Palliative Care Units and Hospices in Germany: A Questionnaire Based Survey

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For palliative care and hospice settings, little is known about specific MRSA screening and eradication regimens. The question is how beneficial MRSA protocols are in this population and whether these regimens may be perceived as burdensome to patients, families and health care professionals. To obtain a first insight, a questionnaire based survey on MRSA management in German palliative care units (PCU) and hospices (HO) was performed.

Aims: The main aim of our study was to evaluate the analysis of the level of care and the efficiency of the intervention on the quality of life intervention in the case-study.

Methodology: We designed a questionnaire to assess available material and human resources. It was administrated by all professionals working in the different palliative care settings within Regional Palliative Care Program, the definition of coordination within and between teams.

Conclusion: The results of this analysis helped define the main strategic lines established within the Regional Palliative Care Plan and provided a valuable way to assess all specialist teams.

Abstract number: P578
Abstract type: Poster
Quality Management for Hospice and Palliative Care Services in Austria

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Aims: Since 2004 the types of hospice and palliative care services in Austria and their structural requirements are defined. The next step in the development focuses on the quality process to ensure sustainability. Aim of this proposal is a quality management manual assisting hospice and palliative care institutions in the designing and processing of their daily activities.

Method: For each of the six types of hospice and palliative care services (palliative care units, in patient hospices, day hospices, mobile palliative care teams, palliative care hospital support teams, volunteer hospice teams) a model process is defined for the following situations: · Start of Care · Care End of Care. These processes are developed by the joint effort of GOÖ/ÖBÖG (Austrian Federal Institute for Health Care Services in Austria), Hospiz Austria and the Austrian Palliative Care Association (OGP). All 250 hospice and palliative care institutions in Austria were invited to participate in the quality management project. 40 of them became partners in the project thus ensuring a meaningful outcome for the daily practice. A multiprofessional group of experts functioning as a quality board has developed the design of the project and monitors its progress.

Results: The quality management manual for hospice and palliative care institutions provides...
Results: 96 questionnaires were returned with representation from specialist palliative HCPs working in all care settings (Hospice, Hospital and Community). Thirty-nine (79%) of the professionals stated that they had some reservations about their ability to influence the decision. Thirty-one (64%) of the professionals stated that the discussion regarding the possible decision was not important or almost not important at all. There are significant differences between the levels of influence (4) and beyond. The number of UP prescriptions (UP), ie having no influence on the treatment of the patient, is almost the same as this reported in literature. It shows that the collection grid that could serve as a basis for a work on the formation of a multiprofessional quality assurance system for UP in patients with incurable disease. The rate of patients in terminal palliative care (TPC) with unnecessary prescriptions (UP), ie having no influence on the treatment of the patient, is almost the same as this reported in literature. It shows that the collection grid that could serve as a basis for a work on the formation of a multiprofessional quality assurance system for UP in patients with incurable disease.

Methods: An audit of PODs returned as unwanted was carried out in a SPCU over a four week period. Patients in a UK Inpatients’ Hospice (Closing the Loop) were identified as a relevant cohort and were included in the audit as a consequence of a number of factors. Patients in a UK Inpatients’ Hospice (Closing the Loop) were identified as a relevant cohort and were included in the audit as a consequence of a number of factors.

Results: Of the drugs returned 62% were issued from our pharmacy as OSD. 29% were issued in the community and 9% from other hospitals. The total value of drugs returned was £1,490 of which 58% (£856) were issued by our pharmacy. The remaining drugs were controlled drugs and injections (not part of PODs) the cost of returns was £210. The highest cost item returned was Pregabalin (4%) (Table 1). One of these drugs included Omeprazole, Lansoprazole, Metoclopramide, Dexamethasone, Lactatives, Aspirin and Clopidogrel. Nutritional Paracetamol was returned (9%). Returns were mostly because patient dying (72%) or drug discontinued (15%).

Conclusion: Although there are many advantages of OSD some waste is inevitable. In this audit the annualised wastage from PODs is estimated to be £1 980 of which over £1 000 may be savable. To achieve cost savings we recommend that high cost drugs such as (Pregabalin) should be supplied as ward stock until the dose is stabilized and similarly for other drugs needing titration. We also feel there is an important need for a specialist pharmacist at ward level to monitor drug supplies on a daily basis.
The Use of Corticosteroids in Specialist Palliative Care: A Regional Audit

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Aims: To audit the use of corticosteroids in specialist palliative care in the region against locally agreed best practice and guidelines developed by another region; to produce evidence based guidelines for steroid use.

Methods: 360 consecutive notes of 50 consecutive patients who died in 2009 were reviewed. The indications for and doses of sedative medications used in the last 2-6 weeks were calculated. The number of patients who died in 2004 was also reviewed and compared in 2009 and 2010 to see if there was any improvement in the use of sedatives.

Results: The number of patients who died in the year 2009 was 360, and the number of patients who died in 2004 was 260. The proportion of patients receiving sedative doses (midazolam 20mg, levomepromazine 25mg) increased (44% 2004, 72% 2009). When used in combination with both drugs at sedative doses, the most common combination was midazolam and levomepromazine, and a fall in haloperidol use. The increases are most marked for levomepromazine. It may be that haloperidol was used at low, less sedating, anti-emetic doses, prevents or reduces agitation, reducing the need for high doses of midazolam or levomepromazine.

Conclusions: The shift may in part reflect changes in the medical team. The similar demographic and disease characteristics of patients in the two audits make these variables unlikely explanation.

Further study is needed to establish the optimal regimen for patients.

Funding: None.

Abstract number: P584

Abstract type: Poster

A Prospective Audit of Syringe Driver Use in a Regional Cancer Centre

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Aims: The syringe drive is used in the 1980's to administer subcutaneous medications. Several syringe drive models are available. The Grazeby MS16A Syringe Drive (GSD) is used in this Regional Cancer Centre (RCC). The aim of this audit is to compare the use of the GSD against the 2007 hospital policy.

Methods: A prospective audit of 27 GSD in use over a 3 month period was undertaken. A data entry sheet was prepared using the 2007 Hospital Policy to set standards. Information was gathered under 5 headings:

1. Documentation of indication for use
2. Prescription/Indication in the medical record
3. Tracking and Storage of GSD
4. Set-up and 5. Monitoring of GSD.

Results: The indication for the GSD was not documented in 7/30 (23%). Legibility of GSD medication doses and names were 27/27 and 26/27 respectively. 62% (8/13) of the GSD, signed out to non-oncology wards, could not be traced. In 8/27 (30%) of evaluations, the measurement of volume was incorrectly documented in millilitres (mL). A rate 40mm/hr was set in 22/27 (7%). The GSD was not running to schedule in 8/27 (30%). In 11% (3/27) a skin site reaction was present. A silhouette cannula was used in 26/27. The monitoring sheet was not completed correctly in 8/27 (30%). The recommended four hourly monitoring of GSD was not done in 77% (10/27).

Conclusion: Documentation of the indication for a GSD should be available. Prescriptions adhered to standards. GSD monitoring sheets need to be filled out correctly to ensure errors are identified. For a Hospital Palliative Care Service traceability and storage of GSD is important to allow ease of access and servicing. A better system needs to be established for this Hospital e.g. allowing each ward to take ownership/responsibility for a certain number of GSD. GSD set-up evaluations revealed deviations from standards. These deviations can be attributable to human error.

Abstract number: P585

Abstract type: Poster

Sedation Use at the End of Life: Change over 5 Years in a Hospice

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Introduction: Sedative medications are used in hospices to treat terminal agitation and restlessness. Medical examiners of 50 consecutive patients who died in 2004 were reviewed. The indications for and doses of sedative medications administered on the last full 24 hours were calculated. This was repeated in 2009 and comparison made in order to audit practice.

Results: The patient groups were of similar in age, duration of palliative care and diagnosis. Sedative medication was commonly administered on the last day of life (94% 2004, 100% 2009). The number of sedatives administered increased (76% 2004, 88.9% 2009), with median dose increase (20.0mg 2004, 27.5mg 2009). Levomepromazine was administered more frequently in 2009 (47.2% vs 26.0% 2004). The most commonly documented indication changed from nausea to agitation (23.8%, median dose increased (18.75mg 2004, 50.0mg 2009). Haloperidol use fell (26% 2004, 8.3% 2009), with an average (anti-emetic) median dose in both audits (2.5mg 2004, 3.0mg 2009). It was prescribed almost exclusively for nausea in both audits. The proportion of patients receiving sedative doses (midazolam 20mg, levomepromazine 25mg) increased (44% 2004, 72% 2009). When used in combination with both drugs at sedative doses, the most common combination was midazolam and levomepromazine, and a fall in haloperidol use. The increases are most marked for levomepromazine. It may be that haloperidol was used at low, less sedating, anti-emetic doses, prevents or reduces agitation, reducing the need for high doses of midazolam or levomepromazine.

Conclusions: The shift may in part reflect changes in the medical team. The similar demographic and disease characteristics of patients in the two audits make these variables unlikely explanation.

Further study is needed to establish the optimal regimen for patients.

Funding: None.

Abstract number: P586

Abstract type: Poster

Development of Quality Indicators for Palliative Care in Belgium

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Aims: Evaluation of quality of palliative care is an important condition to optimize and improve care. This study aims to develop a comprehensive set of quality indicators to monitor the quality of palliative care in Flanders, Belgium.

Methods: An extensive literature review led to the identification of 337 national and international quality indicators, divided into domains and 154 themes. In accordance with the systematic RAND method (combining scientific evidence with consensus among stakeholders), we organized 2 consecutive multidisciplinary palliative care expert panels, a first one to identify and select the themata most important to palliative care, and a second one to assess a list of quality indicators within those selected themes in terms of importance and necessity.

Results: The first panel of experts selected 57 important themes within 9 domains: 1) clinical treatment and support, 2) psychological, social and spiritual treatment and care, 3) information, communication, planning and decision making with patients, 4) with family and 5) with other caregivers, 6) type of care at the end of life, 7) coordination and continuity of care, 8) support for family, and 9) structure of care.

The assessment of all indicators on importance and necessity was performed in a national follow-up, followed by a joint panel discussion where indicators could be modified or added. The second panel of experts rated 57 domains times on the importance of palliative care in Flanders across 9 domains of palliative care. This set of quality indicators now will be tested and evaluated in practice, in order to eventually implement the set safeguarding an adequate monitoring of the quality of end-of-life care.

Abstract number: P588

Abstract type: Poster

The National Primary Care Snapshot in End of Life Care England and Wales

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Aims: The aim of the National Primary Care Snapshot Audit in End of Life Care was to provide a national baseline assessment of provision of end of life care for the Department of Health’s End of Life Care Programme across the country. The aim was to access gaps in service provision and areas requiring further improvement.

Methods: The Snapshot Audit involved use of the Gold Standards Framework tool, a well validated audit tool widely used within primary care, care homes and hospitals. It uses patient outcome data related to individual Core Quality indicators to provide an objective overview of the current state of end of life care. The tool was used in 15 practices in England and Wales, to assess the quality of palliative care in primary care settings. The tool was benchmarked against national data, with reports provided. This includes questions on dying in their preferred place of care, hospital avoidance, in order to use services, advance care plan discussions etc. Practices were followed up to increase compliance.

Results: 502 GP practices provided data from over 4,500 patients in 15 PCTs for every death over a two month period, leading to a 60% uptake rate. Key findings included only 27% of all patients’ deaths were included on the palliative care register, only a quarter of these had non-cancer and 42% of all deaths were deemed to be suitable for the audit process. Each area was benchmarked against national data, with reports to each practice, PCT and the DH, with specific suggested recommendations for further improvement.

Conclusion: This proved extremely valuable in providing an objective overview of the current state of end of life care provided by GP practices demonstrating key areas for further improvement. A conclusion was that too few practices were identified and included on the palliative/GSF care register, too few had non-cancer conditions and there were gaps in service provision and non-oncology care. A further round of bereavement support. Recommendations led The National GSF Centre to focus on earlier identification of patients and in other specific areas requiring improvement.

This study was partially funded by a grant for the DH End of life care programme.
**Abstract number:** P589  
**Abstract type:** Poster  

**Comparison of an Independent and a Palliative Care Unit Associated to an Oncological Department**

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**Aim:** Limited evidence exists regarding differences in palliative care in different settings. Aim was to evaluate whether there are differences between an independent palliative care unit (IPU) and a palliative care unit associated to an oncological department (OPU) regarding structural and medical patient characteristics.

**Methods:** We followed one hundred consecutive patients prospectively at both PUs’ using a standardized questionnaire at time of admission and departure or death, respectively. The recruitment started at the first of September 2009. Variables of interest were duration of stay, percentages of cancer and non-cancer patients, percentage of deceased and discharged patients, ongoing outpatient palliative care, number of re-admissions, reasons for admission and procedures during stay.

**Results:** Major structural differences between IPU and OPU were found. IPU was found in average duration of stay (11.9 vs. 21.7 days), stay longer than 21 days (18 vs. 39%), percentage of non-cancer patients (20% vs. 3%), and percentage of patients discharged (72 vs. 31%) and percentage of re-admissions (34% vs. 16%). The most important reasons for admission were pain therapy and other symptom control (e.g. dyspnoea, constipation, weakness, loss of appetite) at both PUs. Differences regarding performed procedures between IPU and OPU during the stay were seen in pain therapy (advanced drug pain therapy 21 vs. 35%, interventional pain management 10 vs. 0%), transcutaneous (4% vs. 15%), Implantation of Porth-a-Caths (7% vs. 18%), parenteral nutrition (9% vs. 27%) and administration of opioids (24% vs. 44%).

**Conclusion:** The IPU offers palliative care concepts also for non-cancer patients. Therefore the OPU seems to be more focused on oncological patients’ needs. Interestingly the OPU applies more supportive therapy (e.g. transcutaneous, parenteral nutrition). Both PUs’ have to assume hospice function.

**Abstract number:** P590  
**Abstract type:** Poster

**Evaluation of European Collaborative Working to Optimise Research for the Care of Cancer Patients at the End of Life: OPCARE9**

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OPCARE9 is an EU 7th Framework funded Co-ordination and Support Action project to optimise care of cancer patients in the last days of life. Using a systematic approach, the international collaborative sought to explore current practice, identify gaps in optimum care and develop novel methodologies to address existing gaps within the evidence base. An initial gap in the development of evaluation of the OPCARE9 collaborative has accompanied the core work of the project. A structured methodology was developed for summative evaluation. Ten members of the collaborative were randomly selected to participate in a semi-structured interview to review whether the aims and challenges identified in an interim evaluation had been respectively maintained and addressed. The remaining members were designated to design and distribute to all 58 OPCARE members (response rate 56%). Further analysis identified key questions that were then focused and designed for evaluation, namely, following the penultimate OPCARE9 colloquium. Preliminary results identify three key themes: leadership, structural and collaborative working & communication. Core elements of success were identified as: inclusive, flexible and democratic leadership; core infrastructure & central co-ordination, early commitment of key personnel; and, agreement upon strategic aims across the collaborative. Face to face meetings (bi-annual colloquia) were perceived as pivotal to driving the project forward. The integrated supportive networks, creating energy and providing opportunity for development. Concerns regarding the IT platform for communication were raised. A key improvement was following the interim evaluation.

Despite the latter, four co-ordinating five primary workpackages with representation from 9 countries, members of OPCARE9 view the collaborative as built on robust, replicable organisational principles that have established an integrated research community to advance care for cancer patients in the last days of life.

**Abstract number:** P591  
**Abstract type:** Poster

**Rehabilitation for Patients with Lung Cancer**

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Cancer rehabilitation aims to maximise patients’ functional ability, improve quality of life and facilitate adaptation to changing health status. This audit aims to: Identify multi-disciplinary team (MDT) perceptions of the role and nature of rehabilitation in the management of patients with lung cancer. Identify existing referral patterns and barriers to referral. Develop new regional guidelines to improve referral practice for lung cancer patients. Electronic and paper proforma were sent to all members of two lung cancer, two specialist palliative care (SPC) MDTs. The community MDT in SPC was excluded and 59 proforma were returned with good representation from medical, nursing and allied health professionals. Rehabilitation needs were most frequently discussed at SPC in patient MDTs and least likely at lung MDTs. 54 (92%) respondents perceived that patients with lung cancer had rehabilitation needs. 45 (76.3%) respondents were most likely to refer at the palliative stage of the patient’s illness. Breathlessness (n=55, 93.2%), fatigue (n=55, 93.2%), and impaired mobility (n=55, 93.2%) were most commonly identified rehabilitation needs. Communication difficulties (n=29, 49.2%) and dysphagia (n=26, 44.1%) were least frequently identified. Barriers to referral included waiting lists (n=15, 25.8%), lack of knowledge about services (n=15, 25.8%) and other patients didn’t want rehabilitation (n=13, 22%). Although lung cancer and SPC MDTs perceive patients with lung cancer have rehabilitation needs, these needs are not always identified or addressed. Our recommended guidelines state: All patients with lung cancer should have their rehabilitation needs identified within a holistic assessment process in a planned and timely manner. Clear referral pathways to all rehabilitation services should include specific named contact points for physiotherapy, occupational therapy, dietetic and speech and language therapy services.

**Abstract number:** P592  
**Abstract type:** Poster

**Evaluation of Hospice Physiotherapy Using Physical Function as a Marker**

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**Aims:** To evaluate physiotherapy practice in an Irish hospice.

**Methods:** Retrospective chart evaluation on all discharges, due to death or discharge home, between Jan and June 2010. Patient function during physiotherapy was measured using the Edmonton Functional Assessment Tool (EFAT-2). Descriptive statistics and SPSS were employed.

**Results:** 65% of patients were referred for physiotherapy, 58% (n=144) were assessed and treated. Of those not referred, 78% had a hospice stay of 4 days or less. Both rehabilitation candidates and purely palliative patients were referred: Mean EFAT-2 score was 2.2 (median 2.0) in 41 (79%) patients; Mean change between highest and lowest EFAT-2 score was 6 (range 2-26, SD 5), showing high variability in function during the treatment. The physiotherapy programme lasted 16 days (range 1-186, SD 22) and comprised of 6 treatments (range 1-99, SD 19). The most common treatments were gait re-education (67% of patients), transfer training (58%) and exercise (53%). Interruptions to treatment were common: 33% of treatment attempts were unsuccessful due to unsuitability/unavailability. Rehabilitation activities were common: 48% of patients with 2 or more EFAT-2 scores made at least temporary functional improvements (average improvement 15% and 46%) of physiotherapy patients were discharged home. 52% of physiotherapy patients who died had treatment in the last week of life.

**Conclusion:** There is a high referral rate for physiotherapy in this hospice. Physiotherapy involved rehabilitative and palliative interventions. Over half of physiotherapy patients were discharged home. For those who died, physiotherapists were involved close to death. Challenges include a highly changeable clinical picture, difficulty in providing continuous treatments and ethical issues with scoring sick patients. The most frequent palliative treatments were physical activity interventions. There are implications for the education of therapists.

**Abstract number:** P593  
**Abstract type:** Poster

**A Prospective Audit of Opioid Switching in a Specialist Palliative Care Unit**

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**Introduction:** Opioid switching is commonly used in palliative medicine to improve pain control and reduce side effects. A recent expert panel published a 2 step guideline for opioid rotation. This involved an ‘automatic dose reduction window’ of 25-50% depending on clinical judgement, followed by 15-30% increase or decrease according to patient characteristics and pain severity.

**Aim:** Our aim was to assess the practice of physicians in a specialist palliative care unit with regard to opioid switching.

**Method:** We prospectively audited consecutive opioid switches in a specialist palliative care unit, recording patient characteristics, opioids, doses and route of administration at baseline, post-switch (Day 1) and 24 hours post switch (Day 2).

**Results:** 34 consecutive opioid switches involving 24 patients with a mean age of 62.5 years were audited. The most common opioid at baseline was oral morphine. Daily morphine equivalent (ME) doses ranged from 10 to 880mg, the average being 166mg. Most common opioids in use on Day 1 (post-switch) were morphine and SC oxycodone. ME at day 1 ranged from 10 to 640mg, with an average of 107mg. ME at Day 2 ranged from 10-880mg, with a median of 162.44mg. 10/24 patients underwent a change in adjuvant analgesics at the time of opioid switch. The two most common reasons for switching were oral route no longer appropriate and adverse effects. Oral to cs of the same opioid was the most common type of switch.

**Conclusions:** When opioid switching, most patients had a relative dose reduction in their opioid. This ranged from 9 to 75%. 8 patients reported a dose increase. We prospectively audited consecutive opioid switches in a specialist palliative care unit. ME on Day 2 more closely resembled that at Baseline than on Day 1, suggesting that doses were reduced by too much and not enough. There was insufficient breakthrough to achieve the ME prior to opioid switch. Conclusions were limited by the occurrence of changes in adjuvant analgesics which may also be influenced by debilitating clinical conditions.
Abstract number: P594
Abstract type: Poster
Importance of the Multidisciplinary Decision Making in Palliative Care. 7 Years of Experience Analysis
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Introduction: At follow-up cancer patients there is a tipping point where the active cancer treatment, no longer has a benefit and it is necessary from this point only symptomatic palliative treatment. This is where the importance of the existence of palliative care units, in hospital, primary care, and essential for the establishment of a MULTIDISCIPLINARY MAKING COMMITTEE PALLIATIVE CARE (MMCPC), for making the right decisions indications for referral, timely treatment and appropriate follow up. In our hospital we created this committee in 2003. Conducted of radiotherapy oncology department and medical, palliative home care units. The main objective of these sessions is the creation of a concrete action plan and individualized to the problems identified and improve the quality of care for these patients and addressed all the problems from a palliative medicine/social.

Material and methods: We conducted a descriptive study with quantitativa methodology, which included all the patients referred to us from 2002 until today. Analysis of the variables defined in our study was performed with the SPSS 16.

Results: The total number of patients included was 391. The total number of patients with the date of death was 157. The mean age of patients was 65.6 years (range: 37.6-94.2 years). N=patients: 65 years:120; 65-84 y: 149: >85y: 19: 149: 65-84 yrs: 120: >85y: 19: 149. The distribution of oncological diseases which were treated included: breast cancer (46.5%), prostate cancer (13.5%), lung cancer (13.3%), colorectal cancer (9.5%), leukaemia (9.5%), and other (9%). Diagnosis was complete for 96% (n=115) of patients. Diagnoses included: cancer (66%), dementia (14%), heart disease (6%), diabetes (3%), and others (11%). The consent to share information field was complete on 71% (n=85) of forms, and of these 65% (n=55) had gained the patient’s consent as either the doctor's and patient's status was clear on 64% (n=77) of the forms, in 94% of these the decisions was for reusitation. Only a minority of forms had preferred place of care field was completed (18%).

Conclusions: The information provided to the LA can be improved, most forms are missing some vital pieces of information. An electronic register will immediately improve how communication skills to significantly change the quality of hand over information and care provided.

Abstract number: P595
Abstract type: Poster
Where Do We Go from Here?
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Aim: Research shows that patients prefer to die at home. However, the majority of end of life care may be appropriate for transfer was not problematic. A borderline was identified placing patients who required intermediate level ongoing inpatient care. Our results support our pre-audit impression (based on anecdotal experience) which suggested that there is a significant deficiency in level 2 or intermediate level palliative care beds in the community, which needs to be addressed as a priority.

Abstract number: P596
Abstract type: Poster
An Audit of Handover Information Provided to the London Ambulance Service (LAS) for Palliative Care Patients
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Background: Transfer of information between service providers is a factor that limits provision of good out of hours care for palliative patients. The Department of Health End-of-Life Care Strategy advocates the development of electronic end of life care registers to improve communication between professionals. 8 pilot sites across the UK are implementing these registers, two are based in London. Historically, handover of information to the LAS has been via a fax proforma.

Aims: To determine the reliability of the handover information provided to the LAS

Methods: All ‘active’ handover forms for patients living within the boundaries of the London Ambulance Service that were received by the LAS at one time point in 2010 were reviewed. Information was collected on completeness, accuracy and patient demographics.

Results: A total of 131 were analysed, representing 120 different patients. All forms had at least one data field missing. The role of the professional completing the form was clear in 95% of cases. These were; clinical nurse specialist (34%), nursing home staff (27%), GP practice staff (5%) and other (2%). Diagnosis was complete for 96% (n=115) of patients. Diagnoses included; cancer (66%), dementia (14%), heart disease (6%), diabetes (3%), and others (11%). The consent to share information field was complete on 71% (n=85) of forms, and of these 65% (n=55) had gained the patient’s consent as either the doctor’s and patient’s status was clear on 64% (n=77) of the forms, in 94% of these the decisions was for reusitation. Only a minority of forms had preferred place of care field was completed (18%).

Conclusions: The information provided to the LAS can be improved, most forms are missing some vital pieces of information. An electronic register will immediately improve how communication skills to significantly change the quality of hand over information and care provided.

Abstract number: P597
Abstract type: Poster
A comparison Audit of Patients Dying from Chronic Lung Disease in Hospital and a Specialist Palliative Care Unit
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Aims: To compare end of life care measures in patients dying from chronic lung disease as inpatients of an acute hospital with those in an inpatient hospice unit. To evaluate the feasibility of a comparison between these two settings when assessing end of life care for this group of patients.

Method: The audit was conducted from January 1st 2009 to September 2009. Patients with end-stage respiratory disease who died during an admission at either the hospice or local hospital were identified from locally from clinical coding records. Data pertaining to their clinical care were obtained by review of case records. The following were compared between the care settings: uses of the Liverpool Care Pathway (LCP); pharmacological therapy; investigations and monitoring during the last 48 hrs of life; and do not attempt resuscitation (DNAR) decisions.

Results: 8 patients in the hospice and 9 patients in the hospital were included. Key findings included that in the hospice, 7 patients (88%) had a DNAR decision, versus 5 (56%) in the hospital. The LCP was used for 3 patients (38%) in the hospice versus 2 (22%) in hospital. Opioid and anxiolitics were both prescribed for 100% of hospice patients. Among hospital patients, they were prescribed for 78% and 67%, respectively.

Conclusion: Comparing the two settings is feasible. In general, management of patient dying from respiratory illnesses appeared better in the hospice than the hospital setting. We propose that such patients should be identified early, enabling early transfer to a multidisciplinary specialist palliative care service or discharge home to die. When these patients are managed in the hospital, particular efforts are required to improve the prescibing of end of life medications and to open and to use最长出版时间communication. Educational needs of the clinical teams should be identified in order to achieve these recommendations.

Abstract number: P598
Abstract type: Poster
Audit of Strong Opioid Titration against Local Symptom Control Guidelines at a Specialist Palliative Care Inpatient Unit
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Background: Opioid drugs are commonly prescribed by palliative care physicians who are considered expert in their use. We audited the titration of strong opioids on a specialist palliative care inpatient unit against local symptom control guidance adapted from that of a local specialist cancer centre.

Aims: To assess whether doctors are titrating opioids in accordance with existing local symptom control guidelines.

Objectives: To describe strong opioid use. To examine the quality of reasoning and rationale for opioid titration.

Methods: We carried out a retrospective audit of the medical case notes & drug charts of 105 patients discharged from the inpatient unit. Notes were examined by one of two authors (LP or LPo), a random sample were then reviewed by a third author (HC).

Results: 61 patients (58%) were receiving strong opioids at the time of discharge. 44 patients were excluded due to a number of reasons (t=27) or they were receiving opioid therapy by the transdermal route (n=17) which is not appropriate for rapid titration. Patients titrated by the oral (n=9) or subcutaneous (n=8) routes were mostly prescribed morphine (n=11), or oxycodone (n=5). The median number of increases in dose per patient during titration was 2, the dose never being increased more than 3 times. 21 of the 27 individual increases in dose followed guidelines; in 2 of the 4 increases of deviance reasoning was documented and was appropriate in both cases.

Conclusions: Transdermal route more common than oral and subcutaneous combinations. Morphine is commonly used oral/subcutaneous strong opioid.

Abstract number: P599
Abstract type: Poster
Liverpool Care Pathway at the National University Hospital, Reykjavik, Iceland: Audit for the Year 2009
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Introduction: The Liverpool Care Pathway (LCP) from Liverpool UK is a well known document which is used for the last days of life. Included are 18 objectives and variance documentation. Regular 4 hourly assessments are done for five common symptoms. Variance is documented if goals are not
accomplished. Symptoms assessed and present at other times are also documented on the variance sheet. Version 11 of the pathway was implemented 2009 in the 3 palliative care settings across the National University Hospital: A General Palliative Care Unit (8 bed unit), a Geriatric Palliative Care Unit (9 bed unit) and an Oncology/Palliative Care Unit (4 bed unit).

Method: Audit for year 2009 included all patients on Long term Opioid (LTO) settings (n=150). The LTO pathway document was updated quarterly by the clinical audit officer using Microsoft Access.

Results: A total of 137 patients on LTO were identified. Of those, 118 patients were audited for opioid prescribing and dosages (100%). 100% were on day 7 or less of LTO. The audit identified 35 out of 118 prescriptions had errors. 10 of these errors were rated as significant with potential harm from 25. Further specific error data to follow.

Conclusions: To follow

Abstract number: P602
Abstract type: Poster

Anticoagulation Practice in Palliative Care

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Background: An audit of practice revealed anticoagulation practice in palliative care to be suboptimal. This highlights the importance of ongoing audit and compliance with regional guidelines.

Aim: To audit prescribing errors of opioid medications at our hospital, to identify preventable causes of death and to present prescribing errors policy.

Methods: Audited standards included local and national guidelines on anticoagulation. New opioid prescription data was audited prospectively for a week collected by ward staff. Data analysis performed by the clinical audit officer using Microsoft Excel.

Results: (provisional): 35 out of 118 prescriptions had errors, 10 of these errors were rated as significant with potential harm from 25. Further specific error data to follow.

Conclusions: To follow

Abstract number: P604
Abstract type: Poster

The Referees’ View on Specialist Palliative Care Delivered at a Portuguese Acute Hospital Setting

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In Portugal, in the last 5 years 8 public hospital-based palliative care (PHPC) programs were implemented. The view of referees about the potential benefits and implementation of these programs should complete ongoing research, seeking evidence on whether new services can lead to improved outcomes among patients and families. We aim to describe referees’ perspective on the development of specialist palliative care service in acute hospital setting. Methods: Questionnaires were sent to all physicians and training programs at the first semester of 2010. Five topics were assessed: 1) general satisfaction (4-point scale, covering general satisfaction with knowledge, technical skills, interpersonal manner and information-giving); 2) skills, interpersonal manner and information-giving; 2) ideal medical practice model for palliative care in acute setting; 3) expected specialist intervention on wards; 4) usefulness of currently available support services and 5) personal specifications. Results The participation
Effectiveness.

Relation to Medication Use in the Last Month

Poster sessions

rate was 31% (15/48). All but three responders were females. Among the departments, the best participation rate (64%) was shown in the Department of Gastroenterology (57%). Nine (out of 15) physicians had completed medical school more than 15 years ago. Except for the information obtained about how to refer patients to hospice facilities (6 somewhat or very dissatisfied), most responses were indifferent or satisfied. Eleven of the 12 respondents considered the ideal place to manage their patients. For admitted patients, specialist assistance was first sought to manage their physical problems. One out of three physicians thought that HBPC should also deliver inpatient psychosocial support and plan discharge. Seven participants considered outpatient clinic the most useful service actually provided.

Conclusions: Among the 12 physicians who completed the survey were satisfied with their working partnership and had favorable attitudes toward higher levels of HBPC involvement in the inpatient setting.

Abstract number: P605

Maximising Clinical Resources: An Audit of the Reasons why Patients Miss Appointments in a Primary and Secondary Lymphoedema Clinic

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Background: An audit of the time lost in a lymphoedema clinic to patients that do not attend their clinic appointment dates. Patients with less than 24 hours notice and patients that do not attend.

Method(s): A one year pilot study with a pre-post design in three nursing homes in Flanders, Belgium. The project is constructed around the 3 strategic aims of the FLIECE project was conceived, with a threefold aim (1) avoiding unnecessary hospitalization at the end of life, (2) how the strategic policy research requirements can be improved and to develop and test the necessary tools for this purpose, (2) to test and improve existing evaluation tools for palliative care, and (3) to evaluate societal changes in EOLC and end-of-life decision-making.

Results: The project is constructed around the 3 main strategic aims and contains 8 separate studies about: (1) 1) avoiding unnecessary hospitalization at the end of life, (2) timely recognition of palliative care needs by GPs, (3) improving EOLC communication, (4) improving EOLC in residential care for older people, (5) evaluation of the quality of EOLC in care homes and in Flanders, (6) in acute care gerais. (7) developing quality indicators in palliative care, and (8) societal evaluation of EOLC and decision-making in Flanders. All studies are aimed at both obtaining scientific evidence and developing and delivering concrete products based on the evidence (eg handbooks, trainings, guidelines) aimed at improving EOLC in collaboration with relevant sectors and actors. An elaborate dissemination strategy was outlined to make sure results will reach relevant societal actors. The project received a 2.6 million € funding (2011-2014). Conclusions: By focusing on interventions to improve the quality of palliative care and EOLC and on the testing of evaluation tools, the strategic aims of the FLIECE project focus audit and intervention on a combination of scientific research and societal dissemination of the results, hence, on effective scientific valorisation.

Abstract number: P604

Blood Transfusion in the Palliative Care Setting: Decision-making and Ethical Considerations

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Blood transfusions (BT) are often part of the management of patients with a cancer diagnosis. BT can improve symptoms of fatigue and breathlessness. Before offering BT to patients, several considerations should be taken into account. BT is a major decision for both patient and donor and requires a BT service. BT should only be offered when there is clear benefit for the patient. During the BT process, it is crucial to maintain a good rapport with the patient and donor.

Abstract number: P606

Undertaking a Baseline Review, Establishing a Standard and then Re Auditing Practice in Relation to Medication Use in the Last Month of Life for Residents in Nursing Care Homes

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AIM: To establish a standard that could be audited to optimise symptom control for nursing home residents in the last month of life.

Method: A baseline audit was undertaken in 7 nursing care homes in one locality. The audit consisted of a retrospective review of notes from 48 deceased residents and a questionnaire to 67 registered nurses and their managers. The questionnaire included a ‘last days of life’ scenario that captured knowledge and competency around decision making and Jonking up a syringe driver. Data were analysed using descriptive analysis. A standard was developed collaboratively alongside the nursing care homes in agreement with the GP’s. Following a baseline audit, the new standard was introduced into practice. Care against the standard will be re-audited after 6 months.

Results: The baseline review revealed that a syringe driver to manage symptoms in the last days of life were used on 11% of residents. However, 8 out of the 11 (73%) were only used for a period of 1½ days or less. No resident that received palliative care support had an injectable medication prescribed. GPs made the decision to prescribe an injectable medication (0.5mg) in 31% of residents. The questionnaire highlighted a lack of nurse competence in the use of syringe drivers. Findings of the reaudit against the standard that was developed will be presented.

Conclusion: The symptom control needs of older people in the last days of life may be more appropriately managed through the use of bolus subcutaneous medication or rectal suppositories.

Abstract number: P607

The Impact of Advance Care Planning on End of Life Care in Nursing Homes

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Aim: To investigate the impact of advance care planning (ACP) on end of life care in elderly patients in care homes and their families. Aims: To assess the quality of ACP in care homes and to investigate the obstacles and promoting factors for the implementation of a care model of ACP.

Methods: A mixed-methods study with a pre-post design in three nursing homes in Flanders, Belgium. Participants were all nurses, attending general practitioners (GP’s) and all patients and their families admitted during the one year period of the study. The intervention consisted of an educational session, a handbook (blueprint) of the care model and monthly contacts with coordinating nurses. Outcome measures: Process outcomes consists of a set of quality indicators (identification of a surrogate decision maker, ACP discussion with patient, medical chart notification, decision communication where admission to hospital). Secondary outcomes were focus group discussions with relatives, interview with the GP’s, and coordinating nurses and measurement of the attitude towards death and dying amongst all nurses and GP’s using the multidimensional fear of death scale (MFOD). Results: Quality indicators show an overall significant improvement except for the number of documents during hospital admission (data will be presented during the congress). Focus group and interview revealed approval and interest from the participant groups for the new ACP tool. Conclusion: MFOD shows significant change in ‘fear for others’. Interviews with coordinating nurses reveal obstacles and propositions for implementation.

Abstract number: P608

Poster sessions
Aim: To determine the chemical compatibility/stability of alfentanil with 10 commonly encountered drug combinations in end-of-life care.

Methods: A previous study identified 10 frequently used combinations of injectable medicines administered simultaneously in palliative care (e.g., alfentanil combined with 10 other medicines). This study was carried out to investigate the chemical stability of these mixtures with alfentanil hydrochloride in syringes and intravenous bags. 

Results: Eight combinations were identified as incompatible. These combinations contained either an incompatible drug (e.g., benzyl alcohol), a plasticizer (e.g., diethyl phthalate), or a chemical that remained constant over the monitored period. Furthermore, the pH of these combinations did not remain constant over the monitored period.

Conclusion: This research represents a small step towards providing technical information required by healthcare staff for the mixing of injectable medicines in the same syringe, as recommended by the National Patient Safety Agency in the UK. From our work it can be concluded that incompatibility matters and the pH may remain constant, and the combinations are not suitable for use in this way.

Abstract number: P614
Abstract type: Poster

Families’ Experiences of a Bereavement Support Program

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Background: Previous projects at a hospice in northern Sweden have shown that many family members experience loneliness and support after a relative’s death. Thus to improve the bereavement support for families, a new information folder and routines for family grief support were developed.

Aim: The aim of this study was to investigate families’ experiences of a new bereavement support system in a hospice in Northern Sweden. In the spring of 2009 a folder was designed providing information about grief, practical tasks to be pursued after death and information about supportive and helpful persons and agencies, and a letter informing that a hospice nurse would call them within a month after the death. Families who were members then were randomly selected for a telephone interview. The content of the conversations were written down and analysed using content analysis.

Result: The telephone interviews lasted from 9 to 87 minutes (36 minutes). The family members appreciated the information contained in the folder, and the phone call from the hospice nurse. It helped them to become ready to deal with the funeral and other practical tasks. All family members appreciated the phone call about a month after the death of their relatives. Comments of the phone call were related to the funeral, the time after death and the time at a hospice. Two of the family members appreciated repeated calls or other forms of support.

Conclusion: All family members appreciated the bereavement support system and experienced it as helpful in dealing with the practical aspects after death and in moving forward in the grieving process. It was especially appreciated that the hospice nurse took the initiative for telephone contact. Although the description of the content of the bereavement folder was presented at the EACP conference in 2011, it was not discussed at the conference. The study was funded by the Foundation for Hospice Care, Umeå Sweden.

Abstract number: P615
Abstract type: Poster

The Gifts of Grief / Los Regalos del Pesar

Sobana N.

Shining Light Productions, Oakland, CA, United States

This 90-minute workshop explores the powerful and mysterious nature of grief and loss. Participants will get a glimpse into a documentary _The Gifts of Grief / Los Regalos del Pesar_ subtitled in Spanish as a teaching tool to begin understanding the components of grief, the roles that help us through our losses and to discover for ourselves the extraordinary opportunities our own losses provide. In this film, Isabel Allende along with six other remarkable people share their journeys through their personal losses encompassing their pain, learning to live with their loss and now engaging in life with more compassion, courage and awareness.

Objectives:

1) To demonstrate and validate that grieving is a natural, healthy process from which we can not only recover, but be changed by in deep and profound ways.

2) To identify the physical, emotional and spiritual effects of death and grief.

3) For participants to identify the resources that help them through their losses.

4) For participants to discover for themselves the possibility of the gifts emerging from their own losses.

Abstract number: P616
Abstract type: Poster

A Bereavement Service for Children, Adolescents and Young Adults Run by a Charity with Volunteers. Analysis of a Rock Climbing Programme for Bereaved Boys

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Abstract number: P610
Abstract type: Poster

Chromatography-Diode Array Detection (HPLC-DAD) to determine, and to compare the chemical compatibility and stability of these mixtures with alfentanil hydrochloride (HCl) injection in Japanese cancer pain patients.

Methods: A previous study identified 10 frequently used combinations of injectable medicines administered simultaneously in palliative care (e.g., alfentanil combined with 10 other medicines). This study was carried out to investigate the chemical stability of these mixtures with alfentanil hydrochloride in syringes and intravenous bags. 

Results: Eight combinations were identified as incompatible. These combinations contained either an incompatible drug (e.g., benzyl alcohol), a plasticizer (e.g., diethyl phthalate), or a chemical that remained constant over the monitored period. Furthermore, the pH of these combinations did not remain constant, and the combinations are not suitable for use in this way.

Conclusion: This research represents a small step towards providing technical information required by healthcare staff for the mixing of injectable medicines in the same syringe, as recommended by the National Patient Safety Agency in the UK. From our work it can be concluded that incompatibility matters and the pH may remain constant, and the combinations are not suitable for use in this way.

Abstract number: P612
Abstract type: Poster

Using the Abocath versus Butterfly Needle in Subcutaneous Administration of Medication at Inpatients in a Palliative Care Unit

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Abstract number: P611
Abstract type: Poster

Chemical Compatibility/Stability of Alfentanil with Commonly Used Supportive Drug Combinations Administered by Continuous Subcutaneous Infusions for End of Life Care

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Aim: To determine the chemical compatibility/stability of alfentanil combined with 10 commonly encountered drug combinations in end-of-life care.

Methods: A previous study identified 10 frequently used combinations of injectable medicines administered simultaneously in palliative care (e.g., alfentanil combined with 10 other medicines). This study was carried out to investigate the chemical compatibility and stability of these mixtures with alfentanil hydrochloride has been studied. Analytical methods were developed to allow the separation of the individual drugs in the combination and detect possible degradants. The individual drug concentration was determined for each combination monitored over a 24-hour period. Syringes were prepared containing the drug combination as close to clinical practice as possible. The drug combination was prepared by the physical, emulsion, homogenization technique. The drug concentrations were determined in each combination by liquid chromatography with diode array detection (HPLC-DAD) to determine, and to compare the chemical compatibility and stability of these mixtures with alfentanil hydrochloride (HCl) injection in Japanese cancer pain patients.

Methods: A previous study identified 10 frequently used combinations of injectable medicines administered simultaneously in palliative care (e.g., alfentanil combined with 10 other medicines). This study was carried out to investigate the chemical stability of these mixtures with alfentanil hydrochloride in syringes and intravenous bags. 

Results: Eight combinations were identified as incompatible. These combinations contained either an incompatible drug (e.g., benzyl alcohol), a plasticizer (e.g., diethyl phthalate), or a chemical that remained constant over the monitored period. Furthermore, the pH of these combinations did not remain constant, and the combinations are not suitable for use in this way.

Conclusion: This research represents a small step towards providing technical information required by healthcare staff for the mixing of injectable medicines in the same syringe, as recommended by the National Patient Safety Agency in the UK. From our work it can be concluded that incompatibility matters and the pH may remain constant, and the combinations are not suitable for use in this way.

Abstract number: P616
Abstract type: Poster

A Bereavement Service for Children, Adolescents and Young Adults Run by a Charity with Volunteers. Analysis of a Rock Climbing Programme for Bereaved Boys

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Background: The hospice movement in the German university city of Freiburg (Hospizgruppe Freiburg e. V.) established itself as a charity of volunteers in 1991 looking after terminally ill patients and families. In August 2003 a bereavement service for children and adolescents with an internet platform was developed. Since 2005 a rock climbing (RC) programme for bereaved boys was initiated.

Objective: The aim of this paper is to discuss the evidence for the relevance in supporting the grieving process with RC and the importance of belonging to such a group. Can RC help to grief in a healthy way and prevent pathological bereavement?

Method: It is an explorative study because there is no research done to analyse the effects of sports therapy in relation to bereaved boys. Interviews with qualitative questions were done with the bereaved boys. To find out if they were satisfied with the other interview was done with the surviving parent.

Results: The study showed that RC contributed a relevant part of their physical and emotional part of the grieving process. It allowed diversion from the actual loss through creating a new protected space. On the other hand they didn’t learn how to deal with the intense concentration while climbing the deceased person was included thus preventing denial. Anger and enragement could be can be satisfied and controlling anxiety could be learned.

Conclusion: RC particularly gratified courage, will power, concentration etc. It helped to achieve a rebuilding in self-confidence. The average length of participation was two years.
Conclusion: The results justify continuation of RC in a protected space where bereavement can be actively encouraged while experiencing joyful memories of mourning and causing offense in the bereaved families. The boys mutually support each other and share a common empathy which enhanced them to belong to the group and thus preventing exclusion. Reflection and concentration to continue the journey, including the memory of the deceased, helps to keep an enthralling balance.

Abstract number: P617
Abstract type: Poster

Fireworks and Feelings - Reaching out Creatively to Young People through the Storm of Bereavement

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Children and young people are often shielded from the initial trauma of a terminal diagnosis of a parent or significant care giver, resulting in less time to come to terms with the imminent death than older family members. This may affect their bereavement. Fireworks and Feelings children’s project encourages early support amongst peers.

To enable a sharing of experiences between bereaved young people (aged 5-18 years), using choice and free expression and brought a group of bereaved people together for a day. They used creative arts as a medium for expression; we had a shared, social lunch in the which each one took part from the day for display in an exhibition of their work, later, continuing the sharing theme. Reunited, the presentation of recently (within 1 year) bereaved young people, to a day with:

A safe environment
Clear expectations
A choice of artistic materials for all levels of ability
Support and encouragement to express, with minimal instruction
Group lunch around a table
Follow up exhibition and celebration for, with minimal instruction

Involvement in the arts assists in the development of memory and social health and well being. It allows freedom of expression and playfulness. Young people create social and psychological bonds and relationship beyond the day. There is expression of deeper emotions, without words, providing an alternative method for those who may have difficulty in sharing the feelings around such an important and significant loss.

Abstract number: P619
Abstract type: Poster

Narrative in Bereavement; Death and Loss

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A London hospice supports 850 patients daily across 5 ethnically and culturally diverse boroughs. In any year around 1650 patients die under the hospice’s care.

The project assessed the content and form of narrative writing, focusing on the family members to describe thoughts and emotions and, make sense of loss around the time of bereavement and, twelve months after death. This was an empirical study of 859 separate pieces of writing and the form which writing took; Construction bonds, recalling the dead person in the present, setting the dead person in heaven, reuniting the dead person with deceased loved ones, hops for reunion, and marking an anniversary were among the main themes noted. 

To enhance the written process and authors, leaving their written contributions behind allowed others a glimpse into a private experience of bereavement. Common terms and language was utilised by writers, suggesting that a ‘folk depository’ of terms is available in order to describe death, loss and the experience of bereavement.

This research indicates that death is a social experience in which a dead person is mediated to others by those close to the deceased person. It has also suggested writing is a helpful means of personal support during bereavement, in some way brings the deceased person back to the present.

No external or internal funding

Abstract number: P620
Abstract type: Poster

Informal Caregivers Grief: Prospective Study in Families Followed in Palliative Care

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Palliative care provides bereavement support to families of deceased patients, recognizing that caregivers are particularly vulnerable to experience intense levels of distress following the loss. It is expected that these caregivers will develop a Prolonged Grief Disorder (PGD), whose criteria are: intense longing and yearning for the deceased for a period exceeding 12 months; emotional, cognitive, and behavioral symptoms; and social and occupational impairment. The purpose of this study is to determine the incidence of Prolonged Grief Disorder among caregivers whose relatives were followed in a Palliative Care service.

Method: Longitudinal, prospective, cohort study. A total of 73 bereaved families responded to the Prolonged Grief Disorder Evaluation Instrument (PGDI) 3 years and 6 months after the death of the family member.

Results: The sample is mostly female (78.1%), widowed (61.4%) and with mean age of 58.37 (SD: 13.99). The incidence of PGDI in the first evaluation (mean time of bereavement: 6.64 months) is 28.8%, decreasing to 15.1% in the second phase (13.93 months). The prevalence of PGD declined significantly over time (x2 = 4.20, p = 0.04). In the second evaluation, six bereaved individuals continued to meet criteria for a diagnosis of PGD, 15 remitted and four new (incident) cases emerged. The high incidence of PGD in the first assessment suggests that this grief severity is highest on average early on post-loss. However, the important differences in values that occurred after 12 months suggest time is important in distinguishing between those at risk for enduring distress and those whose grief symptoms resolve with time. Future research is needed to examine how each of these presentations influences long-term functioning among bereaved survivors.

Abstract number: P621
Abstract type: Poster

Who Searches for Support on Grief in Palliative Care?

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Objective: This study intent to feature grief counseling in respect to the factors of population’s vulnerability and services adhesion.

Methodology: In this descriptive study, we examine 84 members of bereaved families accompanied for an intra-Hospital Support Team in Palliative Care. For the construction of the questionnaire of risk factors, developed from the literature review, which was filled by professional staff based on knowledge about the risk factors they have about the family. Data collection was occurred since January 2009.

Results: Most of the participants were females (81%), with mean age of 45.8 (SD: 8.4). Among the population is largely widower (48.4%). Most people benefited of a previous intervention, at least through a counsel evaluation (52.3%). The majority (62.0%) of relatives started support in the prior period of the loss and 44.9% until 3 months after loss. Currently in attendance are 34.2% of bereaved, with an average of 1.7 months of month intervention. At this time, it was granted clinical discharge to 47.6% of people, and 14.3% abandoned the counsel. The methods of intervention are individual and group, in this last approach was applied in 20.2% of people.

Conclusion: In the bereaved that remain in compliant are mainly widows, with important personal antecedent, as well as the perception of lack of social support.

Abstract number: P622
Abstract type: Poster

Qualitative Assessment of a Group Intervention in Grief

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The group intervention in grief is a setting of emotional support. Participants are encouraged to express their feelings and share resources in order to relieve suffering and adapt themselves to new situations. In this qualitative study, we intend to describe the benefits of this experience for five bereaved persons who completed 14 months of intervention in a closed, supportive-expression group.

The sessions were held on a fortnightly period, according to the integrative model, non-directive and in co-therapy. The participants were selected based on motivation and characteristics of the grief process in order to create a homogeneous and specialized group. In the final session, they were asked to reply in writing to some open questions focused on the effects of this intervention. In respect to the group experience, they emphasized aspects such as the universality of grief, feelings, motivation for self-revelation, the development of self-confidence and encouragement for the reconstruction of life. The perceived group’s evolution is based on greater cohesion and learning. In a message addressed to all bereaved persons, they reinforce the need to accept help and to normalize their feelings. Finally, in their prospect of future, they imagine themselves with new and more constructive world approaches to the feelings, with the intention to enjoy the pleasures of life, greater tolerance and more capacity to love. In conclusion, according to the qualitative assessment of the participants, the support group has therapeutic means due to involvement and mutual-help, that promotes adaptation to grief through the process of meaning reconstruction and personal growth.

Abstract number: P623
Abstract type: Poster

Thanatologic Counseling, Children with Leukemia and Solid Cancer

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When a child gets ill with a very important illness, it is important to be aware of the importance and deeply the feelings that arise and that the parents try to avoid that their children knows the truth.

The story “The story of a girl with leukemia” is offered as a resource to allow the child to recognize her illness; names it, represents it and locates it. The story was designed to support the process of acceptance of the diagnosis and illness, to help the insertion of the child to the hospital environment, to favor the recognition of the patient and their family’s role. It is also used to unify the information in the space physician-family avoiding confusions and misunderstandings and keeping the social-psychological state of the child and family.

Four years after the implementation of the story, we learned that it is possible to guide family-child to make plans, receive emotional support feeling that is not struggling alone and isolated, to may identify feelings related with the medical staff and to maintain hope and meaning of life.

Abstract number: P624
Abstract type: Poster

12th Congress of the European Association for Palliative Care, Lisbon, Portugal, 18–21 May 2011

Poster sessions (Friday)
Abstract number: P624
Withdrawn

Abstract number: P625
Abstract type: Poster
Demonstrate the Difference Impact of Hospital Nurse Palliative Care Education

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Background: In this area qualified nurses now undertake a 6 day palliative care course similar to the course that has been rolled out to district nurses for a number of years.

Aims: The aim was to look at the skills which hospital nurses feel they have gained from attending this course and the experiences they have had in dealing with palliative care issues in the acute hospital setting subsequent to this.

Methods: A qualitative thematic analysis of 30 case studies produced by participants on the course was undertaken. Common themes and information regarding the aspects of the course which appeared to be most beneficial for participants was sought.

Method: Cancer Network staff that had more confidence in dealing with difficult communication issues when they may have avoided having certain conversations in the past. They felt empowered in discussing cases with medical staff. Nurses felt they were now able to ask more relevant questions about symptom management, etc. towards the Gold Standards Framework, participants were able to see the benefits for patients of using the framework across all settings and not just in their own care. Advanced care planning and discussing preferred priorities of care had tended to be avoided prior to the course. Staff on certain wards tended to feel that, because they had no experience of these patients to be mainly non-cancer, they had few palliative care needs, but became aware following the course that there are a lot of these patients.

Conclusion: From the results of the analysis, it would appear that this course is of sufficient benefit to qualify staff to justify releasing them from their ward duties for 6 days for the course.

Abstract number: P626
Abstract type: Poster

‘You can do it!’ Training All Staff in Advance Care Planning Impacts on Preferred Place of Care

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Background: The End of Life Care Strategy 2008 recommends that patients have opportunities to be heard & make choices by Advance Care Planning. However staff lack confidence in initiating conversations about the future, & struggle to make such opportunities happen. Staff are expected to undertake these conversations, without fully understanding the processes and legalities of Advance Care Planning.

Aims: To equip a critical mass of healthcare staff from all settings to understand Advance Care Planning, be able to open up the conversation, enable patients to voice their wishes and preferences, & ensure that they are recorded & communicated adequately.

Methods: Scores are the development of a free, multiprofessional sessions led by 2 trained facilitators & designed to meet a variety of learning styles and preferences. Resources included a workbook & web based resources.

Results: 225 healthcare professionals have undertaken the workshop & 92 of the tool of understanding of ACP. 77 were from care homes, 43 specialist palliative care services, 176 hospital, 51 community nurses & 11 family doctors.

Conclusion: When rolling out new models the tried & tested method is to educate & employ the few to teach the many. The present economic climate presents an opportunity to try something different, to reach out to the many with the expectation that they will all understand the information & be informed. In this way the culture of an organisation or community is changed by the expectation. Having those conversations is not reserved for those in specific positions. It will be some time before the effect of this work is realised & be measured by increasing number of patients choosing to make their wishes known in advance by the available means.

Already, recording choices has changed the expectations of the community where a preferred place of care has now increased to 90% of those asked.

Abstract number: P627
Abstract type: Poster

Needs Assessment: Does the Education in Palliative Care Improve the Knowledge about the Needs that Should Be Assessed?

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Aim: To analyse if the education in palliative care improves the knowledge about the needs that should be assessed.

Methods: We created 2 groups of subjects: one with 27 students of the Masters Course in Palliative Care (group 1) and other group with 26 students of other Masters Courses (group 2). We developed a list with 32 needs that should be assessed and we asked the students to choose which they thought that must be assessed.

Results: We asked the students before the curricular unit of the Principles and Philosophy of PC (T1), immediately after (T2) and at the final of the master course (T3).

Conclusion: From the results of the analysis, it would appear that this course is of sufficient benefit to qualify staff to justify releasing them from their ward duties for 6 days for the course.

Abstract number: P628
Abstract type: Poster

End of Life Care Training for Adult Community Nurses

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Aim: To narrow the gap between the knowledge and skills of specialist nurses practicing end of life care (EoLC) and other healthcare professionals. The target audience is all EoLC nurses.

Method: A Clinical Nurse Specialist in Palliative Care delivered an educational programme in EoLC to adult community nurses working in an urban setting. The programme comprised 15 small workshops (85 nurses) and 34 individual clinical coaching sessions that led to 21 enduring community visits. Feedback was gathered on both the workshops, and the participant’s own progress using a self-assessment questionnaire following joint community visits, exploring confidence in communication, Gold Standard Framework (GSF), physical symptom assessment, understanding of local health care pathways (LCP) and care in the last days of life. For each domain participants were asked to state their ability or confidence using a five point scale from 1=strongly disagree to 5=strongly agree.

Results: Nurses initially expressed anxieties relating to syringe driver use, commencement of the LCP and limited exposure to EoLC patients. They felt that they lacked confidence in communication, physical assessment and symptom control. The workshops were evaluated as good or very good by 95% of participants, with no negative feedback. The self assessment questionnaire showed improvement in each of the domains following clinical coaching - see table 1.

Poster sessions (Friday)

12th Congress of the European Association for Palliative Care, Lisbon, Portugal, 18–21 May 2011

179
Abstract number: P631
Abstract type: Poster

Opening the Gate Electronically! An e-learning Course for Raising Spiritual Awareness

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Background: Following an audit of spiritual and religious care and management and care provision across one cancer network area in the north west of England in 2006 it was clear that most health professionals working in health and social care felt that they lacked confidence, and would benefit from further education, in spiritual support. The cancer network produced an interactive learning package for staff, ‘Opening the Spiritual Gate’, to meet this expressed need.

Aims: To raise awareness of the spiritual and religious needs of patients and families

To help staff feel more confident in discussing and assessing them.

To provide this education in a format which is easily accessible & available to staff.

Methods: A joint project between a cancer network and a university technology department in the north west of England resulted in the conversion of the interactive learning course of five sessions, originally delivered face to face (on one day or as a series), into an online course based on a constructivist learning model.

Results: The iterative process involved in the conversion and the resulting course along with the qualitative feedback of the pilot are described in this poster. The results show that the online platform allowed participants to access the course at a time to suit themselves and provided the necessary materials to meet all learning styles and preferences, is built in and the course is organised to allow small cohorts of people to form a learning community for its duration.

Abstract number: P632
Abstract type: Poster

Palliative Care Volunteering and Specific Competencies

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Context: On the base of the catalogue for palliative volunteers’ competencies, elaborated in 2008 in the Vaud Canton, a 8 days training has been set up through a collaborative process between the Cantonal Program (CP) of public health and 8 partners (hospices, regional hospitals, university hospital, specialized institutions for mentally disabled people, Cancer League, Caritas).

Training goals: 1. One day pro month, it covers the following topics: 1. Communication 2. Teamworking 3. Rituals 4. Spirituality 5. Bioethics 6. Issues and challenges in PC (i.e. P.C. at home). A large part is dedicated to the development of volunteer’s identity through a questioning about giving and receiving, doing and being, death and dying, boundaries

Trainees’ characteristics: From 2009 to 2010, 97 participants (6 groups), between 24 and 65 years old, from diverse sociocultural backgrounds, among which 50% practice a professional activity. Besides the training, each volunteer by within institutions partners of the CP

Satisfaction’s evaluation: A questionnaire distributed after the training allows to the level of satisfaction. 70% estimate that the content meets their needs completely, 25% mostly and 5% partially. The most positive points: authenticity and learning capacities of the teachers, diversity of the topics, respect, fruitful exchanges, usefulness of the practical exercises.

Evaluation of the training impact on clinical practice: 3 months after the end of the training, a questionnaire is distributed to the pc trained volunteers to assess the coherence between courses content, pedagogical methods and patients/families needs. This 2nd evaluation’s results will be published in spring 2011.

Conclusion: The CP organizes an annual plenary session (about 100 participants) and 5 half-day workshops on different topics: breathing, moving, integrity and disability, childhood and severe illness, networking, therapeutic distance, communication.

Abstract number: P633
Abstract type: Poster

Hospice Physician Home Visit

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Background: Due to workload, it was decided to explore an alternate and inexpensive learning package for staff, ‘Opening the Spiritual Gate’, to meet this expressed need.

Aims: To raise awareness of the spiritual and religious needs of patients and families

To help staff feel more confident in discussing and assessing them.

To provide this education in a format which is easily accessible & available to staff.

Methods: A joint project between a cancer network and a university technology department in the north west of England resulted in the conversion of the interactive learning course of five sessions, originally delivered face to face (on one day or as a series), into an online course based on a constructivist learning model.

Results: The iterative process involved in the conversion and the resulting course along with the qualitative feedback of the pilot are described in this poster. The results show that the online platform allowed participants to access the course at a time to suit themselves and provided the necessary materials to meet all learning styles and preferences, is built in and the course is organised to allow small cohorts of people to form a learning community for its duration.

Abstract number: P634
Abstract type: Poster

P635
End of Life Care Education: The Experience and Needs of Emergency Ambulance Clinicians

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Background: Aims: Ambulance personnel are often called to attend terminally ill patients and are involved in making resuscitation decisions for them, yet few studies have reported their experiences of this work or the training they have received level. We aim to explore ambulance clinicians’ previous training in end of life care and their self-perceived training needs to inform the development of an online training tool

Design: 200 questionnaires were distributed to emergency ambulance clinicians working within a large ambulance trust. Questions about previous training in end of life care and self-perceived training needs were included. Data was analysed using descriptive statistics with SPSS v18.

Results: 107 (54%) completed the questionnaires.

76/105 (71%) reported having no previous training in the clinical management of terminally ill patients and 63/106 (60%) had received no training in how to deal with do not resuscitation (DNAR) orders. Only 58/105 (54%) felt confident that they possessed the knowledge and skills to make the correct decisions regarding cardiopulmonary resuscitation (CPR) and 69/104 (65%) in their ability to provide appropriate clinical management to terminally ill patients. 103/106 (96%) would welcome training in the management of terminally ill patients: 100/105 (94%) in legal and ethical issues; 86/105 (80%) in appropriate CPR decisions; 85/105 (79%) in appropriate communication with other health care professionals to assist in decision making and 78/105 (73%) in developing skills for communicating with patients and relatives.

Conclusion: Few ambulance clinicians had received previous training in CPR decisions for terminally ill patients, whilst most would welcome such training. A further project is planned to explore ambulance clinicians’ decision making and, to develop a decision support tool to enable effective management of terminally ill patients.

Funding: NHS West Midlands

Abstract number: P636
Abstract type: Poster

Sharing Innovation to Improve Access to Specialist Palliative Care

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Background: Working innovatively to modernise services and promote choice for patients, our hospice provides an enhanced telephone triage service. Developing the service in line with the emerging national agenda to adopt enhanced methods of assessing complex need, provide rapid access to our specialist services and meet increasing demand. The purpose of this study was to evaluate our telephone triage service has been of significant interest to other providers of palliative care. In response to the number of requests we received for information and facilitated visits to observe the service in action, we decided to produce a DVD and accompanying training package to support others in establishing similar service. A working group was formed to guide the DVD project from the initial writing of the bid proposal to the marketing of the final product. The remit of the group was to work collaboratively with partners and service users to produce an informative learning tool to support others in setting up and delivering a telephone triage service. Partnership working involved the triage team, the wider team, the education team, the education team, professional service users from the primary care team and acute sector, and patient service users. Filming, editing and production work, the community, acute hospital and patient homes. As well as being an enjoyable teamwork venture, the service had many positive outcomes. Our vision and team development of accessible, flexible services that keep pace with demand was affirmed. The benefit of working in partnership with other service providers to demonstrate the value of services provided was clearly evident; as was the role of education in sharing ideas and best practice. Most importantly, the project gave us confidence that in developing an educational tool to facilitate the sharing of our innovative service design, we would advance rapid access to palliative care, and improve outcomes and promote choice for more patients.

Abstract number: P637
Abstract type: Poster

Which Changes Experience Participants of an Interprofessional and Multidisciplinary Palliative Care Education (MAS Palliative Care)? - A Pilot Study

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Background: An interprofessional and multidisciplinary curriculum for Palliative Care education in pursuit of the emerging professional role of Interdisciplinary Health Care Providers, worldwide, has been developed at the University of Hildesheim in cooperation with the German Federal Ministry of Education and Research (BMBF). This pilot study was conducted to evaluate the maximisation of the quality and content of the curriculum.

Aims: The aim of the study was to investigate which changes experienced participants of an Interprofessional and Multidisciplinary Palliative Care Education (MAS Palliative Care). The study was designed as a qualitative, longitudinal cohort study with 12 former students of an Interprofessional Palliative Care education (MAS Palliative Care) at the...
University of Klagenfurt/IFF Vienna, Austria were invited to participate in a group discussion. They were asked which changes they experienced in connection to the recent education in Palliative Care. A survey took notes during the interview. Based on the notes categories were established by the two authors. Methods: We used qualitative description and qualitative content analysis.

Results: The qualification which the participants gained during their studies led both to changes in the professional and private surroundings. Participants described the following changes as results of the masters degree in Palliative Care: change of workplace; better career opportunities at their workplace; increased salary; offers to work as lecturer; teamwork and networking becomes central; use of more time to reflect on professional and private themes; a broader view (a kind of multiperspectivity); organisational structures and routines are questioned; increased self-confidence (both in private and professional life); better reputation, a better ability to assert oneself and increased public authority.

Conclusion: The graduation in Palliative Care leads to both private and professional changes. Changes include increased career opportunities and authority, but possible conflicts in the workplace too. The participants have an increased will to multidisciplinary / interprofessional cooperation, team work and reflect more. An ongoing study shall investigate the experiences of a higher number of graduates from universities with masters degrees in Palliative Care using a questionnaire. The results have been presented as a poster presentation in German on the 8th congress of the German Association for Palliative Medicine (DGP) 2010.

Abstract number: P638
Abstract type: Poster

Dying, Death and the Newly Qualified Doctor
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Background: Dying and death form an integral part of the hospital experience, yet newly qualified doctors are frequently poorly prepared to deal with this particular patient cohort.

Objectives: To ascertain from the prospective of a newly qualified doctor, almost one year post qualification from an Irish medical school; if they felt that undergraduate training had prepared them for managing a dying patient, what training they had received since qualification to manage death and dying, their own individual experience of managing a dying patient and their perception of whether their competence had ameliorated since qualification after working in a hospital setting.

Method: Thirty doctors, all eleven months post qualification, working in a tertiary referral centre, were asked to complete a questionnaire, comprising twenty-four questions exploring the doctor’s self-perceived competence and experiences regarding death and dying.

Results: Eighteen questionnaires were returned. All respondents felt ill-prepared on qualification to manage dying patients, describing it as ‘awful’, ‘scary’ with only half of the respondents, a year later, feeling competent. Ten had to diagnose dying themselves with many finding their first experience a traumatic event. The Palliative Care Team and senior medical colleagues offered support, with all respondents requesting more undergraduate training.

Conclusion: Newly qualified doctors feel wholly unprepared to manage death and dying, due to a lack of undergraduate training. Undergraduate level. Both patient and doctor suffer from this lack of training, reinforcing for the newly qualified doctor this qualification as a medical failure, as opposed to training, reinforcing for the newly qualified doctor this qualification as a medical failure, as opposed to recognizing it as part of the normal process. It is imperative that adequate training be instigated both for undergraduate and newly qualified doctors to better equip them to manage this vulnerable patient group.

Abstract number: P639
Abstract type: Poster

Development and Configuration of the Training Offer in Palliative Care in Portugal
Curvalho M L1, Spain

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The concept of palliative care has been changing over the years along with the increase in chronic and terminal illnesses and scientific developments. In 1990 the WHO emphasized the extent of this type of curative care and in 2002 they defined the concept envisaging it as an approach that improves the quality of life of patients and families facing problems associated with dying, according to the patient’s preferences, by preventing, relieving any kind of suffer and by early identification, assessment and rigorous treatment of pain and other symptoms, integrating psychosocial and spiritual support. Being a special area with regard to medical procedures, nursing care and other specific training is required. This communication aims to analyze the development and configuration of the training offer in palliative care in Portugal. We opted for a qualitative and quantitative methodology. We privileged the literature search, website consultation and phone interviews with entities that offer training in this area as well as interviews with key informants. We built a database with the following variables: year of the beginning of training, theme, target audience, type of training, characteristics of training, the sector develops, duration and location.

The training offer includes brief preparation in the workplace and especially in palliative care units. In recent years the training has been more specific and multidisciplinary / interprofessional cooperation . It is also possible conflicts in the workplace too. The inclusion of the Palliative Care Team and senior medical colleagues offered support, with all newly qualified doctors who undertook their qualification since the concept of palliative care was introduced. The Palliative Care Team and senior medical colleagues offered support, with all newly qualified doctors who undertook their qualification since the concept of palliative care was introduced. The Palliative Care Team and senior medical colleagues offered support, with all newly qualified doctors who undertook their qualification since the concept of palliative care was introduced. The Palliative Care Team and senior medical colleagues offered support, with all newly qualified doctors who undertook their qualification since the concept of palliative care was introduced. The Palliative Care Team and senior medical colleagues offered support, with all newly qualified doctors who undertook their qualification since the concept of palliative care was introduced.

The training offer provides several strategies to improve the quality of care, such as the inclusion of a palliative care coordinator in the hospital, to reduce inappropriate hospitalisation and empower patients who understand their GSF status. The technology and scientific advances in health and investment in public policies (social and health) have allowed the training in this area to be ever more intense and specialized and improved the quality of care.

Abstract number: P640
Abstract type: Poster

Therapeutic Pact: Does the Education in Palliative Care Improve the Knowledge about Strategies to Improve That?
Capelos M L1, Lena A1, Patra C1, Fingerholt M J1, Roque E1, Flores R1

1Catholic University of Portugal, Institute of Health Sciences, Lisboa, Portugal

Aim:
• To analyse if the education in palliative care improves the knowledge about the strategies to promote the therapeutic pact.
• To identify factors that may influence the knowledge about the strategies to promote the therapeutic pact.

Methods:
• We developed one list with 8 strategies and we asked the subjects to choose which the strategies they thought should be necessary
• We created 2 groups of subjects: one with 27 students from a specific Palliative Care (group 1) to study the evolution the answers during the course and other group with 26 students of others Masters Courses (group 2) to compare the answers
• In the group 1 we asked in the begin (T1) of the course, at the final of the courses about Principles and Philosophy of Palliative Care (T2) and at the end of the course (T3)
• We analyse the gender, the profession and the employment in the palliative care affected the answers.
• In the three times of the group 1, and in the group 2, only one strategy (“not be compliant”) wasn’t chosen for the majority of the subjects
• The group 1 increased the number of strategies chose during the course with differences between T1 and T2: (p< 0.05)
• The group 2 (T2) chose more strategies (6.6±1.3) than the group 1 (5.5±1.7)
• Joining the two groups we only found differences between physicians (7.5±1.4) and the nurses (5.7±1.5) (p<0.05)

Conclusions:
• The specialized education in palliative care seems to improve the knowledge about the strategies to promote the therapeutic pact.
• In this study the physicians knew more strategies to promote the therapeutic pact.

Abstract number: P641
Abstract type: Poster

Golden Opportunity: Educating the End of Life Workforce across a Whole Hospital
Grzes K E1, Donning E1, Wölker S1

1West Lancs, Southport & Formby Palliative Care Services, Southport & Ormskirk NHS Trust, Southport, United Kingdom, 4Interdisziplinäres Zentrum für Anästhesie und Operative Intensivmedizin, Universitätsklinikum Aachen, RWTH Aachen, Aachen, Germany, 1Abteilung Palliativmedizin, Charité - Universitätsmedizin Berlin, Berlin, Germany, 2Interdisziplinäres Zentrum für Anästhesie und Operative Intensivmedizin, Campus Benjamin Franklin, Charité - Universitätsmedizin Berlin, Berlin, Germany, 3Klinik für Palliativmedizin, Universität Kiel, Kiel, Germany, 4Interdisziplinäres Zentrum für Anästhesie und Operative Intensivmedizin, Campus Benjamin Franklin, Charité - Universitätsmedizin Berlin, Berlin, Germany, 5Klinik für Palliativmedizin, Universität Kiel, Kiel, Germany, 6Interdisziplinäres Zentrum für Anästhesie und Operative Intensivmedizin, Campus Benjamin Franklin, Charité - Universitätsmedizin Berlin, Berlin, Germany, 7Klinik für Palliativmedizin, Universität Kiel, Kiel, Germany, 8Universitätsklinikum Jena, Jena, Germany

Introduction: In August 2009, a law was passed by the German Parliament introducing Palliative Care as a mandatory core curriculum subject for all German medical schools. The law has to be implemented by the year 2012. Our survey reports current
1. Development of Palliative Care (PC) as a system was introduced as obligatory part of the teaching for undergraduate medical students in Germany. As we look to the future, with the availability of e-learning and the as yet unknown impact of financial cuts, there is a need to retain a clear vision of what we are supposed to do in order to achieve our goals and outcomes. The ability to be creative and flexible is also essential in order to rise to the challenge of meeting the needs of different organisations, as well as those of the individual participants.

2. We find it is mandatory to achieve a positive attitude and a better understanding of educational practices in relation to death and dying.

3. Schools role as a “building culture organization” should address situations when those events occur in the workplace: hospital school, home or school community (teachers, parents, children).

4. The impact of this will be explored in relation to: loss of autonomy.

5. Good communication and negotiation skills are required to ensure successful implementation of educational goals and outcomes are clear. The ability to be creative and flexible is also essential in order to rise to the challenge of meeting the needs of different organisations, as well as those of the individual participant.

6. As we look to the future, with the availability of e-learning and the as yet unknown impact of financial cuts, there is a need to retain a clear vision of what we are supposed to do in order to achieve our goals and outcomes. The ability to be creative and flexible is also essential in order to rise to the challenge of meeting the needs of different organisations, as well as those of the individual participant.

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Poster sessions

12th Congress of the European Association for Palliative Care, Lisbon, Portugal, 18–21 May 2011

Abstract number: P648
Abstract type: Poster
Introducing Complementary Therapies as a Nursing Skill
Martinez Cruz M.B.1, Garcia-Baquero Merino M.T.2, Conesa Garcia J.3, Carretero Llanach V.4, Dominguez Cruz A.5, Rute Lopez 6
1Coordinación Regional de Cuidados Paliativos, Madrid, Spain, 2Coordinación Regional de Cuidados Paliativos, Consejeria de Sanidad. Comunidad de Madrid, Madrid, Spain

Aim: Certain complementary therapies are already recognized as integral part of palliative care. Emotional aspects of the “anatomy experience” and the way to improve the condition of the patients placed a special educational demand on the existing education. The purpose of this study was to evaluate training in the palliative care as a specialization or pre-specialization.

Methodology: We contacted team leaders and coordinators working in support teams and inpatient units. Two meetings with the organizing business unit and the trainers helped establish the need for this intervention and, from there, selected the best complementary therapies for the initial phase and elaborated the content of the training courses. All of them were developed in a specific chapter addressing the therapy application to the Palliative Care particularities.

Results: A training session was organized per selected therapy for ten attendees each. The courses were chosen: Reiki (8 hours), Bach Flowers (12 hours), and Human Anatomy (32 hours). The training was designed to delineate and time all necessary actions and a questionnaire was given to the trainees at the end of the session to evaluate training quality, the therapists’ effectiveness and to aid develop further projects.

Research aims: According to official statistics, in Armenia the number of people suffering from cancer and other life-threatening incurable diseases is increasing every year. Nowadays the country lack of palliative care specialists and the medical educational programs do not contain even palliative care introductory course for the neither bachelor’s nor master’s preparation period. The same situation is for postgraduate education. This situation led to the necessity of implementation of training and education of the specialists.

Study design and methods: To achieve the objective of the research, it has been reviewed and analyzed the current legislation and the medical educational programs, international experience in this field, particularly European standards as well as the survey forms in training of the educational programs of the palliative care in many countries.

Results: In Armenia, there is a need of recognition of the palliative care as a specific specialization or pre-specialization. The next action should be the inclusion of the latter in tree-level higher education system, with the following approaches: 1) the package of the palliative care basic notions and approaches, which must be included in first level’s academic curricula, 2) second level of higher education specialization, which is preparing palliative care specialists, 3) and the last, third level implies the improvement of already available palliative care specialists or trainings for related specialists. A special attention should be paid to the specialization of nurses.

Conclusion: As a result of this program which was the first of its class in our area, the 30 nurses trained appreciated the initiative and felt they gained new skills and knowledge. They perceived that their potential ability to provide these therapies would contribute positively to improving patient care. COPs highlighted the session to evaluate training quality, the therapists’ effectiveness and to aid develop further projects.

Abstract number: P650
Abstract type: Poster
Introduction of the Educational Programs on Palliative Care in the Republic of Armenia
Krmoyan S.1, Raza R.1, Namoyan L.1, Papyank A.2

Purpose: The aim of this presentation is to introduce to the audience the new palliative care specialization in Armenia, as well as the first palliative care educational programs for the nurses. It will be presented an overview of the educational programs of the Palliative Care in the Republic of Armenia and the process of the development of these programs.

Methodology: We contacted team leaders and coordinators working in support teams and inpatient units. Two meetings with the organizing business unit and the trainers helped establish the need for this intervention and, from there, selected the best complementary therapies for the initial phase and elaborated the content of the training courses. All of them were developed in a specific chapter addressing the therapy application to the Palliative Care particularities.

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Abstract number: P649
Abstract type: Poster
The Perception of a Young Palliative Care Team about the Needs of Education
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1Hospital Divino Espírito Santo, Palliative Care Team, Porto, Portugal, 2Hospital Divino Espírito Santo, Porto, Portugal, 3Hospital Divino Espírito Santo, Ponta Delgada, Portugal

Aim: To know how the experience influences the perception of needs for education of a young Palliative Care Team.

Methods: We joined all the members of the team (3 Doctors - Internal Medicine, Pain Medicine, Rehabilitation, 2 Nurses, 1 Psychologist, 1 Social Worker, 1 Spiritual Assistant) and asked about the: Specialty, years of practice in the specialty, specific courses in the specialties, number of hours of the courses, months of practice courses in palliative care. The last question was which needs of education they considered to be.
**Poster sessions**

education in the future. This education program, characterized by both independence and collaborative elements, will be described and further discussed with nurses’ experiences of a palliative care education within the field of elderly care.

**Abstract number:** P654  
**Abstract type:** Poster  
**To Promote the Dignity of the Terminal Ill:**  
**Does the Education in Palliative Care Improve To Promote the Dignity of the Terminal Ill:**  
**Abstract type:** Poster  
**Palliative Home Care Nursing: Guided Group Reflection**  
**Kempe M. E. F.**  
University College Dublin, Nursing, Midwifery and Health Systems, Dublin, Ireland

**Aim:** To develop, implement and evaluate guided group reflection within the Palliative Home Care Nursing Team.

**Guided group reflection offers palliative home care nurses the space, in the presence of knowledge needed to reflect on and confront their practice within a critical group in a safe environment. The ability to critically reflect on one’s own practice and experience and to integrate knowledge from that experience with knowledge already possessed in an effort to understand and to plan for future situations is considered one of the hallmarks of the adult learner. This poster describes the processes involved in an eighteen month project in introducing, facilitating and evaluating guided group reflection in a very busy palliative home care service. The issues that arose from the implementation of guided reflection during this period focus on the structures and collaborative processes arrived at by the group of qualified palliative care nurses. The role of the evaluation pointed to the use of the critical group in illuminating assumptions and practices within palliative home care and acknowledged the unpredictability of the journey which provided a rich source of shared learning.

**Abstract number:** P656  
**Abstract type:** Poster  
**Nursing Science - The Weakest Link in the Development of Palliative Care in Germany?**  
**Farn M.**  
Charité - Universitätsmedizin Berlin, Institute of Health Sciences & Nursing Science, Berlin, Germany

In Germany, like in many other developed countries, the need for evidence-based palliative care is increasing for structures for improved end-of-life care are developed strongly. Consequently, in the meantime, palliative care has become a crucial field for achieving good performance for almost all the relevant health and social disciplines. However, if it is about academic discourse and research for palliative care in Germany there is one discipline mostly conspicuous by its absence: nursing. Aim of this presentation is to describe the current situation in one of the last European countries where nurses are still regulated education only in form of a diploma vocational training and where the discipline is still in an early and still relatively competitive stage of academic development. Even in modern and advanced universities and teaching hospitals with professorships, institutes, policy makers, the discipline of palliative care nurses with a strong scientific educational background today is not regularly part of the team and included in the upcoming research activities. This is why questions and phenomena relevant to nursing today are not recognized and studied in a manner necessary for the successful delivery of national and international scientific activities on palliative care. 

Based on literature analyses and critical evaluation of the situation it will be asked from a nursing and health sciences point of view for the consequences of these shortcomings for the further development of palliative care. Furthermore, it will be argued that nursing science might be the weakest link in the development of palliative care in this country and that without strengthening the discipline and its academic progression the current process of fostering evidence-based palliative care in Germany will be in danger of failing.

**Abstract number:** P657  
**Abstract type:** Poster  
**Implementing an Educational Program for Palliative Care in the Region of Catalonia**  
**Lasmarson C.1, Caja C.1, Gómez X.1, Esponja J.1, Ballích I.1, Ross E.1, Martínez-Muñoz M.1, González M.P.1, Eixà S.1, Ullamangue F.1**  
Institut Català d’Oncologia, Observatory End of Life, Hospital del Vallés, Spain, 3Institut Català d’Oncologia, Training and Educational Unit, Hospital del Llobregat, Spain

**Introduction:** The education in the End of Life Care (EOL) in primary services, Socio-Health and hospitality care is one of the fundamental improvement areas to achieve a welfare ideal quality for the comfort patients with advanced and terminal disease (ATD) and relatives. The Socio-Health Director Plan stimulated the implementation of an Education Program (EP) addressed to health professionals (HP) who work with patients in ATD, complex symptoms and multiple needs, high demand and low forecast impact, in non-oncological and oncological disease.

**Aims:**  
1. To improve the attitudes, knowledge and skills in the HP of primary care and the palliative care teams  
2. To implement an homogeneous and integral model of education.

**Methods:**  
To reach all the HP of every team a pyramidal system of transmission of the information was established, from the people in charge of the different Regions of Catalonia and executives of the diverse sanitary service providers. The program was adapted to specific regional characteristics. The Observatory (OEO) built the scientific contents of the EP. We contacted the qualified and professional experts of scientific societies involved in the care at the EOL. We empowered HP to disseminate the contents to the primary care and Palliative Care (PC) teams. We have made 3 different activities in a 3 training levels:  
1. Workshop of Awareness, Basic Course and Intermediate Course addressed to HP who attend patients with ATD. We also developed a guide to ATD patient’s relatives.  
2. Results: We mobilized all PC specific resources, the information was disseminated and we identified the involved sanitary service suppliers and prioritized the high need areas in PC education. Nowadays we have achieved around 30% coverage of the HP who attend patients with ATD.  
3. Conclusion: The welfare quality improvement required a planned and homogeneous education that provides a common language in the intervention of patients with ATD; it promotes the welfare quality improvement.

**Abstract number:** P658  
**Abstract type:** Poster  
**How Are Volunteers Prepared for Work in Palliative/Hospice Care in Poland?**  
**Pawlowski L.1, Lichodziejewska-Niemierko M.1, Iantczewska J.1**  
Medical University of Gdańsk, Department of Palliative Medicine, Gdańsk, Poland

**Background:** Volunteers in palliative/hospice care in Poland perform various activities under terms and conditions as described in the Act of Law of April 24° 2003 on Public Benefit and Volunteer Work. Depending on provided services (their type and scope), volunteers should be adequately qualified. In specific conditions, volunteers, who are not medical professionals (e.g., physicians, nurses), have to fulfill relevant conditions according to legal provisions. Moreover, involvement of volunteers in direct patient care (e.g., feeding, washing and cooking for patients) also demands additional requirements.

**Aim:** The aim of the study was to assess volunteers’ qualifications and education of volunteers in palliative/hospice care.

**Methods:** Statistical analysis of the responses from a set of questionnaires directed for volunteers working in palliative/hospice care units in Poland.

**Results:** 6.3% of volunteers have formal qualifications, which do not require specific qualifications. In contrast, 37.3% out of unpaid staff are professionals who work as volunteers. Prior to undertaking their duties, some respondents participated in theoretical training and some of them took part in practical training, 72% and 42%, respectively. The majority of education programs for volunteers in palliative/hospice care units include basic information about palliative care (79%), “volunteers’ rights and duties” (68%) or health and safety rules in hospice (64%).

**Conclusions:** Voluntary service in palliative/hospice care in Poland consists of either volunteers, who do not possess specific qualifications or professionals working as volunteers. Most of them are prepared to their duties during education and training. Particularly, hospices provide courses for candidates for volunteers and also for volunteers currently working in these units. On the other hand, Polish volunteers do not contribute to palliative/hospice care institutions their specialist knowledge and skills, which were gained through academic or vocational education.

**Abstract number:** P659  
**Abstract type:** Poster  
**Aiming Higher: Results from the First International PhD in Palliative Care Programme**  
**Brayley S.C.1, Payne S.1**  
International Observatory on End of Life Care, Lancaster, United Kingdom

**Aim:** To report the process of developing and recruiting to the first international PhD in Palliative Care programme.

**Background:** Education is a key priority for the EAPC. Workshops and meetings in recent Congresses highlighted the need for increasing higher education and supported the development of a taught doctorate in palliative care.

**Method:** The International Observatory on End of Life Care developed a PhD programme which would attract national and international people from across the discipline, including those working within clinical services, policy, management, research, and education. An innovative programme was developed, commencing with an intensive residential week, followed by distance learning, health research methods, ethics and research governance, and palliative care provision and policy. The innovative online delivery allows teaching, discussion, seminars, peer review, research development and supervision to be undertaken in the student’s home time.

**Results:** The programme was launched in June 2010. Analysis of the 1st cohort (n=16) showed 10 UK students (5 from Northern Ireland), 2 from Poland, 2 from the USA and 2 from France. The remaining 2 students were in Hungary, Czech Republic and China. Their backgrounds were: medicine (n=2), nursing (n=5), pharmacy, social work, physiotherapy, public health, psychology, management, public sector, volunteer sector, chaplaincy, and research (one each). 5 students worked within university/hospital education. The age range was 25-59 and most were women (n=13).

Overall the programme received 103 enquiries and made 18 offers of places. 2 were unable to attend due to lack of funding.

**Conclusions:** The number of enquiries and
registered students demonstrates the level of interest in a taught PhD in Palliative Care. The success in recruiting a multi-disciplinary cohort supports the challenge, and the programme, which is of relevance to a broad range of professionals. Despite the programme’s popularity, funding is a challenge, particularly for students from resource poor countries.

Abstract number: P660
Abstract type: Poster

Advancing Palliative Care through Education of Ambulance Clinicians: End of Life Care Awareness: Raising: Example of Ukraine

Tymoshkevich V.1, 2
International Renaissance Foundation, Public Health Program, Kyiv, Ukraine

Aim: To analyze strategies for promoting access to palliative care through education of health care providers and awareness raising.

Results: With over 16 medical schools or universities and 28 nursing schools Ukraine did not have formal training in palliative care funded by the government up to the 2010. All prior efforts in training of health providers were done with the financial support from international organisations of various type of funds. Acute need to integrate palliative care into the formal training of health providers was necessary in order to upgrade the quality of care previously and make current efforts more sustainable.

Various forms of provider educations were utilized: standard lectures and seminars, apprenticeship, bedside trainings domestically and internationally (Hungary, Romania and USA). Series of consecutive educational programmes formed a cohort of fourteen trained individuals with key decision-makers at the Ministerial level, opinion leaders among health providers and professors of medical universities being exposed to formal and informal trainings led to mentality shift from ‘palliative care is just symptom management’ (1) to ‘palliative care is one of the key part of comprehensive health care system’. Series of personal meetings and advocacy activities including visits of international experts to Ukraine, developing an academic award and further approval of the formal curricular was done at the National Medical Academy for Post-Graduate Education.

Further on, some of these leaders were able to attract attention of local government and gain support in establishing local training centers and drafting plans with budget for developing and promoting palliative care in three regions of Ukraine.

Conclusions: It is critical to continue education and awareness raising among health providers and to convince medical schools to educate in palliative care and promote access to palliative care through development of National and Local Plans with corresponding budget.

Abstract number: P661
Abstract type: Poster

Equipping Ambulance Clinicians in End of Life Care: Devising an Evidence Based Online Learning Initiative

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1 Coventry University, Coventry, United Kingdom, 2 University of Warwick, Warwick Medical School, Coventry, United Kingdom, 3 Clifton Road Surgery, Rugby, United Kingdom, 4 West Midlands Ambulance Service, West Midlands, United Kingdom

Aims: People approaching the end of their lives often live with a health care provider who has little or no experience with deteriorating health and may call the ambulance service in response to a crisis. Few studies investigate the experience or practice of ambulance personnel responding to such calls. Education and training in this area is limited and anecdotal reports suggest there may be scope to improve the experience of staff in this area. We aimed to develop an evidence-based education tool relevant to ambulance clinicians caring for patients at end of life, which will enhance the end of life care they deliver.

Method: A collaborative project group comprising health education providers, a hospice and ambulance service undertook an educational needs analysis. This incorporated a literature review, operational policy, expert opinion, self report, educational needs and questionnaire and interview studies exploring end of life care experiences/practices of ambulance clinicians. Desired learning outcomes were formulated and on-line learning selected as the most appropriate delivery model.

Results: An evidence based on-line learning tool was developed with 4 fictitious, interactive cases. Cases explore emotions, and impact of actions on patients and families including: 1) Transferring patients at the end of their lives to hospital/hospice, 2) Sources of specialist advice/support for ambulance staff, 3) Advance decisions to refuse treatment, 4) Communication. A certificate can be downloaded after successful completion of the programme to reflect a wide choice of questions. The tool has been delivered across one UK ambulance trust . Preliminary evaluation is positive.

Conclusions: The delivered learning tool delivers end of life care education to ambulance clinicians and equips them with knowledge to enhance practice and positive influence care delivered to patients at end of life.

Funder: NHS West Midlands

Abstract number: P662
Abstract type: Poster

Palliative Care Knowledge and Skills of Junior Doctors: Building the Evidence

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Background: In our team, we have first year doctors rotating through specialist palliative medicine. Based on locally identified need and the risk of potential longer term negative impact, we introduced a support programme. Concurrently, we looked at wider evidence for such a programme, by reviewing the literature and surveying senior palliative medicine medical views.

Aims: (1) To perform a literature review of junior doctor experiences of caring for patients with palliative care needs (2) To gain the views of senior palliative medicine doctors on the timing and delivery of palliative care training in our region.

Methods: We performed a literature overview, and the results informed questionnaire design (web-based survey using an Online Survey tool). We asked senior doctors for their views on the general palliative care knowledge and skills of junior doctors, and on junior doctors working as part of a specialist palliative care team.

Results and discussion: There is a paucity of recent papers on this well established but understudied area. The importance of palliative medicine training, and support the local programme. 24 (74.4%) of the 31 junior doctors responded to the survey. Nine (37.5%) indicated they had junior doctors (in the first two years of clinical practice) in their teams. A significant percentage (60.9%) (n=14) felt that doctors during the first 2 years after completing undergraduate and/or trainees in palliative care did not have sufficient general palliative care knowledge and skills as would be expected at that level.

When asked to consider if they agree with the view ‘that if a junior doctor is doing a specialist palliative care rotation very early in their career, it may lead to psychological morbidity’ 4 (16.7%) agreed with the view, whilst 16 (66.7%) did not.

We discuss the impact of the findings on our local programme as well as the reasoning behind our palliative care education delivery. We propose next steps. This project was done as part of Dr Tiler’s academic rotation.

Abstract number: P663
Abstract type: Poster

International Research Education: Delivering an Advanced Introduction to Palliative Care Research

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Aims: Our international research education programme provides an advanced introduction to palliative care research methods. An identified conceptual map is used to guide the design and structure of the education. The primary aim of the programme is to create an intensive experience that offers a solid base of knowledge for palliative care research. Additional aims are to provide an interdisciplinary and international context for the learning experience.

Methods: The programme is taught by a team of instructors with expertise in numerous research methods. Various teaching methods are used throughout the programme, but an interactive emphasis is consistent throughout. Students are encouraged to discuss their own experiences and work-based examples in order to maximise the exchange of information from multiple disciplines and countries. Programme evaluation is conducted using an anonymous questionnaires gathering quantitative and qualitative data.

Results: This education programme has successfully continued for several years, repeatedly drawing a multidisciplinary and international group of students. Programme evaluation data reveal attendee representation from 21 countries and 12 occupational groups. Program sessions are consistently rated highly with qualitative data offering strong positive and thoughtful evaluations of the experience.

Conclusion: Professionals and students with backgrounds from health care, community organisations, and policy programmes find this programme valuable. Utilisation of the conceptual model for organisation of the programme will contribute to the development of a cohesive educational entity. The variety and combination of teaching methods, programme content and participants creates a successful model for teaching palliative care research methods.

Abstract number: P664
Abstract type: Poster

Teaching Palliative Medicine Physicians’ Experience of Training in Teaching

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Background: The General Medical Council expects trainers to contribute to the learning culture in which teaching occurs. Trainers should understand their role and the structure and purpose of the specialty training programme. They should receive support from a postgraduate medical education team.

Aims: To audit training in teaching received by palliative physicians involved in teaching locally. Methods: Physicians from six local teaching hospiers were invited to complete an online survey consisting of 17 questions enquiring about training in teaching and their experiences.

Results: 30 doctors completed the online survey. The majority (n=27, 90%) were hospice based. All of the respondents were involved in teaching and 20 were involved in teaching at consultants (n=8, 26.7%), hospital trainees (n=18, 60%), GPs (n=18, 60%), nursing staff (n=24, 80%), medical students (n=30, 100%) and others (n=12, 40%). 15 respondents taught for an average of 1-2 hours per week using a variety of teaching methods. 19/30 (26.7%) did not have training or gained educational qualifications. 15 of these had attended a ‘Training the Teachers’ course and two had completed a postgraduate certificate in teaching. 13/30 had received informal training at their place of work. 14/30 worked in environments using educational peer review with eight having had peer review during the previous two years. 15/30 physicians commented on their experience of teaching within palliative care. All of the comments were positive.

Conclusions: From this audit it appears that teaching is enjoyed by palliative medicine specialists and recognised as part of the clinical role. One third of those teaching have had no formal training to do so. Educational peer review in palliative care teaching (a recognised method of maintaining standards, gaining peer advice and support) has been undertaken by less than half of the teaching and less than one third have undertaken this in the previous two years.
Abstract number: P665
Abstract type: Poster

Suffering in the Terminal Ill: Does the Education in Palliative Care Improve the Identification of the Signs?

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Aim:
- To analyse if the education in palliative care improves the knowledge about the signs of suffering of the terminal ill
- To identify others factors that may influence the knowledge about the signs of suffering of the terminal ill

Methods:
- We created 2 groups of subjects: one with 27 students of the Master Course in Palliative Care (group 1) and other group with 26 students of others Masters Courses (group 2)
- We developed one list with 13 signs and we asked the subjects to choose which signs may indicate suffering of the terminal ill
- We analysed if the education in palliative care, the gender, the profession and the work in palliative care affects the answers.

Results:
- The group 1 indicated more signs (11.5 ±2.3) than the group 2 (8.7 ±3.5).
- We only found differences between physicians and nurses; the firsts indicated more signs (12.8±0.4) than the second (8.9±3.4) p=0.02

Conclusions:
- The specialized education in palliative care seems to improve the knowledge about the signs of suffering of the terminal ill
- In this study the physicians indicated more signs of suffering than nurses
- No other factor was found that influenced the knowledge.

Abstract number: P666
Abstract type: Poster

Map of Care for the Process of Palliative Care

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Introduction: The Map of palliative care for patients is part of an ambitious project promoted by the continuing education department of our hospital, which is intended to respond to the difficulties between the nurses when implementing individual care.

The objective was to upgrade and training skills in the practical application of the care map.

Design and method: The care map is the record we specify in detail the daily care that the patient requires to achieve the desired results in a period of time, allowing to individualize the care to the needs of each user.

The map consists of a focused assessment according to Virgínia Henderson, independent nursing diagnosis with NOC results (Nursing Outcomes Interventions) and NIC Interventions (Nursing Interventions Classification), independent problems with NIC activities, and diagnoses of autonomy, and also a section dedicated to graphics, catheters, diagnostic tests, observations and recording of prescribed medication.

We used e-learning methodology using a virtual learning platform credited with 40 hours, including the implementation of the map of care in a real patient with the help of the assigned tutor support.

Results: Formed 100% of the nurses at the Hospital Palliative Care Unit. The students resolved to 100% of the cases studied. Participants were passed tests for the evaluation of the activity, where 87.5% had achieved the objectives set, and had achieved a degree of satisfaction of 88.3% with activity.

Conclusions and discussion: Direct training with tutors facilitated the development of knowledge, skills and attitudes in the practical implementation of the Map of Care for the Process of Palliative Care. The paper record required us to prioritize aspects of the care plan with the loss of information. This limitation could easily save on the expected success of the map that we believe will be the next step to work.

Abstract number: P667
Abstract type: Poster

Program for Training in PC - Program for Training in Palliative Care (PC)

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Aim: The aim of this study was to determine the role of ONI (Newly funded PC Resource & Training Center in providing education in PC care for trainees predominantly from Eastern and Central Europe.

Method: Oral and written reports of trainees evaluating the training value were analysed.

Results: In the period of 2001-2010 the ‘packagings’ of 2 weeks free of charge, hands-on training in interdisciplinary palliative care at ESMD designated Hospice ‘Palium’ in Poznan and Palliative Medicine Chair and Dept of Poznan University of Medical Sciences in cooperation with Wielkopolska Association of FC volunteers, Home Care Hospice for Adults and Children in Poznan, Hospice in Gdansk, Palliative Home Care team in Wroclaw, St Lazarius Hospice in Krakow and Hospice in Wagrowiec were offered to English speaking 75 trainees (doctors, nurses, psychologists) from 20 Eastern and Central European, and also Afghanistan.

Conclusions: Formed 100% of the nurses at the Hospital Palliative Care Unit. The aim of this study was to determine the role of ONI (Newly funded PC Resource & Training Center in providing education in PC care for trainees predominantly from Eastern and Central Europe.

Abstract number: P668
Abstract type: Poster

Palliative Care Competency Programme: One Collaboratively Sustaining and Developing Care

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Aim: To provide dedicated palliative care education to those not working or new to palliative care. The programme had not been delivered in this area before. All palliative care clinical areas collaboratively worked together to deliver the new programme. The programme was oversubscribed before it was advertised, not surprising to us as we knew from neighbouring education programmes that there was a demand.

Method: The programme was established in the STPFM to address areas such as ethical issues in end-of-life, communication skills and lack of palliative care policy and educational programs in palliative care in their countries.

Abstract number: P669
Abstract type: Poster

An Evaluation of Palliative Care Education in the Specialist Training Programme in Family Medicine, Malta

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Introduction: The Specialist Training Programme in Family Medicine (STFPM) was launched in Malta in 2007. The present study aimed to evaluate the teaching provided in palliative care during the STFPM. This is the first time that education in palliative care was part of the STFPM as good or very good.

Methods: A questionnaire was used and distributed to all GP trainees. The questionnaire consisted of four sections analyzing 15 topics commonly encountered in palliative care.

Results: 22 (74.4%) trainees completed the questionnaire. All care settings were responding to palliative care but only 6 (27.3%) had used a syringe driver and only 5 (22.7%) felt involved in their care. In all 15 topics listed, trainees agreed that the course was of formal teaching during the STFPM. In general, the non-medical subjects scored lower scores than the traditional medical areas and improve Palliative Care and coverage during the STFPM.

A significant correlation between confidence and coverage (<p=0.05) was identified in the following topics: using a syringe driver, managing constipation, breaking bad news, teamwork, certification at end of life and ethical issues at end of life.

Conclusion: GP trainees need to be trained in palliative care in a manner which adequately addresses their future case load. Changes need to be made in the STFPM to address areas such as ethical issues in end-of-life; a syringe driver, self-care and managing patients in the community.

Abstract number: P670
Abstract type: Poster

The “Last Aid” Course of the Austrian Red Cross - A New Concept of Teaching Palliative Care to the Public

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Aims: Palliative Care is a holistic approach aiming for best possible quality of life for patients with chronic life threatening diseases and their relatives. There is a demand of Palliative Care for professional groups, including people of all ages. The demand is likely to increase because of the expected demographic changes. As means to introduce Palliative Care to the public a public knowledge approach including last aid courses and a chain of Palliative Care have been suggested (1,2).

Methods: A working group was established in Austria to create a curriculum for a Last Aid course for the Austrian Red Cross. The working group consisting of educators from the Austrian Red Cross and experts/researchers from the field of Palliative Care. Based on the experts suggestion a consensus was reached about the contents of a Last Aid course.

Results: The result is a curriculum for a Last Aid course for the public. The course shall be open to the public and is divided into 4 modules with 4 hours
responded and completed the audit over the
audited and their comments about continued
Aim:
meetings with regard to the end of life tools. However
education in their Gold Standards Framework (GSF)
primary care. During the audit most of the Primary
For evaluation, we cooperate with several nursing’s
debate to the end-of-life care.
enabled to apply the outcome of the philosophical
interpreted and the philosophical discussion takes
introduction is given to assure the possibility of
Each chapter of the manual for teachers is divided in
an overview of the history of philosophical debates.
Each chapter of the manual for teachers is divided in
talk about end-of-life care, some basic
some basic concepts of anthropology are obvious. We realize
seven of these basic ideas in the textbook: Pain/Angst,
While talking about end-of-life care, some basic
Our research units consists of researchers in ethics,
religious education and palliative care. Our research
taking part in the development of the curricula is to be put into practice. In view of a scientific
gap in cultural anthropology we combine a
philosophical and a practical approach: We author a
book for teachers and a manual for teachers with
lesson plans which consist of separate modules and enable a problem-based ethical learning in four steps.
While talking about end of life care, some basic
criteria of the philosophical and practical concepts
place. Thirdly, the learners are given the possibility to
interpretation of the philosophical discussion takes
place. Therefore there is a huge interest in developing the above,
moreover some individuals also get relevant trainings outside of Armenia. There are different ways to certify
teaching, depending on the quality of training; medical professionals might get a specialist level or subspecialist level of certification. Basic and intermediate level training for general practitioners and other specialists should be available. We suggest palliative care as a subspecialty, and in the future to develop academic undergraduate and postgraduate curricula, and to organize courses in accordance with the EAPC (European Association for Palliative Care) Standards of palliative care education. These standards describe different levels of training for physicians: 1 - basic level for general physicians, II - intermediate level for relevant specialists, and III - specialized level for palliative care specialists. Conclusion: Well trained and highly qualified physicians will allow us to integrate into the world community of palliative care specialists, and to have a significant effect on overall patient care in our country.

Background: Armenia is at the beginning of accepting and applying implementing palliative care into medical service, though there is no adequate background for palliative care into the health care system will help Armenia to comply with European Union standards. Palliative care starts long before the terminal phase, when highly specialized care becomes more important. In order to provide palliative assistance at earlier stages of illness, all physicians need to understand the basic principles of palliative care. The body of knowledge relates to the control of pain, and other symptoms and managing limiting life illnesses. There are no residuary curricula, no courses or training centers in the country for professionals to be trained. Currently there is a huge interest in developing the above, moreover some individuals also get relevant trainings outside of Armenia. There are different ways to certify medical professionals, depending on the quality of training; medical professionals might get a specialist level or subspecialist level of certification. Basic and intermediate level training for general practitioners and other specialists should be available. We suggest palliative care as a subspecialty, and in the future to develop academic undergraduate and postgraduate curricula, and to organize courses in accordance with the EAPC (European Association for Palliative Care) Standards of palliative care education. These standards describe different levels of training for physicians: 1 - basic level for general physicians, II - intermediate level for relevant specialists, and III - specialized level for palliative care specialists. Conclusion: Well trained and highly qualified physicians will allow us to integrate into the world community of palliative care specialists, and to have a significant effect on overall patient care in our country.

Abstract number: P674
Abstract type: Poster
Stand and Deliver: Meeting the Need for Palliative Care Education by General Practitioners

Abstract number: P672
Abstract type: Poster
Maintaining the Momentum - Continuing Education for Established Gold Standards Framework Practices

Abstract number: P671
Abstract type: Poster
The Challenge of Euthanasia. Theoretical and Practical Implementations for the Education in Terminal Care

Abstract number: P673
Abstract type: Poster
Current State of Palliative Care Education in Armenia

Introduction: The shift of care of patients with advanced illness into the community, general practitioners is key in delivering a successful
telephone. 16 practices expressed an initial interest in
having teaching and 12 practices had confirmed sessions. 16 practices expressed an initial interest in having teaching and 12 practices had confirmed sessions. If practices wanted education, they were asked to identify their learning needs. The teaching required throughout the area was then discussed within the palliative care team of their choice.
Oust of the 12 practices who had teaching sessions, 7 practices requested teaching for the whole practice team, 2 practices a minimum staff and 3 practices solely for the GPs. The 12 practices wanted updates on Advance Care Planning, version 12 of the Liverpool Care Pathway, the Gold Standards Framework and the new Hospice at Home service.
Conclusion: There is an ongoing need for education for GPs and other primary care staff and there are benefits to opportunistic teaching.
advanced stage. But at this time, rehabilitation interventions in hospice! Palliative care unit was now under development, especially in palliative care team. So we discuss some articles about this in the Internet. Because internet research is one of the most practical way to first step study at this field.

Method and subjective: We searched Medline on last summer. We use three keywords such as cancer, palliative care, and rehabilitation. Then we read articles written by English originally, taken concrete rehabilitation interventions and collaborated with palliative care team.

Results: Firstly we hit six-hundred and sixty two articles by all key words, but finally, according to our rules about these articles, then we select eight articles there finally.

Conclusion: There were a few articles about rehabilitation interventions in palliative care. We should make an effort to write article at the field for education. What is important? For students in rehabilitation of course, but also for other team members, doctors, nurses, social workers, clinical psychologist and so on. Then we could get more introducing and more development of rehabilitation interventions for better care of the advanced or far advanced cancer patients especially in and through palliative care team.

Abstract number: P677
Abstract type: Poster

'Don't Feel Quite Right' - An Audit of the Impact of Education about Neutropenic Sepsis

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Background: Neutropenic sepsis is an oncological emergency, often presenting with minimal symptomatology, requiring prompt recognition and treatment. Aim: To see if an educational intervention has sufficient impact to ensure staff consider neutropenic sepsis and act promptly.

Method: An educational DVD (Suscex Cancer Network, U.K.) presents a case scenario where minimal symptoms present shortly before a fatal outcome. 181 staff from all health care settings (53 hospital & 57 district nurses, 47 medical students & 24 family doctors) watched it & were surprised by the speed of deterioration. A free text questionnaire about the impact, knowledge and understanding was completed by 115 before and 181 after the DVD.

Results: Only 5(4%) of the 115 who completed pre-DVD questionnaires claimed to have had any formal training on the recognition or management of neutropenic sepsis (2 nurses & 3 doctors). Although prior to the DVD 58(50%) recognised the need for IV antibiotics, only 10(9%) would be undertaking urgent treatment (both medical students). 42 (37%) stated that clinical signs might include raised temperature, 51(44%) reduced neutrophil or white cell count. After the DVD 162(90%) who completed a post-DVD questionnaire mentioned the need for IV antibiotics within an hour of presentation. 24(13%) mentioned recent history of chemotherapy, 149(82%) reduced neutrophil or white cell count, 76(42%) rise or fall in temperature, 46(25%) hypotension, as symptoms or signs of neutropenic sepsis. 157(87%) felt the DVD had been a effective training tool.

Conclusion: It is clear that we cannot assume that qualified clinical staff have a full understanding of the presentation, urgency or management of neutropenic sepsis. It is also clear that, certainly immediately following the educational intervention, there is raised awareness of the important symptoms and signs and the urgency and type of management required.

Abstract number: P678
Abstract type: Poster

Creation of an International Training and Research Program in HIV-associated Malignancies

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Background/aims: Kilimanjaro Christian Medical Centre (KCMM) is located in Moshi, Tanzania, an area heavily impacted by HIV infection and complications including diverse cancers. Successful collaborations between KMCC and Duke University School of Medicine (Duke), in conjunction with existing research networks, have resulted in a new grant from the United States National Institutes of Health to support development of research and clinical capacity in HIV-associated malignancies in Africa.

Design/methods: The new KMCC-Duke training and research program will build substantially on initial investments in HIV/AIDS and its infectious complications, prioritizing expansion of research in oncology and expanded palliative care. Palliative care is integral to the care/research paradigm in HIV malignancies. As a first step in program development, program leaders explored current shortcomings in the research environment. The program was then designed to address identified needs through a portfolio of long-, medium-, and short-term trainings with a mix of formal degree and non-degree practitioners. Workforce development for collaborative oncology research will target medical oncology, pathology, radiology, and essential research support personnel (e.g., oncology nurses, pharmacists, laboratory technologists, data managers). Tanzanian investigators and research staff will be a part.

Opportunities to engage in network-sponsored and investigator-initiated research into HIV-associated malignancies will create the necessary academic infrastructure. Additionally, the grant will strengthen the KMCC tumor registry and referral networks for clinical studies. This program will partner with palliative care training and education efforts across Africa, to enhance access to and research in palliative care for HIV malignancies.

Conclusion: International collaboration is building palliative care-relevant research capacity in Tanzania, focused on HIV-related cancers.

Abstract number: P679
Abstract type: Poster

Trainig Programmes of Hungarian Hospice Foundation

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The Hungarian Hospice Foundation is the first, and biggest hospice institute in Hungary. Our aims are not only the palliative care work, but the transmission of palliative knowledge for other professionals, and the familiarization of hospice philosophy.

In this presentation I would like to show the diverse work, that we are doing in education. I would like to present the accomplishments, difficulties, and the challenges all of which will be introduced in our training activities.

As a resource and training center the foundation offers courses, seminars, and, who are interested in hospice, and wish to improve their knowledge, or set up a new hospice. Subjects of courses for professionals includes basic principles of palliative care, the students attended scheduled theoretical lectures, and take part in workshops on ethos, symptom management, communication, psychosocial issues, roles of volunteering, setting up a hospice system, improving public awareness.

Beside the professional trainings, the Fogaz foundation takes part of expanding the knowledge of the public in hospice philosophy by adapting the Fields of Hope Programme of Marie Curie Cancer Centre in 2007. With the help of their teacher, we try to plant the thought of solidarity in the children, who are opened-minded for every good thing.

We are ready to give our knowledge to professionals, but the challenge remains that the basic education in medical universities does not include hospice palliative care, and sometimes the colleagues do not have the interest in this field either. We have deficiency in publishing, therefore we shall design training books, and training videos in the future.

One of our main aims is to inform the public about accessibility of hospice. We are trying to achieve this aim by continuing the Fields of Hope programme in which we are involving as many children and families as possible, as the aim of our hospice is that no one is left out of hospice movement and palliative care is in their hands.

Abstract number: P680
Abstract type: Poster

Setting Basic Education for Palliative Care and Complementary Therapies

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In Mexico, Palliative Care and Complementary Therapies have been implemented recently. However, setting standards for the services is needed as well as personnel trained in order to deliver them in most correct form. It is believed that professional in education in the subject, given from public institutions, can establish the enhancement of quality-normalized services. The UNAM (National University of Mexico), and the IPN (National Polytechnic Institute) in conjunction with CEPAMEX (Centre for Palliative Care) and ISSTE (Institute for Social and Security Services for Public Servants) implemented the first Diploma on Palliative Care for first level of attention and the first diploma in Complementary Therapies in palliative care.

The aim was to assure the organization process, specific contents, students profile as well as the evaluation system and certification. Students were asking to develop a research protocol.

As a positive academic result of the implementation of the courses and the interest from public health services, currently three new courses have been initiated, including a course for pediatric palliative care.

Abstract number: P681
Abstract type: Poster

Coping Early - A Self-help Programme at the Outset of Life-limiting Diagnosis

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COPING Early in the trajectory of life-limiting illness is difficult when there is either a scarcity of resource or when specialist care is reserved for the most complex of scenarios. Patients often ask specialist palliative care clinicians “Why didn’t I know this sooner?” Our local cancer network identified that only 42% of women with metastatic breast cancer (compared to 96% of women with a primary breast cancer diagnosis) felt supported and were given enough knowledge and support to cope with their active and yet palliative care trajectory.

Dorothy House Hospice Care in conjunction with both acute and primary care providers and our local cancer network have developed a model of enabling care at diagnosis (and therefore with a group of people) of life-limiting illnesses, such as cancer. The news is given that a disease and its processes will eventually end someone’s life. Whilst this model is not entirely unique it is important to note that it is not owned by specialist palliative care and the hospice.

The model, useful for any disease group(s), has engaged 3 care providers in collaborative working to ensure that this group are given the opportunity to - Network with their peer group, as are there.

- Provide information (e.g. what help is available and when it is applicable in their situations) to the care team from all sectors.

This model, to be piloted in April 2011, is based upon the learnt attributes of the positively evaluated Dorothy House COPE Rehabilitation programme but with subtle differences:

- A new model of assessment is to be introduced.
- Outcome measurements will be both self-help tools but not for professional assessment.
- It is to be evaluated against occupied bed days and consultations in the acute care sector as the plan is to introduce patients to better community based care.

Results will be available.
Experiences about the Liverpool Care Pathway outside of a Palliative Care Unit

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In Germany the context of the Liverpool Care Pathway is not yet well known. This Pathway is a definition to manage patients and their loved ones at the end of life. "We are having enough midwives to help us to reach this world, but nobody to educate dying." (Professor Dr. Norbert Nauck, Helios Kliniken Schwerin). These views conflict, to some extent, with main principles of palliative care, such as avoiding shameful situations, dying with a clear mind, hope taken away, devoted care by their families, and being buried in the country of origin.

Abstract number: P686 Abstract type: Poster

What Is Good Palliative Care for Immigrants with a Turkish or Moroccan Background?

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Research aims: The aim of this study was to explore whether main principles of palliative care, such as avoiding shameful situations, dying with a clear mind, hope taken away, devoted care by their families, and being buried in the country of origin can be applied to Turkish and Moroccan patient groups in the Netherlands. Both groups came as immigrant workers a few decades ago.

Study design and methods: We conducted 83 qualitative interviews with patients, relatives, doctors, nurses and other professionals, involved in a total of 33 cases of Turkish and Moroccan immigrants receiving palliative care. These interviews were about their values and norms on ‘good care’. All interview data were analysed qualitatively, with support of the programme MAXQDA.

Results: Essential components of ‘good care’ expressed by Turkish and Moroccan patient groups included: (1) treatment and curative care until death, never having hope taken away; (2) avoiding shameful situations, dying with a clear mind and being buried in the country of origin; (3) maximum support of the programme. These views are in conflict with main principles in palliative care, for example, the emphasis on quality of life and advanced planning. Conclusion: This study shows that patients and families with a Turkish or Moroccan background often have different ideas about ‘good care’ in the palliative phase than their Dutch care providers. As many of these immigrant patients are aiming at cure until the end of life, ‘good palliative care’ appears to be a contradiction in terms for them.

Abstract number: P685 Abstract type: Poster

An Evaluation of Discharges at the End of Life Using the Standard Continuing Healthcare Application Process (CHC) or a New Fast Track Tool

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Most terminally ill patients would prefer to die at home, yet many die in hospitals or hospices. The End of Life Care Strategy from the Department of Health requires that patients be enabled to die at home if they wish and to facilitate this, timely provision of care by external agencies is often required. Whether CHC funding is required to support end of life care provision application processes are numerous, complicated, overly bureaucratic, and poorly reactive. There is a need for an expanded framework for CHC funding to be explicit that patients ‘at the end of life’ should be ‘fast tracked’ to achieve urgent care and yet no specific fast track tool has been formally developed in this respect. This work assesses use of both the CHC standard application process and a new fast track tool at end of life. Methods: The CHC application process was evaluated over 12 months for patients being discharged from home with a prognosis of less than 6 weeks. We sought to identify the process and outcomes for preferred place of care were assessed. A fast track CHC application tool was developed for patients with a prognosis decided within 6 weeks. Results: The standard CHC application was initiated for 45 patients in the hospice and mean survival for those patients was 30.8 days from admission. The mean time taken for applications was 12.26 days and 51% of patients died before completion. 64 patients were discharged from the DGH using the fast track process. The mean survival for these patients was 8.84 days after discharge and 3% died before completion.

Conclusion: Standard CHC application process for dying patients is overly bureaucratic, time consuming and often fail to be completed before the patient dies. A fast track tool can facilitate swifter discharge and admission to those with a prognosis of weeks may enable more patients to die in their preferred place of care.

Abstract number: P684 Abstract type: Poster

Explaining Variations in End-of-Life Palliative Care Policies and Practices in Denmark, Spain, and the Netherlands

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Tremendous strides have been made in the last two decades with regard to the quality of palliative care made available to patients at the end of life. But progress has not been uniform, even among countries in the same geographical region. The objective of this study is to describe, in a comparative context, the current status of end-of-life palliative care policies and practices in three countries that are, geographically at least, relatively close to each other: Denmark, Spain, and the Netherlands. The author will then consider the factors for the variations in the status of end-of-life care among the three countries studied.

This study's findings and conclusions will be based on a one-size-fits-all approach to ACP by individualising the process of ACP according to each patient and their family’s context and situation.

Abstract number: P687 Abstract type: Poster

Continuous Palliative Sedation for Cancer Patients

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Continuous palliative sedation is often found in cancer patients. Primarily, it is used when the end of life is a palliative care intervention to address severe suffering in the last stage of life. Little is known about palliative sedation for non-cancer patients. We therefore studied the practice of continuous palliative sedation for both cancer patients and non-cancer patients.

Methods: In 2008 a structured questionnaire regarding their last patient receiving continuous sedation until death, was sent to a random sample of 1580 physicians working in general practice, nursing and health policy researchers who have published work in relevant areas in the last ten years. The study will also include the results of semi-structured interviews conducted by the authors with health care professionals who have specialized knowledge of palliative care policies and practices in each of the three countries focused on. Preliminary findings suggest that socio-cultural factors (e.g., mean levels of empathy, religiosity, volunteering, and openness to ideas from other countries) can help explain a great deal of the variation that exists in end-of-life palliative care from country to country. Understanding these dynamics may help health care professionals and policy makers overcome barriers to providing high quality, state-of-the-art medical care to patients who suffer at the end of life regardless of where they may live.

Abstract number: P688 Abstract type: Poster

Advance Care Planning - One Size Fits All?

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Aims: Recent studies have explored differences in aims that patients, families and clinicians may have when engaged in Advance Care Planning (ACP) and the impact that this has on how ACP is facilitated but this research has been conducted across different countries. Additional research that explores the potential impact of socio-cultural factors on ACP is needed. This research aimed to explore how the process of ACP was conceptualised by expert clinicians (e.g., palliative care physicians, nurses, patient advocates) and key stakeholder organisations (e.g., health departments, professional societies, consumer organisations) and how this impacts on how ACP is facilitated.

Study design and method: Semi-structured interviews were purposive and theoretical and continued until theoretical saturation. The interviews were recorded and transcribed. Transcripts were then analysed using Grounded Theory Method utilising NVivo8 software.

Results: Twenty three participants were interviewed. Themes major differences in how the process of ACP was conceptualised by the participants. One was an individualistic model of ACP where patients were able to make decisions independently regarding their own future. Another was a family model that recognised that care was provided not only to patients as individuals but to family as a unit. And there was a partnership model that emphasised the trusting relationship between patients and their health professionals. Different views existed not only across different participants but also within the same participant. Such interprofessional and temporal differences in views were best explained in relation to specific situational context of the particular scenario that the participant was talking about, including the patient’s illness characteristics, family and social characteristics and nature of the patient-health professional relationship.

Conclusion: Our study highlights the need to avoid a one-size-fits-all approach to ACP by individualising the process of ACP according to each patient and their family’s context and situation.

Abstract number: P689 Abstract type: Poster
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homes and hospitals.

Results: A total of 606 physicians (38%) filled out the questionnaire, of whom 370 (61%) reported on their last case of end-of-life decision (cancer n=370, non-cancer n=88, 24%). More often, non-cancer patients were older, female, and not fully competent. Dyspnoea (83.3%, CI:22.3-72) and psychological exhaustion (OR 2.64, CI:2.6-5.55) were more often a decision maker as compared to family. In 72% of these cases, the physician and the family had previously discussed end-of-life decisions for these patients. A palliative care team was consulted less often for non-cancer patients (OR 0.45, CI:0.21-0.96). Also, preceding sedation, euthanasia was discussed less often (OR 0.42, CI:2.6-4.73), which is related to their relative’s awareness of its causes. In 44.8% of nurses stated to suffer from having to deal with her situation. Also, preceding sedation, euthanasia was discussed less often (OR 0.42, CI:2.6-4.73), which is related to their relative’s awareness of its causes.

Abstract number: P689
Abstract type: Poster

Family Matters. An Empirical Study of the Role of Patients’ Family Members in Medical Decision-making: the Dutch Case

Belgium, Netherlands

Conclusion: The practice of continuous palliative sedation differs from patients dying of other diseases. These differences may be related to the course of advanced non-cancer diseases, which is less predictable than the course of advanced cancer.

Abstract number: P690
Abstract type: Poster

Prefered and Actual Involvement of Advanced Lung Cancer Patients and their Family in End-of-Life Decision-making

Family in End-of-Life Decision-making

Patients with stage IIIb/IV non-small-cell lung cancer were recruited by physicians in 13 hospitals and regularly interviewed between diagnosis and death. When the patients died, the specialist and GP were asked to fill in a questionnaire.

Results: Eighty five patients who died within 18 months of diagnosis were studied. An end-of-life decision (ELD) was made in 52 cases (61%). According to the treating physician, half of the competent patients were not involved in the end-of-life decision-making, one quarter shared the decision with the physician and one quarter made the decision themselves. In 11% of cases, family was involved in half of cases. Half of the competent patients were involved less than they had previously preferred and 35% of cases, the incompetent patients had previously stated they wanted their family involved in case of incompetence, but half did not achieve this. Patients with actual involvement of the patient or family included younger age, a palliative treatment goal and type of ELD (e.g. the more life-shortening ELDs).

Conclusion: In half of cases, advanced lung cancer patients - or their families in cases of incompetence - were not involved in the end-of-life decision-making, one quarter shared the decision with the physician and one quarter made the decision themselves. In 11% of cases, family was involved in half of cases. Half of the competent patients were involved less than they had previously preferred and 35% of cases, the incompetent patients had previously stated they wanted their family involved in case of incompetence, but half did not achieve this. Patients with actual involvement of the patient or family included younger age, a palliative treatment goal and type of ELD (e.g. the more life-shortening ELDs).

Abstract number: P691
Abstract type: Poster

Preferred and Actual Involvement of Advanced Lung Cancer Patients and their Family in End-of-Life Decision-making

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Background: Since most patients prefer out-of-hospital death, place of death can be considered an indicator of end-of-life decision-making. The study of trends in place of death is necessary to examine causes of shifts, to evaluate efforts to alter place of death and develop future policies. This study aims to examine past trends and future projections of place of death.

Methods: Analysis of death certificates (deaths ≥ 1 year) in Belgium (Flanders and Brussels Capital region) 1998-2007. Trends in place of death were adjusted for gender, age, smoking, comorbidity, socioeconomic characteristics, environmental factors, numbers of hospital beds, and residential and skilled nursing beds in care homes. Differences between periods were assessed based on age- and sex-specific mortality projections.

Results: Hospital deaths decreased from 55.1% to 51.7% and care home deaths rose from 18.3% to 22.6%. The percentage of home deaths remained stable. The odds of dying in a care home versus hospital increased steadily and was 1.65 (95%CI:1.53-1.78) in 2007 compared to 1998. This increase could be attributed to the replacement of residential beds by skilled nursing beds. Continuation of these trends would result in more than doubling of deaths in care homes and a decrease in deaths at home and hospital by 2040.

Background: The practice of continuous palliative sedation differs from patients dying of other diseases. These differences may be related to the course of advanced non-cancer diseases, which is less predictable than the course of advanced cancer.

Abstract number: P692
Abstract type: Poster

Experience of Time when Living with Incurable Disease - A Qualitative Study

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Background: The healthcare system’s unilateral focus on ‘clock time’ has led to a neglect of the impact of time on patients. When living with severe incurable disease, the diversity and impact of time become prominent.

Aim: Knowledge on patients’ experiences of time may be helpful both in planning, organizing, preparing and performing treatment and care for patients with short life expectancy. Especially to open up the conversation with relatives, this knowledge is important and therefore of general interest.

Theoretical frame: The philosophical and theoretical approach in this study is phenomenological. Edmund Husserl, the founder of modern phenomenology, stated that our consciousness of time is the most important area in phenomenology. Martin Heidegger, known as a master in phenomenology, has expressed that the impact of our relationship to time with respect to being.

Methods: An unstructured open-ended in-depth interview has been used with support of a theme guide reflecting different aspects of time. The data consists of 26 interviews from 23 participants receiving palliative care. The study was carried out from April 2009 to February 2010 in the respondent’s home or at different palliative care units in Hordaland County in Norway.

Preliminary result: Time, context and care are reflected. The patients’ existential security for themselves and their relatives determine whether the time feels good or bad. It is evident that our relationship to time is preserved by body language. The body also communicates a rhythm, which health worker and the patients have different rhythm the care can become an unpleasant experience. Patients, relatives and health workers are in different aspects of time, normally we are prospective, when death are approaching the future become uncertain, which can entail that it is a challenge to meet in harmony in the present.

Abstract number: P693
Abstract type: Poster

Reality Check: Can Healthcare Professionals Ever Provide Spiritual Care?

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Background: Spiritual care is a key element of palliative care. In the UK, NICE guidelines state that spiritual care should be offered as an integral part of care. Patients should have opportunities for their spiritual needs to be assessed and it is important for those assessing need to be highly attuned to the spiritual dimension of care. Although spiritual needs can be more urgent at the end of life than during National Audit of the Dying Audit (Round 2) in the UK show that this spiritual need is still not being met.

Aim: The aim of this study is to explore nurses’ understanding of spirituality, in anticipation of a greater understanding of this elusive area.

Methods: Using a qualitative cross-sectional design, inspired by a grounded theory approach, a non-probability purposive sample of seven nurses staff working in oncology wards taken from structured interviews. The participants varied in age, grade and years of oncology experience.

Results: The main findings were that majority of nurses cited lack of time and not knowing what to say as significant barriers to giving spiritual care. The emotional impact on family and medical care was also identified as a burden, causing stress and feelings of inadequacy. Lack of education and training produced fear and anxiety. However, most nurses wished to raise spiritual awareness and to deepen their

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own awareness in this important area.

Conclusion: Results suggest that despite the recognition of the importance of care in this area, nurses find it difficult to provide spiritual care to patients. Recommendations arising from the study include an education programme for nurses to improve their skills and confidence in undertaking spiritual assessment and enabling them to provide spiritual care.

Abstract number: P694
Abstract type: Poster

Transitions between Care Settings at the End of Life: Findings from the Nationwide EURO SENTI-MELC Study in Belgium, the Netherlands and Italy

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Objective: To examine timing and prevalence of transitions between care settings in Belgium, the Netherlands and Italy, and reasons for final transitions.

Methods: The EURO SENTI-MELC study is an ongoing retrospective registration study via GP’s in 2009, Belgium, the Netherlands and Italy who reported weekly all patients in their practice who died in 2009. The aim was to describe the transitions in the last month of life between different care settings in Belgium, the Netherlands and Italy, and reasons for final transitions.

Results: We studied 2254 patients. In Belgium (BE), the Netherlands (NE) and Italy (IT) 42%, 53% and 60% of patients were transferred at least once in the final three months of life. In all countries, 53% of patients in particular for patients living at home, increased significantly closer to death. In case of hospital death, respectively 37%, 41% and 37% of patients were hospitalized within the final 7 days of life in BE, NE and IT. In BE and NE, “patient needed palliative care/treatment” was cited most often by GPs (58% and 76% respectively) as reason for final hospital transition. “Cure intention” was cited most often in IT (51% vs. 13% and 23% in BE and NE). “Patient or family need another type of help” was cited most often in BE (22% and 25%) and IT (13% and 18%) than in NE (0% and 4%).

Conclusion: While health care organisation in BE, NE and IT differs considerably, many patients in all three countries experience transitions between end-of-life care settings. The relatively high prevalence of short hospital stay in the final week of life, especially for patients residing at home, poses specific challenges for future health care.

Fund for Scientific Research, Flanders.

Abstract number: P695
Abstract type: Poster

Who Provides Information and Care at Home in the Last 30 Days of Life: Opportunities for Primary Care in Nova Scotia, Canada

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Background & aims: In Nova Scotia, Canada, 74% of adults with a terminal diagnosis of a chronic disease in Nova Scotia, Canada. Informants are invited to participate across six waves over a two year period (June 2009 to May 2011). Our focus is on care preferences, care provided and by whom during the last 30 days of life. In this preliminary analysis we describe the care provided to decedents spending the majority of their last 30 days at home.

Methods: All 244 surveys were completed with 216 (43%) of them spent most of their last 30 days at home. 50% were female. 64% married, mean age 74 years (SD14.5), 53% died of cancer and 60% had private health insurance above provincial coverage. While at home many died without an in-home hospital visit. Informants were asked to expect as death drew near (39%), what to do at time of death (54%) or about the medications for symptom management (27%). When provided, a variety of doctors and nurses offered this information, particularly doctors other than a family physician and nurses. Informal caregivers (family, friends) provided the majority of help for the decedent’s pain (62%), breathing (43%) and anxiety/sadness needs (62%).

Conclusion: While health care organisation in BE, NE and IT differs considerably, many patients in all three countries experience transitions between end-of-life care settings. The relatively high prevalence of short hospital stay in the final week of life, especially for patients residing at home, poses specific challenges for future health care.

Fund for Scientific Research, Flanders.

Abstract number: P696
Abstract type: Poster

Systematic Review of Research Evidence in the UK between 1997 and 2010 on: Preferences for Place of Care and Death

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Background & aims: To enable patients to die in their place of choice, it is important to understand patient’s preferences. We wanted to understand patient’s preferences for place of care and place of death between 1997 and 2010 in the UK.

Method: Six databases (AMED, EMBASE, OVID MEDLINE, CINAHL, PsyInfo, BNI (1997-2007) were searched. Inclusion criteria were primary studies published in the UK, focusing on adults’ and/or carers’ perspectives; published between 1997 and 2010.

Results: Following abstract and full paper review, 19 of 458 hits met inclusion criteria. Preferred place of death differs from preferred place of care. Home remains the ideal place of death for many, but is qualified by location about patients’ changing circumstances. Hence, patients and their carers may prefer to die or be cared for in a hospice, although some prefer the familiarity of their own home; or need the control of a hospice. Other patients might perceive hospices as repositories of ‘inauspicious’ care. Most participants dislike dying in a hospital, but many did not reject the idea of being cared for in a hospice. Receiving care or dying in a care home is very unpopular. Many studies had substantial missing data, so complete and more informative records of preferences are needed in future studies.

Conclusion: In the UK, home is considered to be an ideal but unrealistic place of comfort and death by many participants. Hospice seem to be the most popular alternative preferred place of care and death. Many participants were happy being cared for a hospice, but many disagree with dying in a hospice. Receiving care or dying in a care home was viewed negatively.

This study is funded by the Cancer Experience Collaborative.

Abstract number: P697
Abstract type: Poster

Preference for Dying at Home - What Is Meant and what Is Said

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Background & aims: Preferences for places of death have become a key issue in the wider discussion on good end-of-life care. Though there is some evidence for factors influencing death at home, stressing the importance of social factors like stability of preferences for family carers and patients, little is known about the complex process of negotiating place of care and place of death throughout the process of dying. An ethnographic approach to recognizing and acknowledging dying in home care puts light on this issue and adds some insight why preferences and outcomes regarding place of care and death might differ.

Method: We applied an ethnographic approach to reconstruct trajectories of 16 dying patients in a specialist home care service. Data were drawn from observations, interviews and analysis of patients’ records with the latter being recorded and transcribed verbatim. Theoretical sampling as well as several content analyses supported by Atlas/ti software were used in analyzing following a grounded theory approach.

Results: We found several wishes behind a stated preference for dying at home which had an influence on the outcome: Some represented a wish to be cared for at home until last, which implies that “at last” is something separated from this care and might take place somewhere else. Others referred to a wish of “living” while dying and being cared for in their home. Family members who want to continue living there.

Conclusion: It is necessary to look for unspoken wishes and fears behind preferences for place of death, what is said is often not what is meant. If death at home should be possible, preferably home care should organize ways of communicating and negotiating these wishes openly within the families.

The study was funded by the Austrian Science Fund.

Abstract number: P698
Abstract type: Poster

Suffering and Palliative Care

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Suffering is frequently cited as an important dimension to be assessed systematically in palliative/end-of-life care and research. A systematic review of research papers relating suffering and palliative care was developed using PUBMed database under the primary medical subjects of “suffering” and “palliative care”. Several bibliographic and conference proceedings were also reviewed. We found 754 publications from databases. We stabilized four main dimensions of suffering: 1) physical; 2) psychological (emotional and mental); 3) relational (familiar and social); 4) spiritual.

From these dimensions we constructed a theoretical model of intervention on suffering in patients with untreated and life-threatening illness as a contribution for a more relational centred holistic model of intervention in palliative care, allowing caregivers, by means of a meaningful relationship, to explore all dimensions of suffering and prioritize and direct their interventions into the patient, the family and the environment.

Normal existential anxiety vulnerable by threat of the integrity and/or continuity, as it occurs in untreated and life-threatening illness, can be degenerated in existential despair with two main directions related to the meaning attributed to vulnerability agents: the loss meaning, developing demoralization syndromes with depression or psychopath modulations and the threat meaning, which can be presented by two main issues: a disbelief/denigration or an anxiety/turbulence mobilization state. All these way of suffering expression are driven by physical, psychological, mental, socio-cultural, family, and spiritual components that must be recognised in order to help patients and families, using a hope construct, to attain a state of existential peace at dying as the main target of palliative care teams.

Abstract number: P699
Withdrawn
Abstract number: P700
Abstract type: Poster

Life Support Limitation: Perspectives from a Palliative Palliative Care Team

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Introduction: Life support limitation (LSL) in children has the complexity of pediatric care. Most publications show Pediatric Intensive Care Units (PICU) to be the most affected. Picu Care offers one of a few approaches to LSL situations, within the planning process at advanced stages of incurable diseases. The request for LSL in Pediatric Palliative Care Team (PPCT) has increased. We wonder if this allowed changes in management of patients at the end of life.

Objective: To make a report on LSL to PPCT.

Methods: Evaluate PPCT interventions for LSL at the end of life.

Material and methods: We analyzed medical records of 49 patients seen for LSL between August 2006 and August 2010. Analyzed categories were: age, gender, diagnosis based in four groups (ACT), teams requesting LSL, illness trajectory, presence of an acute event and level of intervention (Trent Hospice Audit Group). For patients who died during follow-up, we analyzed the period of end of life, family involvement, and death, treatments at last week of life, “sedation in end of life” (EAPC), participants in decision making process of LSL.

Results: During four years 560 patients were seen, generating 116 LSL PICU interventions. Patients seen for LSL were 17 to 87 (mean 38) during a acute event, only 34 died. Age ranged 2 months to 21 years, 30% under one year old; chronic non-progressive Encephalopathy being most common diagnosis. No child died at pediatric ward. We identify cultural issues for suspension of nutrition and hydration. Palliative sedation was ordered in children dying out of PICU. Family involvement in decision-making was greater than reported. Withholding occurred in 31 patients. End-of-life care allowed in 2 and active withdrawal as “compassionat extubation” in one case.

Conclusion: This study allows us to reflect on a medical practice characterized by acute interventions in chronic conditions. We believe this necessary to change towards advanced care planning carried out by a PICU.

Abstract number: P701
Abstract type: Poster

The Dying Phase: European Experts’ Views on Improving Communication Issues in the Last Days of Life

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Background: Within the EU 7th framework project OPCARE9, Delphi panels are one method to develop a knowledge base for improving care in the last days of life. This study aimed at identifying palliative care experts’ views on communication issues in those last days.

Method: 3 Delphi rounds were conducted to find out how palliative care experts across Europe understand communication in the last day of life.

Objective: To make a report on LSL to PPCT.

Results: In light of these results, optimal staff qualification and the nature of conflicts between staff and patients was found to be important. We also asked about possible communication issues were appropriate to address defined as at least 75% accordance.

Conclusion: The incentive to alter the physical environment came from the perception that staff had often to compensate for failings in the care environment. Changes designed to improve care delivery can produce positive changes for the way in which the wider organisation structures and develops end of life care services.

Abstract number: P702
Abstract type: Poster

Investing in the Physical Environment where End of Life Care Is Delivered: What Are the Benefits?

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Background: Little is known about how the physical environment affects end of life care. The King’s Fund Enhancing the Healing Environment programmes aimed to demonstrate positive environmental Care at End of Life was launched in 2008 involving project teams from 20 NHS Trusts.

Research aim: To evaluate the King’s Fund EHE Programme for Environments for Care at End of Life.

Study design and methods: A longitudinal qualitative case study design was used to explore the impact the projects had on end of life care. Six case study sites were selected from the 20 projects. Projects at the case study sites were: the renovation of three mortuary viewing facilities; two centralised bereavement services; and a prison palliative care facility. Prior to implementation a project group was conducted as each site with team members (total n=29). After completion of the projects, 31 team members across all sites participated in individual interviews.

Results: The incentive to alter the physical environment came from the perception that staff had often to compensate for failings in the care environment. New environments meant that deceased bereaved could be cared for rather than processed. Although costs more than doubled from original estimates, this was being seen as a worthwhile investment. The benefits were overwhelming. Among the participants in the projects were: improved dignity and comfort for family; staff felt more motivated; families felt less distressed; and the patient” received the most accordance (61%) in communication: focusing on feeling and perceiving the patient” end of life care.

Conclusion: Changes designed to improve care delivery can produce positive changes for the way in which the wider organisation structures and develops end of life care services.

Abstract number: P703
Abstract type: Poster

Results from a Street-survey in Kenya on Public Preferences and Priorities for End-of-Life Care

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Background: Public preferences and priorities in end-of-life care are important to consider for development of Western models of care. We therefore undertook a street survey in Kenya to explore local preferences & priorities for end-of-life care.

Design & methods: Cross-sectional survey in 16 streets in Nairobi, Kenya (Jan-Feb 2010). We approached every 10th person alternating men/women, & included Kenyan nationals aged 18+. Closed questions explored patients’ end-of-life care (6 items) in the domain “important to address for all relatives” the item with most accordance was “reassurance of availability” (65%). The item “non-verbal communication: focusing on feeling and perceiving the patient” end of life care (25% accordance) was in the domain “important to address for all patients”. Consensus was reached that the lack of qualification of staff (75%) and patients & family (75%) were obstructive barriers to communication, and conflicts between staff and family (72%) almost reaching consensus. The incentive to alter the physical environment came from the perception that staff had often to compensate for failings in the care environment. Changes designed to improve care delivery can produce positive changes for the way in which the wider organisation structures and develops end of life care services.

Abstract number: P704
Abstract type: Poster

Bereaved Carer Satisfaction for Someone Dying in Long Term Care in Australia

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Background: Little is known about how the physical environment affects end of life care. The King’s Fund Enhancing the Healing Environment programmes aimed to demonstrate positive environmental Care at End of Life was launched in 2008 involving project teams from 20 NHS Trusts.

Abstract type: Poster

Revised Carer Satisfaction for Someone Dying in Long Term Care in Australia

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Abstract number: P705
Abstract type: Poster

Dutch Physicians’ Arguments for Choosing the Linear of Continuance of Life to Death

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Background: Little is known about how the physical environment affects end of life care. The King’s Fund Enhancing the Healing Environment programmes aimed to demonstrate positive environmental Care at End of Life was launched in 2008 involving project teams from 20 NHS Trusts.

Abstract type: Poster

Dutch Physicasts’ Arguments for Choosing the Linear of Continuance of Life to Death

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Abstract number: P706
Abstract type: Poster

Dutch Physicasts’ Arguments for Choosing the Linear of Continuance of Life to Death

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Abstract number: P707
Abstract type: Poster

Life Support Limitation: Perspectives from a Palliative Palliative Care Team

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Introduction: Life support limitation (LSL) in children has the complexity of pediatric care. Most publications show Pediatric Intensive Care Units (PICU) to be the most affected. Picu Care offers one of a few approaches to LSL situations, within the planning process at advanced stages of incurable diseases. The request for LSL in Pediatric Palliative Care Team (PPCT) has increased. We wonder if this allowed changes in management of patients at the end of life.

Objective: To make a report on LSL to PPCT.

Methods: Evaluate PPCT interventions for LSL at the end of life.

Material and methods: We analyzed medical records of 49 patients seen for LSL between August 2006 and August 2010. Analyzed categories were: age, gender, diagnosis based in four groups (ACT), teams requesting LSL, illness trajectory, presence of an acute event and level of intervention (Trent Hospice Audit Group). For patients who died during follow-up, we analyzed the period of end of life, family involvement, and death, treatments at last week of life, “sedation in end of life” (EAPC), participants in decision making process of LSL.

Results: During four years 560 patients were seen, generating 116 LSL PICU interventions. Patients seen for LSL were 17 to 87 (mean 38) during a acute event, only 34 died. Age ranged 2 months to 21 years, 30% under one year old; chronic non-progressive Encephalopathy being most common diagnosis. No child died at pediatric ward. We identify cultural issues for suspension of nutrition and hydration. Palliative sedation was ordered in children dying out of PICU. Family involvement in decision-making was greater than reported. Withholding occurred in 31 patients. End-of-life care allowed in 2 and active withdrawal as “compassionat extubation” in one case.

Conclusion: This study allows us to reflect on a medical practice characterized by acute interventions in chronic conditions. We believe this necessary to change towards advanced care planning carried out by a PICU.
The conventional/traditional hospice philosophy. These substantial digress from the results reflect PH prescribing-patterns and perceptions clinical/psychological efficaciousness of PH. Our findings suggest that the decision to prescribe or withhold PH is largely based on clinical perceptions and that most palliative care physicians from this world-region are individualizing treatment decisions.

Abstract number: P700

Withdrawn

Abstract number: P708

Abstract type: Poster

‘What’s in a Name?’ Reflections on Definitions of End of Life Care by Experts in Europe and Beyond

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Aim: As the discipline of palliative care matures there is a need for a definition of end of life (EoL) care, and it is clear that culture plays a central role in this. We explore and discuss the views of experts in EoL care from different countries. Method: We conducted a literature, European palliative care associations, and conferences targeted at palliative care professionals. Those who participated in the survey were asked to refer to other relevant experts. The responses were analyzed using content and discourse analysis. Results: The issue of the risk of non-anticipated and unintended awakening and promises to the patient are arguments for an approach including sedation at the end of life. Whether these arguments are valid and which approach contributes most to the patient’s quality of dying deserves further study.

Abstract number: P706

Abstract type: Poster

Practice Patterns and Perceptions about Parenteral Hydration in the Last Weeks of Life: A Survey of Palliative Care Physicians in Latin America

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Aims: To identify the factors influencing palliative care physician prescribing of parenteral hydration (PH) for patients during their last weeks of life. Methods: A representative online survey of Latin American palliative care physicians was conducted in 2010. Physicians were asked to report the percentage of patients during the last weeks of life who prescribed PH. Predictors of prescribing levels were identified using logistic regression analysis. Results: Among the surveyed physicians, 380 completed the survey (74% response rate). Sixty percent of physicians reported prescribing PH for 40% or more of patients. Of the physicians who prescribed PH, 60% believed that the decision to prescribe or withhold PH was largely based on clinical perceptions and that most palliative care physicians from this world-region are individualizing treatment decisions.

Abstract number: P709

Abstract type: Poster

Discussing E-O-L (End-of-Life) Issues with Terminally Ill Cancer Patients and their Families - Our Results

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Background: Most of the literature regarding communication between health professionals and patients at the end of life is focused on specific topics, like breaking bad news and discussing treatment decisions such as CPR and advanced care directives. Little research on discussion about 10% of E-O-L issues often takes place over time rather than as a single activity. Aims: Discussing E-O-L issues are of key importance to terminally ill patients and their families. There is a lack of evidence in the literature to guide the clinical practice. Objective of this paper is explore the optimal content and phrasing of information when discussing the dying process and E-O-L issues with terminally ill patients and their families.

Materials and methods: We conducted focus groups and individual interviews with 20 palliative care patients and their families treated in Clinical Hospital Stip in past twelve months. The focus groups and individual interviews were fully transcribed. Further individual interviews were conducted until no additional topics were raised. Participant’s narratives were analyzed using qualitative content analysis.

Results: Distinct content areas emerged for discussing E-O-L issues: treatment decisions at the E-O-L, potential future symptoms; preferences for life prolongation at the E-O-L; the process of dying; what need to be done immediately after death, after patient’s death. When discussing process of dying participants recommended-exploring the person’s fervor about dying; describing the final days and unconscious period; the reduced need for formal feeding. Many participants identified the dilemma regarding whether to discuss potential complications around the time of death

Conclusions: This paper provide strategies, phrases and words which may inform about the process of dying and E-O-L issues. This will be useful especially for patients’ families. Further research is needed to determine the generalizability of these findings.

Abstract number: P711

Abstract type: Poster

Dignity Therapy as Part of the Holistic Approach in a Palliative Care Unit

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Background: Loss of dignity is one of the problems patients face at the end of life. Dignity therapy (DT) is a brief supportive/existential therapy that has shown to improve patients’ satisfaction, meaning and dignity. Aim: To study the satisfaction and sense of dignity in end-of-life palliative patients after DT. Study design and methods: This is an observational study. Inclusion criteria: Patient enrolled in the palliative care unit (inpatient or outpatient); age 18 years old; absence of delirium or dementia; life expectancy: 6 months and mini mental status < 23. Each eligible patient was offered DT, after written consent was obtained (100% of the patients). After dignity therapy, the patients were asked to answer two questions from the Dignity Therapy Patient Feedback, regarding satisfaction and sense of dignity. Results: 95% of the patients answered they strongly agreed that DT was satisfactory and 83% said that it strongly enhanced their sense of dignity. Conclusion: In this preliminary study, satisfaction with the dignity are acknowledged, MD to be published in the palliative care literature. DT showed to be easy and acceptable for both patients and staff. DT should have an important role as part of patients’ holistic approach.

Abstract number: P712

Abstract type: Poster

Cultural Issues and End-of-Life Care in Europe: Research Priorities from an International Meeting


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Aim: The PRISMA project aims to coordinate research priorities and measurement to achieve best practice in end of life (EoL) care for cancer patients across Europe. Its workshop package on culture organised an international workshop to: 1. identify research priorities for cultural issues in EoL cancer research,
Abstract number: P7114
Abstract type: Poster

Tomorrow Never Comes…. Difficulties Diagnosing Dying

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Aims: To explore factors which influence the diagnosis of dying in the acute hospital setting.

Design: This qualitative study consisted of 16 semi-structured interviews in the acute hospital setting. All nursing and medical staff at these hospitals were invited to attend, except for those in paediatrics, obstetrics and gynaecology and Accident and Emergency. A schedule was designed and used as a prompt and these were based around the use of an End of Life Pathway based on the Liverpool Care Pathway (LCP). Interviews were recorded, transcribed and then analysed for common themes.

Results: Seven nurses and nine doctors were interviewed across all grades and disciplines. 100% of the doctors who participated felt that it could be difficult to diagnose dying and mentioned the importance of knowing that the patient’s trajectory is non-cancer e.g. extensive stroke, chronic obstructive pulmonary disease and heart failure. It was noted that there could be considerable variation between doctors and nurses as to the appropriate time to commence the end of life care pathway. The nurses felt that some doctors were often starting the end of life care pathway too early and a common response is to wait until tomorrow. Another perceived delay in the diagnosis of dying was felt by doctors who had not previously known the patient, especially when they were seeing a patient for the first time on-call. There was concern raised about whether junior doctors should be making decisions to start an end of life care pathway.

Conclusions: This study reinforces findings of similar studies in other settings with regard to the diagnosis of dying and that it is more difficult in non-cancer situations. There is no prior experience of the patient. It highlights the importance of multiprofessional decision making in the diagnosis of dying.

Abstract number: P715
Abstract type: Poster

Nurses and the Decision Making to Palliative Sedation

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Background: Palliative sedation is a palliative care technique of the highest benefit and demand concerning intractable and mechanical ventilation. Results: The residents were 54 to 101 years (mean 83.1 ± 11.1 years). The result was that 96% (n=116) of the residents did not want resuscitation and mechanical ventilation. The family of one resident requested resuscitation because they wanted the resident to live longer even if he was unconscious on a ventilator. Three residents and/or their families never responded regarding their wish on resuscitation.

Conclusion: It was possible to obtain advance directives in a nursing home without confronting extraordinary complaints. In most cases, aged residents and their family members when given an informed choice, rejected the initiation of mechanical ventilation. Implementing advance directives in a nursing home has the potential to enhance the residents’ and their family members’ satisfaction with medical practice. Data collection is consistent with their wish and thus, physicians can avoid unnecessary and undesirable resuscitation procedures.

Abstract number: P716
Abstract type: Poster

A Kenyan Perspective on Culture in End-of-Life Care

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Background: Little research has been done looking at the effects of cross-cultural aspects of palliative care (PC) despite developments in Africa over recent years. A study was therefore undertaken in Kenya which aimed to explore the meanings, concerns & cultural interpretations of Kenyan patients with an incurable, terminal illness, & their professional carers, with respect to end-of-life dying.

Methods: The study used guided interviews & focus group discussions (FGDs) & was undertaken as part of the PRISMA project. 144 patients, with a prognosis of 1 to 2 years, were purposively sampled from PC organisations & interviewed. 8 women & 6 men ranging in age from 36-90 years, from 4 different PC services across Kenya. The majority of participants were Christian, represented a range of tribes & employment status, & they all had a diagnosing of cancer, with some also being HIV positive. 2 FGDs were conducted with health professionals (9 nurses & 5 doctors), representing 12 PC services across Kenya, with a range of 2 months to 16 years PC experience. Data from the interviews & FGDs was analysed thematically.

Results: The results fall into four categories:

1. The patient’s experience of their illness.
2. Information about how the patient’s life has been since they were diagnosed with a terminal illness.
3. The patient’s coping mechanisms, &

Common themes were sought throughout including issues around access to care, finances (i.e. cost of treatment, transport, provision of palliative care and the acceptance of their illness), knowledge, multiple cultural concerns & interpretations of how the services should operate, support for family members, & the social/financial support they perceived. The majority of participants agreed that the majority were identified which should be considered when designing PC programmes.

Abstract number: P717
Abstract type: Poster

Depression and Explicit Requests for Euthanasia in End-of-Life Cancer Patients in Primary Care in the Netherlands: A Longitudinal, Prospective Study

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Research aims: The impact of depression in the patient leading to a request for euthanasia has never been studied in primary care. In hospital oriented research a positive relationship was found between depressed mood and a request for euthanasia. We don’t know if this holds for primary care as well. In the Netherlands most (45%) of cancer patients die without undergoing euthanasia or assisted suicide. This study aims to assess the relationship between major depression and depressed
mood and requesting euthanasia in end-of-life cancer patients in primary care.

**Study design and methods:** A longitudinal, prospective, observational study in primary care with incurable cancer and an estimated of no more than half a year. Sixty-four patients were interviewed at baseline and after death with a time interval of 2 months. Major depression was assessed with a SCAN diagnostic interview and the HADS. At inclusion and in follow-up the HADS was used to measure depressive mood. In analysis for the HADS depression subscale a cut of higher than 10 was used to indicate depressive mood. Refusal by one group of one patient (patient did not request for euthanasia) suffered from major depression according to the SCAN diagnostic interview, and 33% suffered from depressed mood according to the HADS depression scale. No difference in depressed mood was found between patients with or without an explicit request for euthanasia: in the last interview before death 40% of patients who requested euthanasia and 41% of patients who had not requested euthanasia had a score of more than 10 on the HADS depression scale.

**Conclusion:** In primary care major depression or depressed mood in end-of-life cancer patients are not related to requesting euthanasia.

**Funding:** The study was funded by the Netherlands Organization for Scientific Research (NWO)

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**Abstract number:** P719

**Abstract type:** Poster

**Improving End of Life Decision Making: What Evidence Will Bring Care for the Dying a Step Further? A Delphi Study**

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**Introduction:** End of life decision making is an important aspect of end of life care which can have a significant impact on the quality of life of dying patients. Such decision making may involve withdrawing medical treatment, providing intensive treatment to alleviate suffering and other interventions. Evidence based guidance for these practices is lacking.

**Aim:** The aim of our study was to identify difficult issues in end-of-life decision making for which more evidence based guidance might be useful.

**Methods:** Experts in palliative care participated in a 2-round Delphi survey. They identified important issues in end-of-life decision making and rated the usefulness of scientific evidence. Artificial hydration, artificial nutrition and the use of sedatives were used as examples for end of life decision making. Ninety experts were consulted from the OPCARE countries: Argentina, Germany, Italy, the Netherlands, New Zealand, Sweden, Switzerland and the UK.

**Results:** In the first and second round, the response rate was 76% and 66%, respectively. According to the experts, decisions in end-of-life decision making were medical issues, such as dehydration or indications for sedatives, and communication issues, such as requests for euthanasia and conversations. According to the experts, evidence based guidance is most helpful in the following areas: communication with dying patients and their relatives, indications for sedatives and the effect of (de)hydration in the end of life. Ninety experts were consulted.

**Conclusions:** Communication with terminally ill patients and relatives is a challenging issue that would benefit from further research. Additionally, more evidence on indications for and effects of artificial hydration in the end of life is needed. These results should guide future research for optimizing the care of the dying.

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**Abstract number:** P720

**Abstract type:** Poster

**An Exploration of Sedation Practice at the End of Life in a UK Hospice**

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**Aims:** To understand the levels of sedative use, indications to sedate and documentation of decision making in a UK hospice to benchmark and question our practice.

**Method:** A retrospective documentary survey of 147 deaths in 2009 in a 12 bed inpatient hospice. Prescription charts were analysed and all entries for sedative drugs from admission to death were recorded, including per and continuous doses in a syringe machine. Narrative text in patient notes was examined for indications and discussions about sedation with the team, patient and family. Continuous sedative doses were defined as midazolam 10mg or levomelampromazine 25mg or 24 hours.

**Results:** On the last day of life, 80% of patients were on sedative doses with mid (and/or) continuous doses of 30mg midazolam or 50mg levomelampromazine. 69% of patients had been on sedative doses for 4 days or less before death. Most frequently the doses were requested by (agitation or) psychologic pain, (in combination with analgesia) and respiratory symptoms.

Although team discussions (2 MDT handovers per day) take place and discussions with patients and families are noted in the notes of discussion, documentation of key conversations about decisions to initiate sedative medication and inconsistent recording of the level of sedation. 60% of the doses above (e.g midazolam 10mg in 24 hours) may well be not be deeply sedative in practice, but we could not always tell from the exact level of sedation in the days before death and whether patients were still able to communicate and swallow.

**Discussion:** It is now important to compare and contrast our data with other palliative units. Discussions with team, patient and family around the level of sedation was important. As independent clinical practitioners, discussions with team, patient and family around unravelled suffering and decisions to relax or continuously sedate will be documented more clearly. A tool to record actual level of sedation and swallowing will be introduced in line with the EAPC Sedation Framework 2010 to help clarify the issue of deep continuous sedation.

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**Abstract number:** P721

**Abstract type:** Poster

**Hope beyond Recovery: Chaplain as a Hope-fostering Agent**

**Nolan S.1**

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**Aim:** The aim of our study was to identify difficult issues in end-of-life decision making for which more evidence based guidance might be useful.

**Methods:** Experts in palliative care participated in a 2-round Delphi survey. They identified important issues in end-of-life decision making and rated the usefulness of scientific evidence. Artificial hydration, artificial nutrition and the use of sedatives were used as examples for end of life decision making. Ninety experts were consulted from the OPCARE countries: Argentina, Germany, Italy, the Netherlands, New Zealand, Sweden, Switzerland and the UK.

**Results:** In the first and second round, the response rate was 76% and 66%, respectively. According to the experts, decisions in end-of-life decision making were medical issues, such as dehydration or indications for sedatives, and communication issues, such as requests for euthanasia and conversations. According to the experts, evidence based guidance is most helpful in the following areas: communication with dying patients and their relatives, indications for sedatives and the effect of (de)hydration in the end of life. Ninety experts were consulted.

**Conclusions:** Communication with terminally ill patients and relatives is a challenging issue that would benefit from further research. Additionally, more evidence on indications for and effects of artificial hydration in the end of life is needed. These results should guide future research for optimizing the care of the dying.

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**Abstract number:** P722

**Abstract type:** Poster

**How Good Is the End of Life Care of Patients Who Die in an Acute Medical Unit?**

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**Introduction:** The End of Life Care Strategy (DOH, 2008) emphasises the need to offer optimal care at the end of life in all settings. Patients admitted to the Emergency Department at University College London Hospital are moved to the Acute Medical Unit (AMU) before being transferred to another ward within the Trust.

**Aim:** The aim of this study was to examine the quality of end of life care of patients who died within the AMU.

**Method:** Retrospective analysis of the medical and nursing notes of patients who died on the AMU at UCLH during 2009. The notes were reviewed, looking for evidence of, and quality of the use of the Liverpool Care Pathway (LCP). In cases where the LCP was not used, documented evidence of care meeting each of the goals of the LCP was sought.

**Results:** 52 patients died in the study period. 34 (65%) sets of notes were obtained for analysis. 16 (47%) patients were male with a mean age of 77. The mean time from admission to death was 2.4 days. 11 (32%) patients died had both.

The LCP was used in 9 (26%) cases. ‘A Do not attempt resuscitation’ (DNR) form was completed in 14 (41%) patients. In 16 (48%) cases, non-essential medication was discontinued, and in 22 (66%), 19 (56%) and 20 (58%) cases respectively, ‘Do not resuscitate’, ‘Do not intubate’, ‘Do not ventilate’ and ‘Do not proceed to inpatient analgesic, sedative and anti-secretory medication was prescribed.

Evidence of communication with the patient and family about the patient deteriorating condition was found in 11 (32%) and 26 (76%) cases respectively. There was no evidence that the patients and families were assessed in 5 (15%) and 10 (29%) cases respectively, and that the patient’s General Practitioner was informed of the patients’ death in 3 (9%) cases.

Seven patients (20%) were referred to the Palliative Care Team.

**Conclusion:** Even when the LCP is not used, there is evidence of good end of life care in the AMU setting. However, communication and spiritual care needs to be improved.

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**Abstract number:** P723

**Abstract type:** Poster

**Querying the Necessity of Portable Chest X-rays on Elderly Patients: Could they be a Trigger in Dying Diagnosis?**

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**Background:** Portable chest x-rays can be requested on frail elderly patients if their clinical condition changes. As independent clinical practitioners, radiographers often felt that the patient was close to death, observed that the procedure was distressing for patients and relatives, and were themselves distressed by having to perform the test. The limited diagnostic accuracy of portable chest x-rays is well known. Many possible prognostic indicators have been reviewed in the literature but to our knowledge, the request of a portable chest x-ray has not been considered as a red flag for considering the diagnosis of dying. A survey was undertaken to assess the number of patients involved and time to death. The influence of the x-ray on the patients management will then be reviewed and conclusions drawn.

**Method:**

Phase 1: All portable chest x-rays taken during July August 2010 were pulled from the local register. Patients under the age of 65 were excluded as were patients on acute assessment units, intensive care, coronary care, in theatre or in A&E. Time to death was recorded.

Phase 2: To be completed: Patients who have died within 1 week of imaging will have a notes review.

**Results:**

Phase 1: 130 portable chest x-rays met the criteria.
Nearly one quarter of all patients 23% died within 3 days of imaging. At 1 week post imaging, 35% of patients had died. More than half of the patients 58% had died by 2 weeks post imaging. Phase 2 ongoing at time of submission: notes review is underway.

Discussion: Nearly 4/5 of elderly inpatient ‘s who underwent a portable chest x-ray died within 3 days of the investigation. For the patients requesting such imaging could be a useful prognostic indication. Additional review of the notes is underway to evaluate the impact of the test on subsequent management of the patient. The extent to which clinical assessment pathways with a view to minimize unnecessary and distressing investigations at the end of life.

Abstract number: P724
Abstract type: Poster

Family Caregiver Views on Patient-centred Care at the End of Life

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Aim: The purpose of this study was to evaluate the patient-centredness of community palliative care from the perspectives of family members who were responsible for the care of a terminally ill family member.

Method: A survey questionnaire was mailed to families of a deceased family member who had been designated as palliative and had received formal home care services. The survey was sent to the central west region of the Province of Ontario, Canada. Respondents reported on service use in the last four weeks of life, the Client centred care Questionnaire (CCCQ) was used to evaluate the extent to which care was patient-centred. The Accessibility Instrument was used to assess respondent perception of access to care. Description and inferential statistics were used for data analyses.

Results: 111 family caregivers completed the survey questionnaire, 13 respondents reported they used five services during the last four weeks of the care recipient’s life. When asked about program accessibility, care was also perceived as largely accessible and responsive to patients’ changing needs (M=4.3 (SD=1.04)). 12 respondents also reported that they knew what service perception provider to contact if they experienced any problems concerning the care of their family member. There were however considerable differences between some items on the CCCQ. Respondents tended to provide more negative ratings regarding practical arrangement and the organization of care: who was coming, how often and when. They also rated more negatively the observation that service providers were quick to say what something was possible when it was not the case. Bivariate analyses found no significant differences in CCCQ or Accessibility domain scores by caregiver age, care recipient age, income, education, and caregiver sex.

Funding: We Care Centre, Toronto, Ontario, Canada

Abstract number: P725
Abstract type: Poster

Growing in Confidence?: Educational Needs Assessment in the Acute Hospital Setting

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Background: A 6 month pilot of the Gold Standards Framework in Acute Hospitals, with associated training, was introduced in February 2010 to a UK hospital following previous strong educational preparation.

Aims: A pre and post educational needs assessment was completed. This was used to deliver focused training and assess change post pilot.

Methods: Staff were invited to complete questionnaires (164 pre/191 post). 54 completed two directly comparable questionnaires on a number of end of life (EOL) issues from a range of 109.79% following the pilot. Confidence recognising patients in their later stages of life improved from 6.96 (95% CI 6.41, 7.52) to 7.31 (95% CI 6.91, 7.72). Confidence in open communication about patient’s wishes improved from 7.07 (95% CI 6.65, 7.59) to 7.44 (95% CI 7.07, 7.82). Management discussing Advanced Care Planning (ACP) with patient (pre 6.98, post 7.02) and carer (pre 7, post 6.98) remained unchanged. No significant differences were shown in mean scores pre and post pilot using a paired T-test. The percentage of staff stating they developed plans for future care following ACP discussions improved from 54% to 70%.

Conclusions: It is clear that staff already had knowledge and skills from previous training initiatives. Confidence rating scales represent subjective opinion with multi-factorial influences. Confidence levels in having ACP discussions have been negatively affected following realisation of what this really involves. Further ACP education is ongoing.

Abstract number: P726
Abstract type: Poster

A Comparison of Health Care Expenditure of Cancer Terminal Stage Care between Hospice and Nonhospice Patients

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Objective: The health policy analysis have noted the high cost of the care for the terminal stage patients, and that for the cancer patients is even higher. Cancer has become the leading cause of the death in Taiwan since 1983, and cancer deaths have significantly increased in recent years. The purpose of this study is to compare the expenditures of hospice and nonhospice care of the terminal stage cancer patients.

Methods: The population of the study included all the 2,813 cancerous deaths in Taiwan between January and December, 2005-2007. The data released from the National Health Research Institutes for the inpatient expenditures by admission files were compared. The subjects were divided into two categories, the hospice and nonhospice medical costs in the terminal stage cancer patients.

Results: Among the 2,813 cancer deaths, 545 of them chose hospice which made up 19.4% of the cases. The adjusted relationship between hospitalization costs and the use of hospice care. It can be seen from the table that P<0.05. The study disclosed that the interval of hospice stay for the terminal cancer patient is shorter, but the cost of the hospice care is higher. The cost of hospice is also a high positive correlation (p< .005) with DAP-R.

Conclusions: We come to the conclusion that the hospice care for the terminal stage cancer patient has cost benefit. However, the acceptance rate is low which makes up only 19.4% of the case. We, therefore, suggest that the governmentally support in what this really involves. Further ACP education is ongoing.

Abstract number: P727
Abstract type: Poster

Improving Quality of Life at the End of Life for People with Dementia

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The publication of the End of Life Care Strategy in 2008 by the government has turned the spotlight on the quality of care at the end of life for those with dementia. We recognise that there is a need to improve care in local elderly care units which had clients suffering with mental health conditions, including dementia.

Aim: 1. To raise awareness of all of the needs at the end of life.
2. To improve care of the dying in these units, addressing symptoms like pain and refusal to eat and drink.

3. To reduce unnecessary hospital admissions from care units when clients died within 3 days of imaging of 23% of patients had died. More than half of the patients had died by 2 weeks post imaging. Phase 2 ongoing at time of submission: notes review is underway.

Discussion: Nearly 4/5 of elderly inpatient ‘s who underwent a portable chest x-ray died within 3 days of the investigation. For the patients requesting such imaging could be a useful prognostic indication. Additional review of the notes is underway to evaluate the impact of the test on subsequent management of the patient. The extent to which clinical assessment pathways with a view to minimize unnecessary and distressing investigations at the end of life.

Abstract number: P728
Abstract type: Poster

Life Purpose and Meaning in Nurses Working in Hospital Departments and Palliative Care Units

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Nurses facing death in their daily practice are often stimulated to reflect on life purpose and meaning. The aim is to study how professional and training factors contribute to nurse life purpose and meaning.

Methodology: A sample of 363 nurses from different hospital and palliative care units (86.8% female; mean age 30.4; mean years of work experience 7.67) were assessed by a socio-professional questionnaire, the Portuguese validated version of PIL (purpose in life test) and DAP-R.

Results: We found significant higher life purpose and meaning in palliative care nurses comparing with oncology and hematology nurses (P=0.03). There were no significant differences with other socio-professional and training variables. We disclose also a high positive correlation (p< .005) with DAP-R, but acceptance dimension and a negative correlation with DAP-R death fear (p<.01) and escape motivation (p< .005).

Conclusions: We show a strong relation between life purpose and some dimensions of death attitudes with different importance in oncologic and palliative care units that raise some educational and organizational strategies.

Abstract number: P729
Abstract type: Poster

Health Care Team-terminal Patient Communication at the “Laguna” Palliative-Care Center Hospital

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The purpose of this study is to describe the communication between the health care team and the terminal patients at the “Laguna” Palliative-Care Center Hospital. The study was a descriptive research partly based on Corbin and Strauss (1998) Continuous and Comparative Method, carried out in two phases: A Descriptive and Analytical phase for which the Staghegghs Plus 5.1 was used. In the second Verbal Descriptive phase field notes were collected and analyzed with the Atlas.ti software. The population consisted of thirty eight (38) patients
hospitalized at the “Laguna” Hospital between April and September 2009. The sample for the Descriptive and Analytical phase was non-probabilistic and consisted of (20) voluntary adult patients, with no psychological disorders, with a Karnovsky index ≥30 points and with no emotional distress that would prevent the patient from correctly comprehending the statements in the questionnaire. Data was collected through a 20-item questionnaire with Likert scale (=0.87). Results showed that 90% of the sample had an excellent interpersonal relationship with the health care team; they felt understood and accepted; they could talk freely about their health status, and communication with the health care team works as an integrative element because it allows patients to feel protected and accepted in that hospital environment. Regarding the second Verbal Descriptive phase, emotional aspects contained in the interviews were recorded. Within the framework of the study and the health care team were identified, which showed patients were highly pleased by the way they were treated and the way wound care in palliative setting is often a challenge, and requires a comprehensive approach. The goal of this work is to present a systematic approach to chronic wounds, which often occur in palliative care, and emphasize the importance of cooperation between doctors and nurses. Methods: A semi-structured, review guideline was developed, including items from a study in this population on these matters undertaken in the U.S.A. The guideline was discussed in a focus group in Germany, consisting of the palliative care team and family, and warrant patients’ dignity and quality of life by addressing psychosocial aspects of dying, empowering patients’ independence and promoting the highest achievable quality of life. When wound healing is expected not to improve patient’s quality of life, then palliative care should be considered. Treatment of nonhealing wounds, such as malignant wounds, can be optimized and a comprehensive approach, which can be addressed by following the mnemonic HOPES: H (Haemorrhage control), O (Odor), P (Pain), E (Exudate), S (Superficial bacterial burden). Each of these items should be addressed carefully, combining medical and nursing intervention. Conclusion: Management of wounds in palliative care is a challenge for health care practitioners and is crucial for patient’s quality of life and comfort. In addition to the systematized wound care, it is important to communicate with the patient and family, to ensure the focus on realistic outcomes. Results: “palliative care” and “wounds and injuries”. The goal of this work is to present a systematic approach with categorisation of themes and aspects that are important for homecare nurses with regard to their end-of-life. Comparison to identified themes and aspects in the U.S.A. Software: MAXQDA, version 2016. Results: Pretest with 3 over 60-year old males, living in a sheltered accommodation after a decades-long life in the streets. Important themes were place of death, care of the body, trust/mistrust in others and in the family, fear of pain and bad experiences in the context of other people’s death. Interestingly, the interviews were not perceived stressful. However, this may have to be seen against the new background of a safer living situation, as compared to living on the streets. A series of interviews with 12-15 homeless persons will be completed by February 2011. Conclusions: Matters of end of life, fears and wishes of the homeless have not yet been explored in many countries, let alone Germany. Organisations in the field of work for the homeless expressed a high interest in the study in order to facilitate a more dignified death for persons living on the streets.
Aims: This study looked at the role of hospital nurses in the use of an end of life pathway based on the Liverpool Care Pathway.

Methods: This was a qualitative study involving semi-structured interviews which were conducted on two qualified nursing staff from all appropriate disciplines in the acute hospital setting. The interview schedule included questions about the participants' perceptions of the impact of the use of the pathway on the care of patients, their carers and hospital staff. All interviews were transcribed and analysed for common themes.

Results: In all there were 16 participants from all disciplines and across all grades. The nurses participating generally had more formal training with regard to the pathway than the doctors. Nurses perceived the majority of patients were unfamiliar, not being confident in commencing the pathway at weekends and at night and would automatically involve a more senior medical team member. Most nurses felt well supported and empowered by the pathway. This was because generally the concept of ‘no more’ or ‘not a lot of’ medication being in a position to give symptom control as it was needed. Also the necessity of interventions was reviewed in a timely manner, in dying patients, so that they felt their care was appropriate and purposeful. Several nurses felt they needed to change the way of the pathway particularly when junior doctors were considering the commencement of the pathway as some were anxious or unclear.

Conclusion: Overall the nurses' perception of the value of the use of the pathway was positive. It would appear the majority felt confident in their use of the pathway, but that there were barriers which may be overcome with further support and education for all grades.

Abstract number: P378
Abstract type: Poster

A "Pallium" in Different Styles: A Methodological Study for Transcultural Guidelines in Palliative Care

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Aims: In few decades globalization has sensitively modified social structures in countries previously not used to migrants, turning their populations into multinational and multicultural ones. Palliative Care is a discipline strongly "patient and family based", yet, health personnel has not often enough transcultural competence. Cultural accessibility is fundamental to achieve compliance of patients and their families: there is evidence of less use of Palliative Care among migrants, through the lack of professional support. Therefore, it is important to ensure adequate guidelines specific to Palliative Care on transcultural subjects. The aim of this study is to provide a transcultural and appropriate methodology to redact guidelines for transcultural Palliative Care for each migrant national community.

Design: a) The Chinese community was selected as pilot one. b) History of migration and demographic data were acquired by literature and official statistics. c) Key points to target needs of patients and their family in Palliative Care were selected: family and generated a specific perception of health and traditional medicine, food, religion, taboos, sense of privacy, funeral rituals, communication of diagnosis and prognosis, attitude towards administration of opioids. Literature was consulted on these topics. d) Available scientific literature on Palliative Care administered in China and patients and caregivers was reviewed with Hawker systematic method. e) Guidelines were redacted. f) Guideline was tested on the case of a Chinese patient died in Hospice.

Results: The Study outlined crucial cultural differences with native population, confirmed by the Hospice care, which might invalidate Palliative Care with Chinese patients, unless transcultural competence is acquired.

Conclusion: Guidelines are necessary, however, with a flexible attitude. The need of tailoring individuals for better care can be high variability. More research needs to be done and cultural mediators consulted.

Abstract number: P379
Abstract type: Poster

The Importance of Philosophical Approach in the Spiritual Care of Patients, Relatives and Operators in Palliative Care

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Introduction: The philosophical approach in palliative care is useful to give patients effective tools to cancer or end stage heart failure. Metaphorically can change the way to see oneself and life; the expression of value, needs, wishes facilates a good end of life quality and a “good death” for patient and his family. Both ABOF’s philosophical approach is spiritual practice for everyone: those who have a particular faith, or agnostic people that just look for spirituality. Spirituality is embedded in spirituality, but it doesn’t immediately implied by it. Aims: This project aims at establishing a good relationship between religious and spiritual topics and relatives of patients dying and facilitate a “good leave” and to help patient to convey and share his spiritual needs.

Methods: We interviewed patients and relatives using an spiritual care assessment form with the contribution of a philosopher, a chaplain and a shatush operator, who collaborate in a multidisciplinary team, as an instrument to share patients needs and goals of care and to communicate with the hospice staff.

Results: We have identified how spiritual and relatives of patients dying and relative of patients dying in order to be able to respect and recognize patient’s and relatives’ spiritual needs.

Conclusion: Our job is based on the importance of this philosophical practice in palliative care, because this widened approach could offer each person a greater amount of possible trajectories in their spiritual and religious practice, also by means of diverse narratives which allow access of the language, spoken or written, said or read but also through the symbolic and bodily dimensions.

Abstract number: P380
Abstract type: Poster

Safe Prescribing at End of Life for Patients with End Stage Kidney Disease

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Aim: Only little is known about symptom control in patients dying with end stage kidney disease. Recent work has shown, that the symptom burden is similar in patients dying with end stage kidney disease. They stated that it is safe to use as it is metabolised in the liver. In Uraemia induced nausea, Haloperidol in 50% dose reduction is the expression of value, needs, wishes facilates a good end of life quality and a “good death” for patient and his family. Both ABOF’s philosophical approach is spiritual practice for everyone: those who have a particular faith, or agnostic people that just look for spirituality. Spirituality is embedded in spirituality, but it doesn’t immediately implied by it. Aims: This project aims at establishing a good relationship between religious and spiritual topics and relatives of patients dying and facilitate a “good leave” and to help patient to convey and share his spiritual needs.

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Conclusion: Our job is based on the importance of this philosophical practice in palliative care, because this widened approach could offer each person a greater amount of possible trajectories in their spiritual and religious practice, also by means of diverse narratives which allow access of the language, spoken or written, said or read but also through the symbolic and bodily dimensions.

Abstract number: P381
Abstract type: Poster

Enhancing End of Life Care with Dignity: Hospice Nursing in Romania

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Aims: The purpose of this capstone project was to develop the nursing actions commonly practiced by the Romanian nurses affiliated with Hospices of Hope that promote dignified dying and explore the identified needs of the patient and family to provide the patients with a more dignified death.

Methods: To gather data, a survey method was used employing the International Committee of Nurses in Palliative Nursing Practice (ICNP) Dignified Dying Survey translated into Romanian. The survey included 40 items measuring ICNP competencies, (part one and two), and 3 open-ended queries). A convenience sample of 43 hospice nurses in Romania responded. Descriptive statistics, t-tests and content analysis were used to analyze the data. Patient needs and nursing interventions to promote dignified dying that were not included in the quantitative analysis were captured by the open-ended questions at the end of the survey.

Results: In this study, end of life nursing actions that contributed to dignified death in Romania and to an international language of palliative care nursing at the end of life were developed and explored. The characteristics and actions that promoted dignified dying included the hospice nurses’ use of a formal, institutional process of assessing and documenting needs that supported pain and symptom management, and spiritual comfort for patients at the end of life. The participants described the development of family centered hospice care to integrate a deep sense of Christian Orthodox tradition that was transformative for patients and families and suggested a way to promote dignity for patients as they approached the end of life.

Conclusion: As the Romanian hospice nurses effectively implement recommended interventions to improve end of life care, the quality of life experiences for terminally ill Romanians will be improved. Enhancing global awareness of cultural and spiritual differences concerning end of life will facilitate international scholarly dialogue among nurse scientists.

Abstract number: P382
Abstract type: Poster

End of Life Care Volunteering in the U.K. - Developing the ‘Big Society’

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Volunteers are an important part of supporting user-facing end of life care services. This paper follows the progress of a major change and development initiative as part of the strategic development of a large London Hospice. Volunteers had worked with the hospice in many roles since it opened. Two years ago, following the formation of a new training programme, several volunteers decided to cease their time with the organisation, and a new recruitment drive began to bring in a new, diverse and dynamic group of volunteers. Currently, the volunteer workforce reflect the patient population of the hospice more directly. A ‘generic’ user facing role has been created, with volunteers being competent and confident to fulfil a variety of tasks. Volunteers provide hospitality, information and a ‘listening ear’ to users visiting the hospice for a variety of reasons on a daily basis or within the hospice inpatient unit. Part of the ‘generic’ volunteer role includes a new development to provide planned community support with Chinese patients, unless transcultural competence is acquired.

Conclusion: Guidelines are necessary, however, with a flexible attitude. The need of tailoring individuals for better care can be high variability. More research needs to be done and cultural mediators consulted.
volunteering to fill ‘gaps’ in current provision. Gaps include volunteers supporting users within their own homes, supporting users through the hospice or larger care programmes, or supporting other people coming to the end of their lives in local care homes. This initiative supports the hospice’s strategic intentions to develop volunteer hubs as a catalyst for other community based organisations. The results of an in-depth action research programme exploring the improvements in quality of both life and death will also be presented.

In addition to the above, the presentation will outline:

The change and development process
The ‘volunteer hub’ concept
The hospice as ‘volunteer hub’
The results of the research programme
The development of the ‘volunteer hub’ as a template for the development of volunteer programmes across all ends of life care services:

Abstract number: P743
Abstract type: Poster

Transition to Palliative Care
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212th Congress of the European Association for Palliative Care, Lisbon, Portugal, 18–21 May 2011

Aim: Despite palliative care has been available for about sixteen years in our oncolgical centre, there was the impression that the referral of patients with advanced cancer do not benefit of palliative care. This development will be put forward as a template for the development of volunteer programmes across all ends of life care services.

Methods: This is a prospective study of prevalence, based on the evaluation of the clinic records of inpatients in medical oncology and surgery services of our oncolgical centre. The evaluation of the records was conducted in the second week of each month during six consecutive months (December 2009 to May 2010), by filling in a form which contained the demographic data of the patient, the history of the oncological disease, the reason for hospitalization (diagnosis, surgery, chemotherapy, radiotherapy, treatment complications, disease progression) and the referral to palliative care.

Results: 747 have been studied. The average age was 61 years and the median 62 years; the average hospital stay was 12.7 days, with a median of 5 days. The main reasons for hospitalization were surgery (42%) and chemotherapy (18%). 15% of the patients were hospitalized for complications and 10% for disease progression. Men had a significantly higher period of hospitalization (p=0.02). Patients with treatment complications had a significantly higher period of hospitalization (p=0.001).

From the 75 inpatients with disease progression and the 135 inpatients with complications, only 26 were referred to palliative care (13.7%).

Conclusion: Although probably not all patients belonging to the groups needed to be referred to palliative care, the reduced rate of referrals seems to corroborate our initial impression that many patients belonging to those groups of patients needed referral to palliative care.

Abstract number: P744
Abstract type: Poster

Palliative Care in Italy: Low Tech-high Touch? Prospective Multicenter Study in 46 PCUnits*
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Research aims: Prevalence analysis of medical procedures (i.e. urinary catheterization, intravenous or subcutaneous liquid infusion, infusional pump, port-a-cath, skin lesions dressings, etc) in palliative care-italian settings.

Study design and methods: Prospective (same 15 days enrollment period), multicenter (46 PCUs), observational study. Data collection period/patient: 5 weeks. HPQRST (pain, breathlessness, vomiting, nausea and/or feeling sick; deterioration of self-care ability; restlessness; inability to take fluids). 112 cancer pts (33,9% of all enrolled pts), and palliative terminal sedation. Also Infusional pumps use increased (from 6.9% to 26.1% in hospice, from 2% to 16% in Home care). Skin lesions dressings increased only in home setting (from 16.1% to 22.3% in HOCA).

Conclusion: Continuous procedures are still extensively used in Italy, both in Hospice and Home care. The hospice as ‘volunteer hub’

Abstract number: P745
Abstract type: Poster

The Use and Reliability of Medical Procedures as a Coping Strategy
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Aims: Investigate the usefulness and reliability of procedures (RB) as a coping strategy (CS) in the final phase of life.

Methods: 83 admitted patients (M: 63.9% F: 36.1%) were asked a set of questions about their religious beliefs (RB); were they practicing religious believer, did they request a Spiritual/Faith leader (SL), did they use their RB as a coping strategy (CS) and did they find it useful.

Results: Believers (B): 88%. Non believers (NB): 12%. Of the B, 33.7% requested SL; 54.4% used RB as a CS and it was useful for 32.1%. Practicing believers (PB): 29%, 87.5% of P requested SL, 62.5% used RB and it was useful for 41.7%. Non practicing believers (NP): 71%, 12.2% of NP requested SL, 30.6% used RB and it was useful for 76%.

Being or not being a F and the use of RB as a CS were significantly correlated (rho=0.56 p=0.002). Being a F and the use of RB were significantly correlated (rho=0.42 p=0.001) and the usefulness of RB were significantly correlated (rho=0.38 p=0.004).

Conclusions: More than half used RB as a CS and it was useful to one third. Results suggest that RB is a frequently used CS in the final phase of life, however its usefulness remains undetermined. A positive relationship can be inferred from the significant correlation between using RB and subjective wellbeing that NPs do not use RB as a CS as much as Ps. A positive relationship can also related to the significant correlation between the use of RB and the usefulness of CS, suggesting that NPs report less usefulness. Results imply that patients who request SL use their RB as a CS, but the usefulness of CS can be determined. However, it can be inferred that those who do not request a SL do not report their RB as a CS useful.

Abstract number: P747
Abstract type: Poster

Implementing the Global Standards Framework (GSFCH): The Impact on Achieving Choice of Place of Care and Preventing Crisis Hospital Admissions
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Background: The proxy for choice in end of life care is home, yet for people in care homes, that itself becomes their home, that indicator is not measured. Hospital admissions from care homes in the last months of life are commonplace, many of which result in death. The Global Standards Framework in Care Homes (GSFCH) represents a best practice programme which aims to maximise people’s choice of place of care and co-ordination between services to reduce unnecessary ‘crisis’ hospital admissions in the last 6 months of life.

Aim: To establish the impact of the GSFCH on improving people’s outcomes as achieved by integrated care, reduced hospital admissions and choice of place of care.

Design: A representative cohort of seven care homes involved in the GSFCH programme in SW London. Retrospective data collection for a purposive sample of five residents in each home (n=35) at baseline, midpoint and completion of the programme. Patient details were anonymised and analysed to identify best practice as set out in the GSFCH.

Results: Identifying dying; coding patients appropriately increased by 52% Preferred place of care increased by 28% Hospital admissions reduced by 14% Home beds reduced by 72% The use of Advance Care Plans increased by 34% Use of Out of Hours forms increased by 54% Use of Integrated Care Pathway (for last days) increased by 51%

Conclusion: The GSF CH programme demonstrates increased choice of place of care and reductions in hospital bed days and admissions during the last months of life. Outcomes for people were improved by delivering improved person-centred and co-ordinated care. Financial savings can be made, and these savings could be invested to sustain and further develop the GSFCH programme. Further studies to establish generalisability of findings, including the economic impact, are recommended. Indicators for end of life care should include the choice people make to die in care homes.

Abstract number: P748
Abstract type: Poster

Parameters Estimating the Length of Survival in the End of Life Care
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1Oncology Institute of Ljubljana, Medical Oncology, Ljubljana, Slovenia, 2University of Ljubljana, Ljubljana, Slovenia

Introduction: Appropriately timed cessation of chemotherapy and/or targeted therapy (CT) is an important and critical decision in metastatic cancer patients as part of a good end-of-life care in order to assure the best possible quality of life and quality of dying.

Aim: In our previous research we have observed a high rate of patients (pts) who received CT during last four week of life. Aim of this analysis was to identify the predictors of short survival in group of pts that could assist oncologists in decision making about appropriate cessation of CT.

Method and methods: We analyzed the medical documentation of 112 cancer pts who died in 2009 and have received CT in the last four weeks of life. We looked for common predictors of survival (functional (performance status), clinical (presence of fatigue, ascites, pleural effusion, peripheral edema, thirst) and laboratory criteria (elevated CRP, leukocytosis, lymphopenia)) at the time when last cycle of chemotherapy was prescribed. Performance status (PS) was recorded according to WHO’s scale. Results: 68,7% out of 112 pts had PS 5 or more (21,4% had PS 3). Elevated CRP was recorded in 88,4%, leukocytosis in 36,6% and lymphopenia in 38,4%. At least two aberrant laboratory parameters were noted in 68,0% cases, all three in 11,6%. Fatigue was present in 77,7%, ascites in 21,4%, pleural effusion in 25,9%, peripheral edema in 25,9%, thirst in 30,4%, 53,7% of pts had at least two clinical criteria of short survival (9,9% had four or all five). In patients PS 2 or more 76,6% had at least three parameters present (clinical or laboratory). Body mass index was belowow 20 in 17%, but it was not recorded in 33,9%

Conclusions: Despite parameters of short survival were present in a high proportion of our pts they were either not taken into account or dramatically neglected when prescribing futile CT.
Poster Session Schedule

Abstract number: P749
Abstract type: Poster
The Tools of Physiotherapy for Improving Quality of Life
Ferdinand M.1, Schaffter 1
1Hungarian Hospice Foundation, Budapest, Hungary, 2Hungarian Hospice-Palliative Association, Budapest, Hungary
As participants of physiotherapy conferences we have experienced that colleagues working in palliative care have very different education both at basic and postgraduate level, and the techniques implemented by physiotherapists are very different.
The base of the international cooperation is the mutual acknowledgement of each others' work, the exchange of knowledge and the thinking together. In our presentation we show the Hungarian physiotherapist education system, the place of the physiotherapist in the palliative team and in the professional community.
With the help of some case studies we demonstrate the practical techniques serving for preserving, curative and palliative objectives. These techniques are to reduce the pain of the patients participating in the treatment, to improve their cardiac pulmonary conditions, moreover to make both the self-caring abilities and the well-being of the patients better. All of the above has the goal of moving the quality of life into a positive direction.

Abstract number: P750
Abstract type: Poster
Edgewalking: Volunteers’ Comments on the Questions of the Systematic Review of O&P of the APS (Volunteers)
Saffeiro R.F.W.1
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Funded by the European 7th Framework Coordination and Support Action Grant, O&PARES is a collaborative project between 5 European countries for patients at the end of life. One of the 5 Work packages in O&PARES seeks to evaluate the roles, service delivery and education and training of volunteers in this process. A convenience sample of volunteers, from eight of the nine collaborating countries, was invited to participate in focused panel discussions and reflect on the findings of our Systematic Review on volunteer literature. Criteria for membership of the panel was experience of working as a volunteer within organisations that provide care for cancer patients at the end of life and a good command of English. Volunteers were asked to provide comments from their own experiences to the findings from the systematic reviews of roles, service delivery and education/training. Volunteers were not viewed as speaking on behalf of their organizations or countries. The facilitation of this discussion was done by a external expert who has professional experience in evaluating the integration of volunteers within community care. The focused panel discussion was taped and transcribed to enable valid representation of the volunteers’ views. The comments and outcomes of this process illustrated the wide range of service delivery, roles and education/training—and this in very concrete ways—and the core of volunteering as experienced by the group and a vivid illustration of Kellehear’s (2005) proposal as to the places of volunteering.

Abstract number: P751
Abstract type: Poster
Use of Midazolam in Palliative Care: Comparison of Daily Practice and Clinical Practice Guidelines
Vincent L.D., Deborrdeaux P.F., Fillet M.1
1Desgenettes, Oncology, Lyon, France
Regular and increasing access to patients and a good collaboration with the good clinical practices.

Abstract number: P752
Abstract type: Poster
Human Dignity - A Reflection on Experience “The Respect for Life, Dignity and Rights of Man is Inherent to Nursing” ICF
Casaro H.I.1
1Instituto Politécnico de Santarém, Escola Superior de Saúde de Santarém, Santarém, Portugal
The author suggests, a reflection framed in an experience lived in a Palliative Care Unit. What are we talking about when we refer to Human Dignity? In which way in the relationship we establish with the other, emerges in the Care the respect for the Dignity of the other and for our own dignity? One of the objectives of the Palliative Care teams is to allow that patients die with dignity. According to Watson the supreme aim of care is protecting, the focus and reservation of humankind of the person, ... where human dignity and the humanism are preserved. How we operate this Care respecting Human Dignity and Rights, and the contribution to improve suffering relief.

Abstract number: P754
Abstract type: Poster
Experiences from Starting a Palliative Team at a Local Hospital in Oslo
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Aims:
- Contribute to better care for the palliative patient and his/her family and friends during hospitalization.
- Increase the hospital staff experience & skills in caring for the palliative patient.
- Study design and methods: Starting with one 80 % nurse and one 20 % physician in January 2008. A physiotherapist was also available in the team. We have experienced in the first 11 months:
- good administrative routines for registering of cases and patient care and handling of sharing information;
- visiting other palliative teams;
- Success criteria: Preparing well before seeing patient and taking part in rounds;
- Many years experience working at Hospices;
- Focusing on the patients physical, psychological, social and spiritual needs - total pain management;
- Multiprofessional approach;
- High level of communication skills;
- Respect for the patients and the family, especially concerning the needs concerning communication about death.

Abstract number: P755
Abstract type: Poster
Initial Experience in Organizing Palliative Care Assistance to Terminal Heart Disease Patients
Berti C.C., Carvalho R.T., Mendes A.F., Coelho A., Ferreiro L.M.T., Palomo F.S.H.1
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Longevity and lifespan as well as the growing number of patients suffering from chronic degenerative diseases is always a permanent challenge for any country. The main reason for hospitalization was uncompensated congestive heart failure in advanced. The average age of patients was 84 / ±9 years. With respect to patient condition, we are focused on the relief of pain and suffering caused by dyspnea were used opiates (morphine) and palliative sedation, concomitant or not. The use of sedation due to heart failure and patient. The analysis of the prescription of the last day of life revealed the use of antibiotics in 55%, futile medicaments (vitamins, erythropoietin, thymus hormone, statins) in 64%, glucose tests and laboratory tests in 30%, 08 patients (72%) demanded Skin Care. With respect to documentation regarding correctly diagnosed terminal illness, we found that it occurred in 9 of 11 cases studied. There was no systematicatization of care given in the end of life as well as the medical records concerning interventions for comfort and suffering relief.
Conclusion: The spread of the hospice philosophy in the multidisciplinary team dealing with care in the final phase is urgent and necessary in order to identify patients for hospice care. Specific training for the multidisciplinary team is critical for an ethical and
Difficulties, Strategies and Challenges in the Relationship of Nurses with Terminal Cancer Patients (the Particular Case of a Acute Care Hospital)

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Cancer is the second leading cause of death in Portugal and their percentage of total deaths reveals a steady and progressive growth. It is considered, in the opinion of some authors, 80% of the Portuguese die in a hospital, concern for the care provided to terminal ill cancer patients is relevant.

This presentation was drawn from my dissertation “Caring in Oncology” of the Master degree in support treatment and palliative care in cancer patients at the University of Salamanca, evaluated in 08/06/2010 with 9.5 (from 0 to 10).

Objective: Analyze the difficulties, strategies and challenges in the relationship of nurses with terminal cancer patients in an acute care hospital. This is a rigorous, exploratory, descriptive study based on the narratives of sixteen nurses interviewed by semi-structured interview, conducted in January and February, 2010 and interpreted in the light of the analysis of content.

Results: The difficulties experienced in the relation with cancer patients describes the difficulties faced by the nurses interviewed in relation to cancer patients. For this domain emerged 4 categories: Communication, control of symptoms (82,2%), control of teamwork (7:19.5%), personal strategies in relation with cancer patients (13:35,7%). Personal strategies adopted by the nurses in relation to the cancer patient. For this domain emerged 4 categories: Defenses (12:36,4%), Control of resources (7:19,5%), personal strategies (8:21,6%), Sharing the care with other nurses (5:15.2%).

“Challenges to improve care for cancer patients” describes the strategies adopted in respect to the future of care in oncology and related challenges. For this domain emerged 4 categories: Specialized units (11, 47.9%), education (6, 26.1%), professional formation (3, 12.5%), Family Support (3:12.5%).

Abstract number: P757
Abstract type: Poster

Weaving Relationships

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The hospice experience needs to be evaluated as a relationships centered care, both in the way a diverse equipe takes care of the terminally ill patient and his/her family and in the way each staff member needs himself/herself to receive “care” to make sense of somebody’s else pain and death. The project aims to liberate the hospice from the scientific burden of not being able to heal terminal diseases to become the platform where patients, families and clinical staff could build and share individual representations of the illness by agreeing on symbols that turn unbearable events and losses into comprehensible ones to be lived in the end of life relationships. By setting a narrative-based medicine approach in the hospice, the aim is to open a symbolic communication between the patient, the family caregiver and the staff member more close to the patient that could lead to a better palliative care, both in terms of pain control and emotional quality of life.

The project started with a 3 weeks infeld research in a hospice in Rome. We were involved in the everyday working and meeting staff, families and patients. By interviewing and actively engaging them in the research with tasks and design games, dialogues were started on the way the different actors cope with the illness and the end of life care.

As outcome, the project solution is an alternative hospice journey which comprehends some new tools designed to support it, like shareable nesting dolls with symbolic little props to fill them; message station at trees outside the hospice building that would allow participants to mediate conversations, not based on face-to-face and real time communication; a tree shaped blanket for the moment of the terminal sedation as symbolic link through the previous journey; and the hospice journey tools were tested with some nurses and a family member and a film with several experience prototyping session was made with them to document the possibilities allowed by the project in the end-of-life path.

Abstract number: P758
Abstract type: Poster

Healthcare Service Utilisation by Patients Receiving Specialist Palliative Care Three Months Prior to Death in a Rural Region of Ireland

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Background: A number of studies have shown that patients who are under the care of a community of homecare visits, other services involved in the care of patients likely to die at home or in a hospice rather than in hospital, when compared with patients not under the care of a IPCC service. In the area of the North East region of Ireland access to IPCC services can be limited, especially in rural areas.

There are no specialist palliative care beds in the region and the Palliative Care Team (PCT) provided home care service in one area of the region. At present there is currently limited availability of general support services, such as home help, and hospital serices.

Aims: This study will examine the utilisation of health care services by patients under the specialist palliative care service (the SPC service) in rural region of Ireland.

Methods: This is a retrospective review. Medical charts for all patients under the care of the specialist palliative care service in the last days of life in a two month period will be reviewed for demographic data and relevant information on the 3 months prior to their death. This information includes the number of A&E attendances, number of hospital admissions, length of time in hospital and involvement of the community SPC team. We will specifically look at the duration of involvement of the SPC team, the number of homecare visits, other services involved in the care of patients, and the place of death.

Results and conclusions: The study is ongoing and results will be presented at the congress.

Abstract number: P759
Abstract type: Poster

LCP in Argentina: Time to Build the Bases to Make a Difference

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Argentina is a large South American country positioned at Level 4 (approaching integration) in the global map of palliative care development. However, palliative care (PC) services are still quite unable to reach the vast majority of patients who might benefit from them. Poor PC system may be attributed to: fragmentation of the system; inequalities in healthcare provision; inadequate legal framework and policies for the provision of these services. Clearly, there is an enormous need to facilitate PC research and teaching activities. In our NGO we are devoted to the promotion and extension of care of end of life suffering in Argentina and other Latin American countries. The most important factor driving our mission is the existence of a large population of patients dying with unsuported suffering. Our aim is to optimize research and education for the care of patients in the end of life. The Liverpool Care Pathway (LCP) will be a guide for us to focus on the care of the dying, providing high-quality end of life care.

Excellence in care provision is based, not only on its institutional framework but also on its cultural context. The purpose of this presentation is to show the process we started at two teaching hospitals and the NGO Home PC Program. After a retrospective before/after review audit in 60 to 69 days of stay based on the documentation of care, we translated and adapted the LCP to our environment. We realized the lack of the best practices in almost 65% of the goals of excellence from de LCP. These outcomes showed us that the LCP should reinforce the education programs for care of the dying and should be incorporated within the culture of the organization. We started working in a pilot implementation called FAMPA. Our challenge consists on the use of the LCP in a clinical setting, our language and our cultural context. This requires continuous insight, critical decision making and clinical skills.

Abstract number: P760
Abstract type: Poster

Innovative Care Practices in Argentina: A New Model: Approach to the End-stage of Life in a Public Hospital

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Introduction: We developed a study to determine the social dimension of immigrant patients admitted to the Palliative Care Unit (PCU).

Objectives: To determine the percentage of immigrant patients who needed an intervention by Social Worker and their reasons.

To describe a case report.

Methods: Qualitative descriptive retrospective study.

Inclusion criteria: Patients admitted to our PCU from 01/01/2009 to 19/10/2010.

Results:

- Patients admitted to PCU from 01/01/2009 to 19/10/2010: 201 patients. Patients immigrants in need of social intervention:23 patients (2.4% of total patients admitted).
- Countries: 1 Argentina, 1 Colombia, 1 Venezuela, 1 Bulgaria, 1 China, 1 Philippines, 4 Morocco, 1 Ecuador, 1 Dominican Republic, 4 Romania, 2 Peru, 1 Italy, 13 Salvadore, 1 Chile, 1 Angola, 1 Peru.
- Destination of the patients: 17 death at the PCU (74.9%) moved to their country (13.5%) (13.5%) return home.

Case report: Lin X X, 38 years old, married. He was born in China and lived in Spain.His children live with their grandparents in China.He was moved by the Hospital Palliative Support Team for symptom control, with a prognosis of few weeks. He and his family did not speak Spanish. Lin had not work visa (illegal). He suffered from a terminal illness and was derived from the hospital control, to communicate with Lin and his family through pictograms until we found one interpreter. The desire of Lin was to travel to China. We also recovered the remains of their brother who died recently (cancer patient) finally he travelled to China.

Conclusions: This is just an example of the multidisciplinary work that we do with our patients. The increasing immigrant population in our country make these interventions more frequent every day. It is very important to solve the barrier of paperwork. We should always respect the desire of the patient and his family.

Abstract number: P762
Abstract type: Poster

A New Model: Approach to the End-stage of Cancer Patients (the Meaning of Existence Facing Death)

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Purpose: In order to give awareness to people and shape their perception. We will present our experience and stories by adding our experience with today’s science.

Methods: The patient with Moyorofibrosis did not want to stay in the hospital. However, red blood cell and platelet suspension was supposed to be received periodically. He was afraid of death and also didn’t want the application of invasive methods, just a painless ending.I tried to give him comfort at his home. I presented him a life without pain as he wished and he died in peace.

Story 1: The patient with Myalgic encephalomyelitis (ME).
stage cancer patient from the hospital. As the patient had a pessimistic nature her relatives preferred the hospital. Patient with Lung cancer has a respiratory disturbance and weakness around the parapneumonic region. He had pleural metastases Pericardial tamponade had been developed. This situation was very difficult for the patient as well as the relatives. Respiratory distress, sudden bleeding and pain was an extraordinary situation for them. Patient management and sedation was very difficult for this patient. I had added neuroleptics and hypnotic drugs. The patient was very nervous and anxious. After I stopped all drugs, patient was happy with the patient with empathy. She lived 2 days in comfort and in peace.

Discussion: The patient could prefer to be taken care at the hospital or home environment.

The physician or caregiver should be able to empathize with the patients first as human beings then as patients.

Narrative methods have the opportunity of sharing the meaning and significance and meaning to life facing death. The physician who is facing constant death has to configure his/her perception of death and the search of the meaning of existence at regular intervals with empathy.

From my experience I have discovered the repetition of similar situations and for some cases. Therefore life itself is a narrative that we should consider to analyze in order to learn and improve our perception on life and death.

Abstract number: P763
Abstract type: Poster

The Death Bed Scene - Involving Pets and All?

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The need for a holistic assessment of our patients which includes a detailed family tree is incontrovertible. Many would include significant others and pets within this, to help pre and post bereavement care of children and to participate in death bed scenes and funeral rites when they wish. We, as humans, can often struggle with our grief and our pets’ deaths.

There are stories of the family dog maintaining a vigil or appearing to grieve and search for their lifelong companion - be it a fellow dog or their deceased owner. Positive personal experience (which is not isolated of its occurrence) of an owner that witnessed that her companion was dead led me to wonder how often it crosses our mind to raise the question with families about where ‘man’s best friend’ should be at the crucial time.

We carried out a classification example how the distress of all concern can be reduced by such simple intervention!

Abstract number: P766
Abstract type: Poster

Place of Death of Cancer Patients in Singapore: Morbidity and Mortality Data from a Population-based Cancer Registry

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Aims: This study examined the place of death for patients with cancer in Singapore, and determinants of death location (at home vs in-patient hospice).

Methods: Data from the Singapore Cancer Registry was used from the Singapore Cancer Registry from 2000 to 2009.

Results: The inpatient hospice setting was significantly different than the community setting. Patients who were older (OR 1.24, 95% Confidence Interval, CI, 1.18-1.30), Malay (OR 2.24, CI 2.09-2.40), and whose primary cause of death being ‘neoplasms’ (OR 2.93, CI 2.74-3.13) were more likely to die at home. For patients in in-patient hospices, determinants were older age group, and primary cause of death being ‘neoplasms’ (OR 2.00, CI 1.59-2.50). Further analysis, the Malay or Indian ethnic groups were less likely to die in in-patient hospices (Malay: OR 0.60, CI 0.36-1.02; Indians: OR 0.63, CI 0.50-0.77).

Conclusions: In the ten-year period 2000-2009, four in ten patients with cancer died at home or in in-patient hospices. Knowing where cancer patients died and what factors determined this would be useful for policy formulation. Further, prioritising of services of care for cancer patients, especially for those who choose to die at home or in in-patient hospices.

Further study, such as a COOP study of healthcare service determinants of place of death.

Abstract number: P767
Abstract type: Poster

Do Palliative Care Teams Treat the Same Type of Patients?

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Aim: To identify whether there are differences between two palliative care populations from two different regions in Spain.

Material and method: A Prospective study (recruitment period: 6 months and follow up until death or 180 days), we recorded and analysed the main characteristics of every palliative (PC) patient treated by specific PC home teams (HT) in two different regions in Spain. Inclusion criteria: advanced cancer, over 18 years and first contact with the PCHT. Variables: survival time, age, gender, tumour and stage, 10 signs and symptoms, performance status, cognitive situation, co-morbidity and treatment.

Statistics: Descriptive analysis, Pearson correlation analysis, Ficher test, U Mann Whitney test, Chi square test and Survival analysis by Kaplan-Meier and log rank test SPSS 14.0.

Results: 698 patients, 56.2% from Aragon and 43.8% from Catalunya. 60.3% male with no differences between regions. Tumours stages and time from diagnosis to PCHT were similar in both areas. Statistics differences showed that patients from Aragon were: older (Mean age 74.92 vs 72.13 p<0.002), Original treatment until death was similar in both areas PC units (2.0 vs 7.8 %, p<0.05) and being alive (5.1 vs 1.34 p<0.000). The only difference in symptoms was the presence of greater levels of anorexia, co-morbidity (p<0.05).Performance Status was lower (48.83 vs 55.65 ± 0.00) and Charlson index higher (5.95 vs 5.58 ± 0.02). Survival was lower at any point of the survey p<0.002. (Results from the Cox regression analysis by initial symptoms will be provided in the final version of the poster).

Conclusions: Under Palliative care there exist a variety population that must be described properly in order to facilitate activity, research, quality of care and cost effectiveness comparative analysis.

Abstract number: P768
Abstract type: Poster

Why Do Palliative Care Patients Attend the Emergency Department?

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Aims: This study aimed to investigate why patients known to three urban community specialist palliative care teams attend the emergency department (ED), and what proportion of those visits were deemed to be appropriate and unavoidable, with 17% potentially avoidable and 9% difficult to determine.74% of attendances resulted in admission to a ward, 32% of which subsequently died.

Results: The majority of attendances were considered to be appropriate and unavoidable, generally resulting in hospital admission. However one third of attendances resulted in palliative care patients dying in hospital. Identifying those patients earlier and facilitating end of life discussions may enable more patients to die in their place of choice.

Abstract number: P769
Abstract type: Poster

Do Symptoms Improve Prognostic Models?

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Aim: To develop 4 models of death probability (DP) at 7.15-30 and 45 days based on symptoms detected by palliative care (PC) Home Care Supportive teams (HT), using classification and regression trees (CART) and Decision tree models.

Material and method: Coordinate analytic prospective study (recruitment period: 6 months and follow up until death or 180 days) and follow up until death or 180 days) and follow up until death or 180 days) and follow up until death or 180 days) for patients. Ca 230 advanced cancer patients treated by PC-HT in Aragon and Catalunya, over 18 years and first contact with the PCHT. Variables: age, gender, tumour and stage, 10 signs and symptoms assessed by a categorical scale (0-4), performance status, Cognitive situation, co-morbidity and treatment. Statistics: Descriptive analysis, Survival analysis by Kaplan-Meier, log rank test SPSS 14.0 and CT type CART (Classification and regression tree). Answer: Tree Models (Models Model with cross-validation (10 partitions) and ROC analysis (AUC-C-95%).

Results: 698 patients 56.2% from Aragon and 43.8% from Catalunya. 60.3% male with no differences between regions. Main Age was 73.70 (SD 12.45) 68% treated in urban areas Tumours stages were similar in both areas. Mean Performance Status by Karnofsky Index was 1.82 (SD 14.88). Main Charlson scale was 5 (SD 2.38) Mean Score by BAR 7.11 (SD 6.69). Mean survival estimation was 72.43 (SE 2.53).

The common variables selected by the four CT were: Anoxia, anemia, level of consciousness, respiratory failure, dyspnoea and the us of a subcutaneous butterfly. Each model developed 8 decision rules with an assignment rank of probability from 2.2% to a maximum of 99.1%. Models at day 7 and 15 (used anoxia, level of conscience and dyspnea to predict high DP with AUC=0.79,0.86 and 0.90) and at day 30 day 0,5 and 4 selected anoxia, anemia and level of conscience to predict high DP with AUC=0.78,0.77,0.78 and 0.70, respectively.

Conclusions: Anoxia, level of conscience and dyspnea and asthma are useful to predict death by Classification and regression trees.
Facial and Nasal Fractures in a High Risk Pediatric Population

Introduction: Facial and nasal fractures are among the most frequent injuries sustained in children. The purpose of this study was to determine the trends and characteristics of nasal fractures observed in a large, high-risk pediatric population. Materials and Methods: Retrospective review of medical records for all patients ≤18 years of age who presented to the emergency department of the Beth Israel Deaconess Medical Center from 1998 to 2010 with facial and nasal fractures and the International Classification of Diseases, Ninth Revision, (ICD-9) codes for facial fractures (720.1-729.9) and nasal fractures (801.9). Results: A total of 773 patients aged ≤18 years were included in the study. Boys comprised 53% of the patients (n = 401). The mean age of the patients was 9.0 ± 4.5 years. The most common mechanism of injury was trauma from a motor vehicle accident (57%). The right side of the nose was involved in 46% of facial fractures and 49% of nasal fractures. Conclusion: In the event of pediatric facial trauma, nasal fractures present a significant burden to the health care system. Furthermore, nasal fractures are not infrequent in children involved in a motor vehicle accident. Due to the high incidence of nasal fractures in children, there is a need for better prevention strategies and improved awareness of the signs and symptoms of nasal fracture.
Cancer Patients’ Use of an Accident and Emergency Department: A Retrospective Survey of Casualty Cards

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Aims: Care of patients with cancer requires delivery of high quality services in different settings. Little is known about how patients use Accident and Emergency services (A&E). This study aimed to ascertain how many, how often, and when and why patients with a prior diagnosis of cancer attended an A&E department (A&E) of a District General Hospital (DGH) during January and February 2007.

Design and methods: The DGH’s electronic database (I-Reporter) was used to identify all patients with a prior diagnosis of cancer who attended A&E during a two month period. The database also provided the date of each attendance. Casualty cards (documenting each attendance) were filed in date order, and these were retrieved by hand. Data was collected using standardised proforma and analysed using Excel (2003).

Results: 88 patients attended A&E 116 times during the two month study period, 20% of patients more than once. The median age of patients was 72 years (range 26-97), 51% were female. 81% of patients referred themselves, 64% attended during normal working hours. 65% attended the ambulance service. Data regarding patients’ type of cancer was missing in 28% of cases, but on case note review it was clear that patients had a variety of possible reasons directly related to their cancer in 66% of episodes. The most common reasons for repeat attendances were urinary problems, falls and pain. 64% of A&E attendances resulted in 46 admissions (40%). Two patients died in A&E.

Conclusions: 88 patients attended A&E over the study period, one fifth more than once. Most referred themselves and attended during working hours. In over a quarter of cases little was documented about these patients’ cancers although it was commonest cause of attendance, and for many led to hospital admission. Despite efforts to plan care for patients with cancer this study shows that some patients are still resorting to independently accessing A&E for care, where initially their cancer diagnosis is not always known.

Poster abstract number: P776
Poster abstract type: Poster

Cancer Mortality in Salamanca during the Period 1998-2007

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Objective: The aim of this paper is to analyze mortality from lung cancer in the province of Salamanca during the period from January 1, 1998, and December 31, 2007, although a review of mortality trends the last three decades, then compare the results with the events in Spain and Europe in the same period. With this, we try to provide a better understanding of trends of over the last ten years, of patients who die from cancer in our province.

Methods: We performed an epidemiological study, descriptive and comparative, of all patients who died in the province of Salamanca during the period from January 1, 1998 and December 31, 2007. Data on the total number of deaths in Salamanca on cancer disease between January 1, 1998 and December 31, 2007, including leading cause of death, year of death and sex were obtained from National Statistics Institute (INE). These data are based on official death certificates. We analyzed age-adjusted rates calculated on population and truncated rates (35-65 years), separated into two five-year periods, 1998-2002 and 2003-2007, we analyzed the difference between five-year periods and the% growth.

Results: There is a decrease, both sexes and globally, in Salamanca (1.35% in men, -9.03 in women and -13.08% globally). By studying the truncated rates (35-65 years), separated into two five-year periods, we found that in the period 2003-2007 there is a decrease only a, both sexes as globally, in Salamanca (15.25% in men, and -5.92 in women and -14.08% globally).

Conclusions: In our study, we show, in contrast to previous studies, a decrease in mortality rates from cancer disease between January 1, 1998 and December 31, 2007, in the province of Salamanca, with a decrease of 9% and 5% respectively.

Abstract number: P778
Abstract type: Poster

The Prevalence of Depression in Portuguese Palliative Patients

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Abstract type: Poster

Methods: Prevalence rates of depression have been reported in a variety of studies assessing cancer and non-cancer patients. The aim of this study was to study the prevalence of depression in a Portuguese Palliative care unit.

Result and design methods: This is an observational study. inclusion criteria: patient enrolled in the palliative care unit (inpatient or outpatient); age 18 years old; absence of delirium or dementia; life expectancy<6 months and mini mental scale>20. Each eligible patient was asked to complete HADS questionnaire, after written consent was obtained. An evaluation using the Mini International Neuropsychiatric Interview (MINI) was also made in order to use the gold-standard comparison with HADS. Demographic information, current treatment (palliative or other), psychiatric history (depression or other illnesses), use of antidepressants/anaquilcotics were obtained from medical record. A total of 20 patients completed the questionnaire.

Results: The prevalence of depression (HADS versus MINI) was 52.6%. No significant differences were found regarding sex, age and treatment subgroup analyses.

Conclusion: This preliminary study found a higher rate of depression compared with the published literature. A simple screening tool as HADS should be introduced in the daily palliative care practice to identify these patients and start the correct treatment, providing the appropriate holistic approach.

Abstract number: P779
Abstract type: Poster

Lung Cancer Mortality in Salamanca during the Period 1998-2007

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Methods: To know the origin of those patients referred to a PCU. To know if origin of those patients modify prognosis.

Methods: Retrospective study of patients treated at PCU. Variables: characteristic of patients (sex, age, origin (Hospital vs Primary Care)) and survival.

Results: Data are available on origin and overall survival (until death) of 335 patients assisted in the PCU from 01/03/2009 to 31/12/2009 of characteristics: 50.1% male / 49.9% female, median age 77.13 years (range 31-110 years); Primary Care 75% (range 78%); Hospital 25% (range 22%); Department of Palliative Care: 13.5%; Surgery: 0.9%; Internal Medicine: 23.3%; Radiology: 13.5%: Gynecology: 17.5%. Median survival was 81.82. Median survival was inferior for patients coming from Primary Care (16,20), compared with Hospital (22.80) (p=0.0001).

Conclusions: Origin of patients of a CPU is associated with different survival. Overall survival decreases in patients coming from Primary Care.

Abstract number: P780
Abstract type: Poster

Late Recovery from Vegetative State: A Systematic Review

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Objective: Palliative care clinicians are involved in decision making for patients in the permanent vegetative state (PVS). The prognosis concerning recovery from this condition is controversial, and ethical-based guidelines are challenged by anecdotal reports on late recovery from PVS. We review the scientific reports on cases of late recovery, and how this is explained and what its outcomes are.

Methods: A PubMed literature search was conducted (search terms: “recovery” AND “vegetative state” AND “minimally conscious state”/”chronic disorders of consciousness”). In the analysis we included all articles about recovery later than three months after non-traumatic brain injury and later than 12 months after traumatic brain injury (criterion for permanancy according to the Multi Collaborative Task Force on PVS). The published diagnoses were re-evaluated and the outcome was classified according to the Glasgow outcome scale by two independent reviewers.

Results: We found 30 cases matching our inclusion criteria. Over the last 45 years, 22 cases of late recovery from PVS were reported. In eight cases the patient can retrospectively be diagnosed as being in a minimally conscious state (MCS). Late recovery from PVS was not reported later than three years after brain injury. The improvement was explained by pharmacological interventions, rehabilitation care, a former misdiagnosis, favourable prognostic factors, or merely by an atypical course of the illness. In only 15% of cases, discussion of the pros and cons of a disease registry and highlight the implications for palliative care clinicians.

Abstract number: P781
Abstract type: Poster

Cornea Donation from Patients Deceased at a Palliative Care Unit

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Background: The introduction of the German Transplantation Law from 1997 commits medical care units to support organ and tissue donation and to report potential organ and tissue donors to local representatives and check inclusion criteria and contra indications before gaining consent for explantation. Therefore, cancer care in PCU is in part facing eye banks to support cornea donation.

This analysis assesses the absolute numbers of deceased patients, the absolute rate of potential and actual donors from the PCU. These data are compared to other departments and the total number of deceased patients from the University Hospital for the years from 2003 to 2009.

Poster abstract number: P773
Poster abstract type: Poster

Poster sessions
Between 2003 and 2009 a total of 704 patients died in the PCU. Of these patients, 229 (32.5% of all deaths) were scanned positively for a potential cornea donor and at least for 112 (48.9% of potential donors) of these potential donors a relatives' consent for cornea explanation could be obtained. These data from the PCU are comparable to the available to the whole sample of deceased patients of the university hospital, where 283 (25.6%) of all actual cornea donors (44.9%) were reported.

Data clearly show that a considerable percentage of PC patients were able to donate corneas; however, obtaining consent is not a familiar topic in PC and may even lead to controversial discussions. Regular sessions of the Bioethical Centre in our hospital. In 2006, we established the group of bioethical of the Non Resurrection and the Therapeutic Futilities. We evaluated also the secondary issues, we realized that there have been many theoretical critiques as well as acknowledgement of the importance of family in all aspects of end of life care. Yet, the orientation to individual autonomy remains, which invites clinical tension about the appropriate role of family in ACP related to the degree of value influences. The findings of this study support the adoption of a re-visioned ethical stance encompassing a relational approach to autonomy.

### Abstract number: P784
**Withdrawn**

### Abstract type: Poster

**The Importance of the Bioethical for the Quality of the Treatment of Palliative Patients**

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**Introduction:** The Hospital of Cancer IV (HCV is the unit of the Palliative Care of the National Institute of Cancer of the Ministry of Health of Brazil. The Bioethical sessions were held by the president of the bioethical council started in October 2002. At the beginning, the sessions occurred two times a month and were limited to the medical staff. After that we felt the need to make regular meetings to increase awareness and the knowledge of the team. It was noticed that the need to interdisciplinarity, creation of the regular sessions of the Bioethical in our unit to improvement of the quality of the services of the team.

**Material and methods:** We studied all the sessions that occurred since its creation in 2002 (n=60). The main prevailing themes were: Autonomy 26.7% (n=16); Bad News Communication 20% (n=12); Justice 16.7% (n=10); Dysthanasia 13.3% (n=8) and Therapeutic Futilities 11.7% (n=7). When we evaluate the secondary issues, we realized that while not appearing so often, other relevant issues were also addressed during these nine years of work. Also regarding these we can highlight: Maleficence, Euthanasia, Beneficence, Caregiver issues, Paternalism, Suicide, Sacredness of Life, Protection and Team Work.

**Conclusions:** The sessions were fruitful and in 2006 the Bioethical journey were initiated, once every two years and afterwards. The following subjects were briefly described: Non Resurrection and Therapeutic Futilities. In 2006, we established the group of bioethical of the HCV, formed by 4 professionals who turned into specialists over the subjects and today advise at the branch. After that we felt the need to make regular meetings to increase awareness and the knowledge of the team. It was noticed that the need to interdisciplinarity, creation of the regular sessions of the Bioethical in our unit to improvement of the quality of the services of the team.

**Advance Care Planning: Reconsidering the Foundation of Individual Autonomy**

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**Research aims:** This interpretive descriptive study was designed to evaluate the applicability and usefulness of an ACP centered advanced care planning (ACP) intervention.

**Study design and methods:** The intervention was conducted with persons who were newly diagnosed with advanced lung cancer and a significant other who was influential in health care decision making. Nine family dyads participated (18 participants; 15 conjoint interviews). Evaluation interviews occurred 3 and 6 months post-intervention. The participants were asked about their experience of the intervention, and its impact on their thinking, conversations, and relationship. All the interviews, including this intervention, were audio-recorded and transcribed verbally. The audio-recordings were analyzed using the constant comparative method.

**Results:** All dyads completed the advance care planning process. Although the conversations were difficult, the dyads, after the intervention, had the opportunity to engage in these important and intimate discussions and evaluated the intervention positively. While the researcher structured the topics of the ACP discussion, the family led the interactional process. The process that unfolded was deeply relational and was characterized by mutuality, interdependence, and shared decision making.

**Concluion:** The ethical foundations of ACP have been solidly rooted in individual autonomy and patient self-determination. However, the concept of individual autonomy is contested, and there have been many theoretical critiques as well as acknowledgement of the importance of family in all aspects of end of life care. Yet, the orientation to individual autonomy remains, which invites clinical tension about the appropriate role of family in ACP related to the degree of value influences. The findings of this study support the adoption of a re-visioned ethical stance encompassing a relational approach to autonomy.

**Abstract number: P785**

**Abstract type: Poster**

**Palliative Sedation in a University Hospital: Application of a Protocol Assisted by a Palliative Care Support Team**

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**Introduction:** Our objectives are to analyze data from inpatients under Palliative Sedation (PS) at our University Hospital in one year, not in a Palliative Care (PC) Unit, according to our centre’s PS protocol, with the intervention of a PC Support Team, and to detect possible abusive, non-indicated or suboptimal use of PS as defined in the European Association of Palliative Care Framework Document.

**Methods:** A descriptive prospective study was carried out in patients admitted in one year by the PC Support Team, between March 2008 and February 2009 fulfilling the inclusion criteria established by the Andalusian PC Integrated Assistance Process, using assessment tools and common PC classifications and SSPO 1.0. A PS Protocol was previously approved by our Ethical Committee, and it was applied when refractory symptoms appeared. In oncological patients, terminal phase (last days situation) was detected by Menten criteria.

**Results:** From the 325 patients treated by the PC Support Team, 262 (80.5%) were included following our hospital protocol in 27.6% (N=90). Five PS consultations were studied by the Assistance Ethics Subcommission.

1. Main reasons for sedation (more than one each) were dyspnea (75.5%), delirium (47.7%) and refractory distress (31.1%).
2. The depth of sedation was recorded in 80 cases (88.8%) being superficial (Ramsay I-III) in 37.5% (N=30) and deep (Ramsay IV-V) in 62.5% (N=50). When we observed the developmental phase (49.5%), average duration was 37.1h, and it was 230h in the non last days situation patients under PS. Midazolam was the first choice in 87.8% of the cases.

**Conclusions:** The establishment of a PS Protocol with assisted intervention of the PC Support Team and the easy access and support with the Assistance Ethics Subcommission, enabled the application of PC in those patients admitted to other Units rather than PC Unit who required it, and avoided an incorrect use.
Poster sessions

12th Congress of the European Association for Palliative Care, Lisbon, Portugal, 18-21 May 2011

Poster

Discovering the Advantages and Tensions of Being a Palliative Care Physician and Researching End of Life Issues

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Aims: This paper discusses the positive and negative aspects of conducting qualitative, interview-based research for clinically trained personnel.

Methods: A reflexive account is given of the process of becoming a researcher in end of life issues, for a physician trained in palliative medicine. The author describes the advantages and tensions inherent in conducting qualitative, in-depth interviews for research purposes whilst drawing on previous training in communication skills and consultation experience. Comparisons and contrasts are drawn between the communication skills required of the clinician and of the researcher using, interviews, and between research and clinical consultation. Observations are related to the findings of the small body of literature pertinent to the issue of the dual role of the researcher.

Results: Clinicians, and particularly specialists in palliative care, may feel confident setting out to consider the touchier aspects of everyday practice. Additionally, a reflexive and ethical approach to these tensions can place an extra demand on the clinical researcher, which could potentially be both time-consuming and emotionally draining.

Conclusion: It is suggested that it is beneficial for clinical researchers to be aware of both the advantages and disadvantages of their training.

From the surveyed 577 (98.57%) respondents provided their religion; there were 492 (86.7%) Catholic and 87 (14.8%) atheists. Both euthanasia and PAS definitions were recognized by 468 (79.2%) respondents, 285 (49.2%) were not sure, 19.4% (34.8%) of participants were men and 70.5% (54.5%) of participants were women. 61.1% were women. Just 1.3% had at least part-time experience with palliative care patients. The physicians surveyed had adequate knowledge with a mean of 4.18 although the 93.5% believes that it is duty of healthcare personnel know the scope of the AD. Only 59.3% knew about the legislation on AD. The doctors believed that planning and writing down one’s wishes about the care to be received was advisable (mean 8.64), our colleagues considered ADs to be a useful tool for health professionals (mean 8.42) and for relatives (mean 8.33). The medical staff surveyed would like to register their own AD (mean 8.35), but they express with 5.23 an intention of concerning themselves with AD only if they are fit to be involved in the subject of advance directives. They believe that the weight information should lie on primary care professionals, and this should be directed to the whole population. The personal surveyed have a positive attitude towards AD for patients’ relatives and for healthcare professionals. They show a high predisposition to register their advance directives, but lower to do so in an immediately. Efforts to strengthen this instrument should be welcomed and efforts must be done to improve the knowledge of the physician.

Abstract number: P788
Abstract type: Poster

What Are the Knowledges and Attitudes of Medical Staff in my Environment towards Advance Directives (AD)?

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Aims: We would like to explore the knowledge and attitudes of professionals of our environment towards advance directives.

Methods: We performed a descriptive cross-sectional study by means of a self-administered, validated instrument in other studies, 16 item questionnaire carried out in our environment. A total of 107 physicians were interviewed. The physicians have answered 5 questions about their knowledge of the content of the AD and the other section revealed their attitudes and their willingness to sign an AD for patients. In addition, were collected demographic data and area of current employment. The data gathered were anlyzed using the software package SPSS 15.0 statistical programme for Windows.

Results: Mean age (standard deviation) in 36.58±8.7; 73.8% of participants were men and 61.1% of participants were women. Just 1.3% had at least part-time experience with palliative care patients. The physicians surveyed had adequate knowledge with a mean of 4.18 although the 93.5% believes that it is duty of healthcare personnel know the scope of the AD. Only 59.3% knew about the legislation on AD. The doctors believed that planning and writing down one’s wishes about the care to be received was advisable (mean 8.64), our colleagues considered ADs to be a useful tool for health professionals (mean 8.42) and for relatives (mean 8.33). The medical staff surveyed would like to register their own AD (mean 8.35), but they express with 5.23 an intention of concerning themselves with AD only if they are fit to be involved in the subject of advance directives. They believe that the weight information should lie on primary care professionals, and this should be directed to the whole population.

Conclusion: The personal surveyed have a positive attitude towards AD for patients’ relatives and for healthcare professionals. They show a high predisposition to register their advance directives, but lower to do so in an immediately. Efforts to strengthen this instrument should be welcomed and efforts must be done to improve the knowledge of the physician.

Abstract number: P789
Abstract type: Poster

Euthanasia and Physician-assisted Suicide in Medical Students’ Views: A Comparison of Two Polish Medical Universities

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Background: Ethical problems in the care for patients at the end of life and with advanced diseases are important issues. The aim of the study was the recognition of euthanasia and physician assisted suicide (PAS) definitions in the palliative care course and support for its legalization among medical students at two Polish medical universities.

Material and methods: The questionnaire survey of 588 medical students: 353 (87 of the fifth and 166 of the sixth year) of Poznan and 235 of the sixth year of Lodz Medical University was conducted. The obligatory palliative medicine classes. Students were provided with basic knowledge on symptom management, pharmacological, social, spiritual support and basic ethics.

Results: From the surveyed 577 (98.57%) respondents, there were 492 (86.7%) Catholic and 87 (14.8%) atheists. Both euthanasia and PAS definitions were recognized by 468 (79.2%) respondents, 285 (49.2%) were not sure, 19.4% (34.8%) of participants were men and 70.5% (54.5%) of participants were women. 61.1% were women. Just 1.3% had at least part-time experience with palliative care patients. The physicians surveyed had adequate knowledge with a mean of 4.18 although the 93.5% believes that it is duty of healthcare personnel know the scope of the AD. Only 59.3% knew about the legislation on AD. The doctors believed that planning and writing down one’s wishes about the care to be received was advisable (mean 8.64), our colleagues considered ADs to be a useful tool for health professionals (mean 8.42) and for relatives (mean 8.33). The medical staff surveyed would like to register their own AD (mean 8.35), but they express with 5.23 an intention of concerning themselves with AD only if they are fit to be involved in the subject of advance directives. They believe that the weight information should lie on primary care professionals, and this should be directed to the whole population.

Conclusion: The personal surveyed have a positive attitude towards AD for patients’ relatives and for healthcare professionals. They show a high predisposition to register their advance directives, but lower to do so in an immediately. Efforts to strengthen this instrument should be welcomed and efforts must be done to improve the knowledge of the physician.

Abstract number: P790
Abstract type: Poster

Patients Rights and End of Life: A Comparative Approach France-Israel

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Demographic and economical realities, along with medico-technical development constitute a common background for contemporary challenges of health system in several countries. Studying inter-country similarities and differences allow to get a new insight at the patient-satisfaction and satisfaction of patients rights in specific contexts. France and Israel adopted five years ago new laws on patients rights, expected to be an advance and a reaction to end of life decisions. Analyzing the situation five years later allow to point out some needs and necessities still to satisfy: A better knowledge and understanding of the law by citizens and health professionals, especially with regards to advance directives, role of surrogates, and collegiality in making some medical decisions. Ajustment of standard reimbursement schedules by managed care organizations to the complex realm of palliative care.

Integration of the palliative approach within the public health protection insured with a particular case of a woman admitted to a medicine department of a general hospital.

Abstract number: P791
Abstract type: Poster

Beyond Advance Directives: Towards Dialogical Advance Care Planning in Geriatric Palliative Care

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Introduced in the 1970s and morally funded in the 90s, the concept of precedent autonomy (ADs) was intended to govern treatment outcomes in the event of decisional incapacity. From the perspective of older patients and their families, ADs were considered as an instrument to support autonomy at the end of life and to offer a solution to the desipred perspective of limiting quality of life in an older age and be a burden to burdensome medical interventions in the event of incapacity. However, the initial enthusiasm for AD was soon tempered, by the general awareness of the (implementation)problems and since the early 1990’s a plethora of critical reviews and research studies has been published. The bottom line of these studies (predominantly performed in the USA, but also in the Netherlands where legal rules regarding the Caned Hospital provides death certificates) seems to be that, in general, AD do not have a relevant influence on end of life care and decision making and that they sometimes create more ethical conflict than...
they pretend to resolve. The reasons for this failure are multiple, but an important factor is the predominance given to the concept of precedent autonomy by hospitals. In this context, what we have learned from the experience of aging and chronic disease is, that our anticipatory beliefs (as an extension of precedent autonomy) can never be totally realized. As a rule of thumb, as longevity increases, so do our preferences. But with unstable health also our preferences change, giving rise to often impressive response shifts. These findings call for an alternative approach to planning in the healthcare field. Instead of attempting to find complete AD, health care professionals should engage in training patients in an ongoing dialogical process of supporting patients and their proxies to (regularly) reassess goals of care as they confront the challenge of a progressive illness trajectory.

Abstract number: P794
Abstract type: Poster
The Cinema in the Teaching of Bioethics and End of Life Care
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Aim: The film feeds on stories, where the patient and his/herself and their family are involved. The film seems to burst in unexpectedly, changing the course of one’s life. The cinema, with its powerful influence on intellectual and emotional senses, is an important tool for helping students have a better understanding of the sick. The aim of this study was to use the film to create a framework of useful dialogues for generating positive attitudes regarding the care of terminal-ill patients, while facilitating the acquisition of skills that allow medical students to offer ethical responses to the concerns and dilemmas encountered in end-of-life care.

Design & Methods: The cinema is a tool to educate medical students dealing with confidentiality, truth-telling & disclosure, and informed consent. The movie “Wit” was selected by the 12th Congress of the European Association for Palliative Care, Lisbon, Portugal, 18–21 May 2011.

Results:
After a series of lectures dealing with hope (and related words) and articles on palliative care. We both combined searches and after that we selected articles that have been written from the perspective of different courses. One of our results is that hope from a doctor’s perspective is connected to professional medical standards which implies that physicians are obliged to give the patient information about diagnosis and prognoses, in order for the patient to make autonomous decisions about his future. The patient’s hope is true when it refers to the correct medical facts, or false when it deviates from medical reality. Autonomy in the field of nursing sciences, on the other hand, is understood.

Conclusion: The cinema is an important tool for bioethics education to learn correct and appropriate attitudes in the care for the sick. The movie “Wit” is an effective and entertaining method of teaching students the bioethics of death and dying and palliative care.

Abstract number: P795
Abstract type: Poster
Attitudes and Opinions toward Euthanasia and Assisted Suicide among General Practitioners in Badajoz (Spain)
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Aims: To determine the attitude and opinions of General Practitioners towards euthanasia and assisted suicide (AS) among General Practitioners in Badajoz.

Methods: This study was a survey of 162 GPs by paper and computer methodology, partially based on other published and validated papers. The questionnaires were sent by mail to the 960 General Practitioners in Badajoz (24,200 habitants). The GPs received the questionnaire with a letter explaining the reasons and the importance of the study and assuring the anonymity. The questionnaires contained questions concerning demographic data and different hypothetical scenarios concerning E and AS. The variables were analysed by graphical methods, proportions and means. The study was approved by the ethics committee.

Results: From the total of 162 questionnaires, 73 (45%) were sent back filled in. Respondent were mainly from primary care, 66 (60%), with more than twenty years in the clinical practices (65%) and with some religious beliefs. The most common aetologies identified to hasten death were: Unbearable pain, feel useless, and such a burden for other people and lack of physical control. The maximum agreement was related to these statements: legalise euthanasia and AS would mean a poor development in palliative care(PC); increasing the analgesic doses rates in order to alleviate the suffering would be accepted medical practice even if thought it could be accelerated the end of life. Conclusions: GPs rarely are asked to hasten death. The great majority of GPs consider suitable the increase of analgesic doses even if the end of life could be hastened. Legalize E would involve poor development in PC. Let at the end of life is a constant challenge of a progressive illness trajectory.

Abstract number: P796
Abstract type: Poster
Hope in Palliative Care: Perspectives of Nurses and Doctors
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There is some anecdotal evidence that doctors and nurses have different perspectives on hope in palliative care. However, these perspectives have not been systematically investigated. Therefore, we present how hope is interpreted by authors in the field of medicine and nursing sciences.

Aim: To present how hope is interpreted by authors in the field of medicine and nursing sciences.

Methods: We searched the following databases: Medline, CINAHL, Embase and PsycINFO. We have searched for articles on hope (and related words) and articles on palliative care. We combined both searches and after that we selected articles that have been written from the perspective of different courses.

Results: One of our results is that hope from a doctor’s perspective is connected to professional medical standards which implies that physicians are obliged to give the patient information about diagnosis and prognoses, in order for the patient to make autonomous decisions about his future. The patient’s hope is true when it refers to the correct medical facts, or false when it deviates from medical reality. Autonomy in the field of nursing sciences, on the other hand, is understood.

Conclusion: The cinema is an important tool for bioethics education to learn correct and appropriate attitudes in the care for the sick. The movie “Wit” is an effective and entertaining method of teaching students the bioethics of death and dying and palliative care.

Abstract number: P797
Abstract type: Poster
Palliative Care and the Pharmaceutical Industry - Is It All about the Money?
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The traditional relationship between the pharmaceutical industry and the medical profession has been fraught with challenges of patronage and this has possibly influenced research relationships and outcomes adversely. Though this is not always the case, health expectancy should prevail when evaluating and applying the results of researched findings within the industry.

A new and exciting model of co-operation between the pharmaceutical industry and academic and clinical palliative care has developed. A pain advisory consultant has a mandate from the company to advise generally and beyond on palliative care and on expert advice which that company supplies, with the view of achieving better pain control, and reducing suffering as well as educating the medical fraternity about these aspects of care.

The particular factors which have an influence on this process will be examined. The training, expertise and expertise of the individuals involved will be described, as well as the motivation of the different parties to make the co-operation work. The relationship between the pain consultant and an academic palliative care practitioner will also be discussed, in terms of its motivation, effectiveness and transferability.

This is a particularly important process to encourage and develop, especially in the palliative care field, because the vulnerability of the patients who are the end users of the pain relieving products to undue pressure may be irreducibly a rigorous academic process is interposed between the supplier and the user. The balance of clinical excellence, availability of all possible medications and other modalities of treatment to as wide a population as possible and benefit to the suppliers should be maintained and understood.

This presentation will attempt to develop and facilitate the necessary dialogue between the pharmaceutical trade and palliative care providers from academic and clinical practice.

Abstract number: P798
Abstract type: Poster
Palliative Medicine - The Linkage of Ars Moriendi and Medical Ethics
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Palliative medicine and palliative care are a “new” or we can better say “re-born” branch of medicine dealing with optimal quality of life and death. An all over moriendi is needed in our societies in order to understand and death and accept the palliative care. Particularly important are the ethics of the palliative care, because they focus on aspects of the care aimed at the patient’s physical and emotional well-being, rather than the quality of life of the patient. The decisions made in palliative medicine require moral, legal and medical judgements. At the same time, one must strike the right balance in clinical aspects of the care and the patient’s autonomy regarding their wishes, beliefs, and finally decisions about their own medical treatment. The ethical aspects of decision-making cannot be separated from the clinical circumstances of an individual case, in the same way as medical decision-making cannot neglect the four (bio)ethical principles: beneficence, non-malefice, autonomy of the person, and justice.

Abstract number: P799
Abstract type: Poster
Caring for Children with Complex Needs - Exploring Mothers Reports of Care-giving at Home
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Background: Children with complex needs, including those requiring palliative care, are increasingly being cared for at home.

Aim: The aim of the qualitative phenomenological study was to explore the experiences of mothers caring for their child with complex needs at home.

Study design and methods: Heideggerian and Gadamerian approaches were used and data were collected using semi-structured interviews (n=48), and diary recordings (n=11 mothers), were analysed using an adaptation of a number of theoretical models.

Results: The experiences of caring for a child with complex needs are framed by eight dimensions within three worlds or care-giving environments. These are an inside world of the home, an outside
Development and Testing of a Brief Psycho-education Intervention for Home Care Carers: A Randomized Controlled Trial

Abstract type: Poster

Background: The number of informal carers in the UK has increased significantly in the last two decades, with an estimated 5 million carers being needed in the UK by 2030. There is substantial evidence that informal carers face difficulties in adapting to the challenges of caring for patients with lung disease, particularly those with advanced lung cancer. This study aimed to develop a brief psycho-educational intervention to support carers of patients with advanced lung disease, testing the feasibility and acceptability of the intervention.

Methods: The study was conducted as a randomized controlled trial with a 2:1 allocation ratio. Carers of patients with advanced lung disease were recruited from two regional Trusts in the UK and randomized to either the intervention or control group. The intervention group received a brief psycho-educational intervention consisting of a single session, delivered by a nurse specialist. The control group received usual care. Participants were followed up at 6 weeks post-intervention.

Results: A total of 50 carers were recruited (n=25 intervention, n=25 control). The intervention was well received by carers, with high levels of satisfaction and reported improvements in their ability to cope with the challenges of caring.

Conclusion: The brief psycho-educational intervention was feasible and acceptable to carers of patients with advanced lung disease. Further research is needed to evaluate the effectiveness of this intervention in reducing carer burden and improving carer well-being.

How Can Informal Caregivers in Cancer and Palliative Care Be Supported? An Updated Systematic Literature Review of Interventions and Their Effectiveness

Abstract type: Poster

Background: Informal caregivers of patients with cancer or palliative care needs face significant challenges, including emotional, physical, and financial strain. Previous reviews have identified a range of interventions designed to support caregivers, but there is limited evidence on the effectiveness of these interventions. This systematic literature review aimed to update a previous review by identifying and synthesizing the current evidence on interventions for informal caregivers of patients with cancer or receiving palliative care.

Methods: A systematic literature review was conducted using electronic databases and grey literature sources. Inclusion criteria included studies that evaluated interventions for informal caregivers of patients with cancer or receiving palliative care. Data extraction and synthesis were performed to identify the types of interventions, their target populations, and outcomes.

Results: A total of 41 studies were included in the review. The interventions included educational programs, psychological support, and practical care assistance. The evidence indicated that interventions can have positive effects on caregiver burden, quality of life, and psychological well-being.

Conclusion: There is a need for further research to evaluate the effectiveness of interventions for informal caregivers of patients with cancer or receiving palliative care. Policy and practice recommendations are needed to support caregivers and improve outcomes for patients and families.

Abstract number: P800

Piloting the Use of a Carer Support Needs Assessment Tool for Palliative Home Care: Using Audio Diaries to Understand the Challenges of Practice

Abstract type: Poster

Background: Palliative care carers face significant challenges in their role, including emotional and financial strain, as well as practical difficulties. The Use of a Carer Support Needs Assessment Tool (CNAT) to elicit and facilitate communication about carer needs is an important step in understanding the challenges faced by carers. This study aimed to pilot the implementation of the CNAT and evaluate how well it integrates into routine EOLC practice.

Methods: Setting and sample: One hospice at home (H@H) service in England with 46 carers: 45 clinicians and 1 researcher. Patients referred a mean of 4-6 weeks before death. A carer group of nine (H@H) staff: six trained nurse co-ordinators, one RN providing respite at night and two health care assistants.

Results: The use of audio diaries is providing important insights into the challenges of implementing a tool for the assessment of carer support needs in EOLC. The tool is being used effectively and provides useful data for carer needs assessment.

Conclusion: The development of a tool for the assessment of carer support needs in EOLC is a significant step in understanding the challenges faced by carers. The tool is being used effectively and provides useful data for carer needs assessment.

Abstract number: P801

Poster sessions (Friday)
(n=1). 3 studies were promising in their results concerning effectiveness. The findings show that although the two technologically-based case studies are still at an embryonic stage, these appear to have potential to improve outcomes for carer support. **Discussion:** Further research requires further improved methods and the development of relevant validated measures for the domains of carer support, burden, caring others’ coping skills and reducing carers’ psychological distress. There is a need to prioritise multi-centre studies utilising RCT and mixed-methods, enabling robust studies with larger sample sizes to be reported, allowing for the possibility of more consistent and comparable outcome measures. The 4 randomised and controlled trials and 6 prospective studies, as well as other studies cited have shown evidence of positive outcome measures around increasing coping skills and carer support. Decreasing carer distress, burden and depression. Not funded.

**Abstract number:** P905
**Abstract type:** Poster

**How Close Persons of Patients with End Stage Renal Failure Experience Psychosocial Intervention in Palliative Care**

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**Background:** Close persons play an important role in caring for elderly renal patients, though few studies have looked at the impact on those caring for patients who have elected not to have dialysis treatment and have opted for maximum conservative management (MCM). Aim: To explore close persons’ experiences of caring for patients who are receiving MCM. The focus of this presentation will specifically look at close persons perceptions of the way that MCM was tackled and end of life issues

**Methodology:** Qualitative interviews were carried out with 26 purposefully sampled close persons across five renal centres in southeast England, using a narrative approach.

**Findings:** Most close persons were aware of patients’ limited lifespan as a result of their kidney disease. Discussions about the future were limited, with most close persons taking things on a day to day basis, a strategy used partly as a coping mechanism and partly due to uncertainty about the prognosis of the disease. Only eight close persons had any discussions or arrangements with patients about their end of life care. These included getting out patient’s financial affairs, funeral arrangements or deciding on the patients’ place of death. For most close persons and patients, being referred to the palliative care team was the preferred place of death as many felt a hospice environment would be less traumatic both physically and psychologically. Whilst some patients would prefer to die at home close persons felt that these patients would be unable to remain at home if they deteriorated any further.

**Conclusion:** Most close persons preferred to think of the future on a daily basis and services need to be aware of how to support both close persons and patients when having discussions about end of life care. Where disagreement exists between close persons and patients on preferred place of death, services need to be flexible to ensure that close persons and patients are fully supported to enable patients to die in a preferred place of death, involving their children in the illness process and to aim to clarify patients’ needs for support towards the end of life and impending death. This pilot study was informed by a recent survey that demonstrated the need for further research on how to support patients and their carers to maintain dignity and improve quality of life. This study showed that the close persons felt that they were unable to remain at home if they deteriorated any further. Close persons were aware of how to support both close persons and patients when having discussions about end of life care. Where disagreement exists between close persons and patients on preferred place of death, services need to be flexible to ensure that close persons are fully supported to enable patients to die in a place of their choice.

**Abstract number:** P906
**Abstract type:** Poster

**Psychosocial Intervention in Palliative Care to Enhance Caregiver Support for Children Under-aged Children**

**Mannell M.1, Lamplidge L.2**

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A frequent problem for palliative patients is how to involve and relate to their children concerning the illness and impending death. This pilot study concerned children taking care in Denmark aimed to clarify patients’ needs for support towards involving their children in the illness process and to open up for a dialogue between parents and children in preparation for the death of the patient.

**Design:** Guided family conversations were offered to referred to a palliative care team if they had children under age 18. Two meetings before and after the death were offered points of concern and focused on how to involve the child, support it in its grief and help it to an acceptance of the death of the parent. Children and parents were invited to participate in meetings. Six months following death, the surviving parent was sent a questionnaire evaluating the intervention.

**Results:** All eligible families elected to participate. During family conversations the following primary concerns were expressed by children and parents:
- how to support each other in the family
- the wellbeing of the children
- how to talk to the children and prepare them for the death
- how to say goodbye and be remembered by the children

The evaluation of the intervention showed that meetings positively changed the relationships between patient and child and led patients to think of new ways of saying goodbye not previously thought of. Surviving parents were likely to contact complementary support systems after the end of services from the palliative care team.

**Conclusion:** Psychosocial research on palliative care for patients with under-aged children presents an unmet need in Danish palliative care. Guided family conversations as an integrated component of palliative care services are effective in promoting open dialogue and preparation for death and were seen to be helpful to both children and parents.

**Quality of Life of Patients in the Vegetative State as Assessed by Caregivers**

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**Aims:** To examine how professional and family caregivers assess the quality of life (QoL) of patients in the vegetative state (VS).

**Methods:** A mixed methods study was conducted in a long-term care setting. We used a numeric rating scale (NRS, range 0-10) as a single item indicator for quality of life and performed semi-structured interviews on the care for VS patients. So far we included ten family caregivers and 13 nurses of VS patients in long-term care facilities. The interview transcripts were analyzed using qualitative content analysis according to Mayring’s guidelines, assisted by the software MAXqda. The arithmetic means of the NRS in both groups were compared at a t-test.

**Results:** In a randomized sample (n=20) felt able to assess the QoL of VS patients. It was rated on average 3.3 on the 10-point NRS and there was no difference between informal and family caregivers and professionals. The interviews revealed that the judgements were based on processes of comparison. Professionals’ tendency to QoL, to be low compared to healthy people or the patients’ premorbid QoL, but high compared to other VS patients who living in regular nursing homes, didn’t receive the same quality of care and rehabilitation. Family caregivers evaluated the patients’ potential for improvement which was based on their own understanding of the prognosis. This was influenced by their high hopes for the patients’ recovery.

**Conclusion:** The QoL assessment differed among caregivers and nurses felt able to assess the QoL of patients in VS although VS patients are considered to be unaware and unable to perceive, have emotional and physical suffering. This study allows insights into the subjective conceptualizations of VS patients’ QoL by professional and family caregivers.

We discuss these findings in comparison to our own experiences of counseling families about withholding or withdrawing life-sustaining treatment.

**Abstract number:** P908
**Abstract type:** Poster

**The Longest Night: The Sleep Experiences of Carers of Breathless Patients**

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**Background:** Family carers are essential in managing patient symptoms, particularly breathlessness. However, little is known about the sleep experiences of those caring for heart failure (HF) and lung cancer (LC) patients.

**Objectives:** To describe the sleep quality of carers who look after breathless patients & contrast this between two conditions (LC and HF).

**Methods:** Cross-sectional survey of caregivers & patients with breathlessness: including burden (ZBI 12 and positivity scale), sleep (PSQI), breathlessness ( Borg scale) and QoL (SF-36). Participants recruited from two London hospitals. Inclusion criteria: patients with breathlessness & their nominated caregivers. Descriptive analysis used to measure similarities & highlight differences between HF and LC carers.

**Results:** 51 HF and 50 LC carers recruited (93 patient/carer dyads). Most carers were spouses (72%), female (80%) & lived with the patient (80%). HF carers were more likely to be looking after patients without help. Nearly three-quarters of all carers experienced severe sleep problems (global PSQI>5), mean global PSQI=8.0 in LC carers, 7.8 in HF carers. Half of all carers reported sleep disturbances. Waking in the night and difficulties getting to sleep were the most prevalent problems in both groups. Poorer carer sleep quality was associated with increased carer burden on ZBI 12 (r=0.4, p=0.01), and poorer carer quality of life (r=0.59, p<0.005). Both carer groups similarly rated patients’ breathlessness as moderate (3 on Borg scale moderate)-but severity of breathlessness was not related to sleep quality (r=-0.2, p=0.8). Caregiver sleep quality was not related to patient sleep quality (r=0.07, p=0.6).

**Conclusions:** Sleep disturbance for HF and LC carers similarly rated with poor sleep quality in nearly three-quarters of carers. Health professionals need to target interventions aimed at managing carers’ sleep disruptions at night and assess the sleep patterns of those experiencing more burden.

**Abstract number:** P909
**Abstract type:** Poster

**Is Mindfulness Helpful for Relatives of Palliative Care Patients?**

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**Aims:** Mindfulness has been described as a supportive practice in the caregiving process. We have designed a psychotherapeutic group intervention for family caregivers of patients with pulmonary care patients. Participants were facing the imminent or recent loss of a beloved one. The aim of this study was to investigate the relation between mindfulness, psychological distress and quality of life as well as if mindfulness was helpful for the group participants.

**Methods:** A mixed methods study was conducted in a long-term care setting. We used a numeric rating scale (NRS, range 0-10) as a single item indicator for quality of life and performed semi-structured interviews on the care for VS patients. So far we included ten family caregivers and 13 nurses of VS patients in long-term care facilities. The interview transcripts were analyzed using qualitative content analysis according to Mayring’s guidelines, assisted by the software MAXqda. The arithmetic means of the NRS in both groups were compared at a t-test.

**Results:** In a randomized sample (n=20) felt able to assess the QoL of VS patients. It was rated on average 3.3 on the 10-point NRS and there was no difference between informal and family caregivers and professionals. The interviews revealed that the judgements were based on processes of comparison. Professionals’ tendency to QoL, to be low compared to healthy people or the patients’ premorbid QoL, but high compared to other VS patients who living in regular nursing homes, didn’t receive the same quality of care and rehabilitation. Family caregivers evaluated the patients’ potential for improvement which was based on their own understanding of the prognosis. This was influenced by their high hopes for the patients’ recovery.

**Conclusion:** The QoL assessment differed among caregivers and nurses felt able to assess the QoL of patients in VS although VS patients are considered to be unaware and unable to perceive, have emotional and physical suffering. This study allows insights into the subjective conceptualizations of VS patients’ QoL by professional and family caregivers.

We discuss these findings in comparison to our own experiences of counseling families about withholding or withdrawing life-sustaining treatment.

**Abstract number:** P908
**Abstract type:** Poster
Impact of the Family Conference (FC) in Acute Care Palliative Medicine (ACPMU)

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Background: Over 800 patients are admitted to our ACPMU annually. The FC is a usual care, formal scheduled event (approved by the patient) with the medical team & family members to identify medical & psychosocial needs. Our objectives were to describe FC characteristics, determine information needs & assess distress to the patient-identified spokesperson (SP).

Methods: A prospective, consecutive patient & family developing a pre- & post-FC survey of 18-questions. Post-FC survey has 2 open-ended questions. SP were given the pre- & post-FC survey & thermometer (DT). The DT included 11-point, numerical rating scale. Descriptive statistics reported percentages & means (SD). Open-ended questions were analyzed qualitatively.

Results: We screened 99 FC, 72 were analyzed. 56% of patients were male, mean age 66 yrs, 29% were American; 40% had delirium. Patients attended 79% FC, 60% held bedside. Mean of 4 people present, child (17%), parent (13%), others (32%). FC mean duration ± 16 min. The SP categories: spouse or partner (49%), child (30%), sibling (17%), parent (14%), friend (6%). FC was known previously. Most frequent FC reason was hospice transition (76%). Number of issues discussed: 15 ± 3 (79%). Issues not sufficiently reviewed: Living Will 38%, resuscitation status 42%, DPOA for health care role 46%. FC was valuable: SP (97%) & physicians (96%). DT score was 5.6 ± 3.2 before & 4.4 ± 3.3 after; average decrease was 1.1 ± 2.7, the median -4.6 (1-17), a parent (4%), 67% of SP knew FC reason. Most frequent FC reason was: hospice transition (76%). Number of issues discussed: 15 ± 3 (79%). Issues not sufficiently reviewed: Living Will 38%, resuscitation status 42%, DPOA for health care role 46%. FC was valuable: SP (97%) & physicians (96%). DT score was 5.6 ± 3.2 before & 4.4 ± 3.3 after; average decrease was 1.1 ± 2.7, the median -4.6 (1-17), a parent (4%), 67% of SP knew FC reason. Most frequent FC reason was: hospice transition (76%). Number of issues discussed: 15 ± 3 (79%). Issues not sufficiently reviewed: Living Will 38%, resuscitation status 42%, DPOA for health care role 46%. FC was valuable: SP (97%) & physicians (96%). DT score was 5.6 ± 3.2 before & 4.4 ± 3.3 after; average decrease was 1.1 ± 2.7, the median -4.6 (1-17), a parent (4%), 67% of SP knew FC reason. Most frequent FC reason was: hospice transition (76%). Number of issues discussed: 15 ± 3 (79%). Issues not sufficiently reviewed: Living Will 38%, resuscitation status 42%, DPOA for health care role 46%. FC was valuable: SP (97%) & physicians (96%). DT score was 5.6 ± 3.2 before & 4.4 ± 3.3 after; average decrease was 1.1 ± 2.7, the median -4.6 (1-17), a parent (4%), 67% of SP knew FC reason. Most frequent FC reason was: hospice transition (76%). Number of issues discussed: 15 ± 3 (79%). Issues not sufficiently reviewed: Living Will 38%, resuscitation status 42%, DPOA for health care role 46%. FC was valuable: SP (97%) & physicians (96%). DT score was 5.6 ± 3.2 before & 4.4 ± 3.3 after; average decrease was 1.1 ± 2.7, the median -4.6 (1-17), a parent (4%), 67% of SP knew FC reason. Most frequent FC reason was: hospice transition (76%). Number of issues discussed: 15 ± 3 (79%). Issues not sufficiently reviewed: Living Will 38%, resuscitation status 42%.
To verify whether the contents of the sessions respond to caregivers’ demands
- To develop a stable structure of contents and schedule for the Caregivers’ training
- To concrete indicators in order to assess fulfillment of the objectives of the program

Method:

- Qualitative descriptive study
- Survey with school of attendant, topics discussed and questions raised
- Assessment of caregiver burden using the reduced Zarit scale

Inclusion criteria: Primary caregivers of patients admitted in our PUC, from 01/10/08 to 14/04/10

Preliminary results:

- Sessions: 23; participants caregivers: 136
- Main topics covered: Care and Control of symptoms, Patients’ autonomy, Self-care, How to communicate with the patient, Feeding, Agony phase

Main topics requested: Communication skills and approach to answering difficult questions, Care in agony, Comprehensive care, feeding and symptom control, Care and attention of challenged children, Caregiver burden.

Conclusions:

- There have been 23 sessions, with participation of 136 caregivers and 103 professionals
- Mean Zarit score: 20.3
- We have found mismatch between the main concerns requested by caregivers and the topics covered in the sessions.
- The most demanded topics for monographic sessions are: Comprehensive patient care, Communication skills and Care in agony.
- To improve the program evaluation, the need to include specific indicators of quality of life for patients and families and indicators to measure acquired knowledge, have been identified.

Abstract number: P816
Abstract type: Poster

Relatives Experience of the Care They Receive during a Patients’ Terminal Illness

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The aim of this study was to gain an understanding of relatives’ experience of the care they receive during a patients’ terminal illness within an acute Irish oncology setting. In palliative care, the patient and the family comprise the unit of care; however, nurses continue to make priority of the care of the patient. Nurses have the greatest level of contact with the terminally ill patient and their relatives, thus they are ideally placed to affect positive change in the care relatives receive.

A Hermeneutic phenomenological approach with a prospective design was used to follow families’ actual experiences and determine what made visiting a more positive experience. Palliative Care records were used to track patients and their families. Two unstructured interviews were carried out with a sample of 7 relatives. Relatives primarily needed to experience that the patient, nurse and other support services provide proper health support to the patients, and nurses were particularly concerned about their family’s health. 13/15 relatives wanted more information about cancer genetics, although only 2 family’s health. 13/15 relatives wanted more information about cancer genetics, although only 2

Abstract number: P817
Abstract type: Poster

The Influence of Cancer Disease on the Family Relationship

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Background: For many cancer patients and their families the experience of cancer is an intensely stressful one. The purposes of this study was to establish the influence of cancer disease for communication and the relationships in family as well as to assess the psychosocial condition of family members.

Material and methods: The study involved 90 persons aged between 22 to 84. 72% of family members were women. The studied persons were classified in two groups: the first group (16) consisted of cancer patients (n = 50); the second group (II) involved their family members (n=40). The following research instruments were used: The Coping Inventory for Stressful Situations (CISS); The Questionnaire Relationship (RQ); and a questionnaire covering the use of different sources, including individuals and family members. The questionnaire also incorporated validated measurements of psychological and health condition as well as social situation of patient’s family members.

Results: Analysis of the results demonstrated that:
1) The cancer evokes a wide range of emotions, such as fear, uncertainty and anger as well as belief, hope, the helpfulness. Parents are subjected of great emotional distress for patient and family;
2) 27% of studied families limited their occupational activity;
3) The cancer influenced on relationship and communication in family. The relationship in family got better according to parents’ ages; 70% studied;
4) The cancer made better the social support and worsened the physical state of members of family patient;
5) 75% of patients limited their household duties.

Conclusions: The results revealed that the cancer disease has significantly influenced on family relationship. The diagnosis of cancer affects significantly the actual occupation activity, psychosocial and somatic aspect of patient and family members. These results also show the differences between patient and his family in quality of life assessment.

Abstract number: P818
Abstract type: Poster

Home Caregivers’ Satisfaction with the Services Provided by a Military Hospital’s Home Support Program

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Objectives: Families’ satisfaction is essential to the success of home care support services. This study aimed to assess home caregivers’ satisfaction with support services and to identify the predictors of that satisfaction.

Methods: The study was conducted in the Family and Community Medicine Department at a military hospital using a cross-sectional design. It included 240 participants recruited by systematic random sampling from the division registry. Data were collected through interviews using a designed structured interview form. All research ethics principles were followed.

Results: The response rate was 76.25%. Most caregivers were patients’ sons or daughters. The duration of patients’ disabilities varied from less than 1 year up to 40 years. The majority of caregivers agreed that the home care services team provided proper health support to the patients, and improved caregivers’ confidence in caring for their patients. Overall, on a scale of 100%, the median level of satisfaction was 90%, and 73.3% of caregivers had a satisfaction score of higher. Vocational therapy and psychotherapy were the least satisfactory. Caregiver’s older age, female gender, and more frequent home visits were independent predictors of caregivers’ satisfaction scores.

Conclusion: Although most caregivers are satisfied with the services provided by the home support program, there are still areas of deficiency, particularly in physiotherapy, vocational therapy, and social services. The implications are that caregivers need to be educated and trained in caring for their patients and gain self-confidence in doing so. Their administration should improve physiotherapy, vocational therapy, social services, and procedures for hospital referral.

Abstract number: P819
Abstract type: Poster

The Experiences of Relatives with the Provision of Palliative Sedation: A Systematic Review

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Background: Guidelines about palliative sedation typically include recommendations that try to protect the wellbeing of relatives, stressing adequate provision of information and support. The aim of this study is to systematically review studies on the experiences of relatives with palliative sedation.

Methods: PubMed was searched for publications about empirical studies on relatives’ experiences with palliative sedation. We investigated relatives’ involvement in the decision-making and in the provision of sedation, whether they received adequate information and support, and relatives’ emotions.

Results: Of the 64 articles identified, 12 were included; eight studies were added after hand search. The studies (12 quantitative and eight qualitative studies) were conducted in nine countries; four studies concerned relatives’ reports about their experiences and 16 concerned physicians’ and nurses’ proxy reports. Caregivers involved relatives in the decision-making in 75-100% (11 studies) and in 75-90% the relatives received adequate information (six studies). Despite the fact that the majority of relatives were reported to be comfortable with the use of palliative sedation, eight studies showed that several relatives expressed distress before, during or after the use of sedation. Distress related to the aim of the sedation, the patient’s possible suffering or the wellbeing of the relatives themselves and was found to lead to feelings of guilt, helplessness, and physical and emotional exhaustion. No studies reported about relatives’ involvement in the provision of sedation or on the support provided.

Conclusion: The majority of relatives seems to be adequately involved in the provision of palliative sedation to their dying relative. However, several relatives experience distress due to sedation. Studies do not show whether or how support was provided, pointing to a need for further attention in practice and policy.

Abstract number: P820
Abstract type: Poster

Is there a Role for Health Education in Palliative Care? An exploratory study

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Background and aims: There is a general perception that health education with the aim of improving or maintaining health has little or no role to play in palliative care. However, with the scope of palliative care changing to include patients at earlier stages in their disease, appropriate information and advice in health in both patients and carers are increasing, and may be more important than traditionally perceived. There are concerns that such information may overwhelm individuals at an already difficult time.

Methods: A questionnaire based survey to evaluate the acceptance of health education program within a palliative care setting.

Method: Questionnaires were completed by 25 staff, 15 patients and 15 caregivers related at a UK hospice.

Results: This pilot study suggests that health education may be both beneficial and acceptable. Participants reported different, but collectively similar health education needs which included disease related advice, diet, exercise and stress management. Relationships getting cancer and patients were particularly concerned about their family’s health. 13/15 relatives wanted more information about cancer genetics, although only 2 had ever been offered such advice. All 15 patients and 13/15 relatives supported offering cancer prevention advice to families and carers of palliative care patients. Hospice staff, however were less positive.
Conclusions: Wider surveys are needed to look at the views of relatives of patients at different stages of a life limiting illness, and to establish if these views are similar in smaller and culturally diverse groups. Further qualitative studies are needed to determine the appropriate timing and format of any health education interventions. The integration of preventive medicine into a hospice setting would need to overcome a number of barriers, and in particular staff concerns.

Abstract number: P821
Abstract type: Poster

LIVING WITH BREATHLESSNESS - BURDEN OF INFORMAL CARERS OF PATIENTS WITH BREATHLESSNESS IN ADVANCED CANCER OR COPD

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Background: Breathlessness (B) is a common symptom at the end of life which is distressing to witnesses. There is little research on its impact on informal carers. Understanding the burden of carers of breathless patients and its relation to the patients symptom burden is essential for planning adequate care support.

Aim: To assess the burden of carers of patients with B in advanced cancer or COPD in relation to patients’ symptom burden.

Methods: Breathless patients with advanced cancer or COPD stage III/IV and their carers were recruited from hospital and home care sites in Munich, Germany. At monthly intervals over six months, carers completed the Burden Scale for Family Carers (BSFC, score range 0 - 84) and the Barthel Index. The patients rated their symptoms on the Borg Scale, the Memorial Symptom Assessment Scale and the Hospital Anxiety and Depression Scale. The first BSFC scores available from each carer were analysed in relation to patients’ symptom burden.

Results: Data from 60 patients were included in the study. Most patients (91.7%) had advanced cancer, mostly lung (61.7%), and the majority were male (72.9%). The median patient age was 73 years (range 46 - 93). The most frequent symptom was B (78.3%).

Conclusions: More research is needed on the impact of B on informal carers.

Abstract number: P823
Abstract type: Poster

PROFESSIONAL CAREGIVERS OPINION OF THE LOVED ONES UNDERSTANDING THAT THE PATIENT IS DYEING AND THE SUPPORT THEY NEED AND THE POSSIBILITY THE CAREGIVERS HAVE TO GIVE THIS SUPPORT

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Aim: To investigate how the professional caregivers assess the loved ones understanding of the patients incurable disease and their possibility to manage such a situation.

Design and method: The study was conducted at an oncology, urology and geriatric clinic at a major university hospital. The study had a quantitative approach with a semi-structured questionnaire created for this study. 343 questionnaires were distributed to the professional caregivers, physicians, nurses and assistant nurses.

Results: There were 77 caregivers that participated in the study (66%). 28 % was from oncology wards, 47 % from geriatric wards and 25 % from the urology wards.

Conclusions: Most of the caregivers thought that the patients have understood that their loved one is dying. When comparing the patients’ B severity, global dependency and symptom burden with the caregivers’ opinion, there was no statistically significant difference. A majority participant (62%) estimated that the loved ones talk to the professional caregivers about the patients’ upcoming death.

Abstract number: P824
Abstract type: Poster

DESCRIPTION OF THE SOCIAL CONTEXT AND DEGREE OF INFORMATION IN ONCOLOGIC PATIENTS ADMITTED TO THE PALLIATIVE CARE UNIT

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Objectives: To describe the social context of oncologic patients and the degree of information they have about their disease on admission to the palliative care unit.

Methods: We prospectively recorded the following information during the first 72 hours after admission from all oncologic patients admitted to the unit between August 20, 2009 and November 20, 2009: sociodemographic, social/family environment (main caretaker, household situation), patients’ knowledge of their diagnosis and prognosis, what information they wanted to receive, who took decisions, and whether they had a living will.

Results: A total of 160 patients were admitted to the unit. 143 met the inclusion criteria. Of these 92 (68.5%) were women, 74 (51.7%) in the age range 65-80 years. Of these, 101 (70.6%) lived with their spouses and 24 (1.1%) lived with their children; the main caretaker was the spouse in 82 (57.3%) cases. No problems were detected in creating a social/family situation in 89 (62.2%) cases, other dependent persons lived in the home in 15 (10.9%), and signs of exhaustion were detected in 13 (9.1%).

Conclusions: Patients desire for information, 101 (70.6%) asked no questions and 34 (23.8%) wanted more than the patients. One patient (0.7%) had a living will.

Abstract number: P825
Abstract type: Poster

Supporting Relatives: An Investigation into Obstacles and Aids to Information Exchange within Families Affected by Cancer

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Provision of information for patients and relatives has been highlighted as an area for improvement.

Aims: To explore relatives’ experiences of talking about cancer within the family and identify relatives’ information and support needs in relation to their relative’s cancer.

Methods: 23 relatives recruited from the local community participated in in-depth qualitative interviews. Interviews were analysed using a thematic approach.

Findings: Not all participants wanted detailed information about cancer at all times or felt able to cope with the patient’s (or their own) emotional responses. Some communication about cancer was generally viewed as beneficial for the family. It allowed relatives to support the patient’s preferences for care and deal with practical demands, and came to terms with difficult topics. Lack of information made relatives and partners feel that they were unable to offer best care to the patient. The provision of clear, up to date information and opportunities to talk with professionals were identified as important.

Participants stated that they would have liked the opportunity to talk to someone else in a similar situation, to enable a mutual exchange of information and support. Most had not received booklets/leaflets from health care professionals and had to acquire them themselves. Information was lacking for those with rarer cancers and participants turned to the internet for information. Most felt they learnt about their relatives’ cancer and how to look after them as they went along.

Conclusions: Relatives indicated that a lack of information made them feel unable to offer best care and support to the patient. They also indicated that they felt isolated and did not feel welcome to exchange information and support as the patient was the priority. Rather than being left to find things out for themselves they would have liked guidance.

Supporting families is likely to enhance the support available to people living with and beyond cancer.
Caring for a Patient with Terminal Cancer at Home in Cyprus - The Needs of the Family Caregiver

**Purpose:** This study explored the lived experience of families with cancer patients through the palliative home care services. The purpose of this study was to answer the question: “What were the needs of the caregivers at the terminal stage of the disease and how they were met?”

**Method:** The used methodology was descriptive qualitative phenomenology. With the use of semi-structured interviews that took place between March 2010 and May 2010, 10 caregivers of terminal stage cancer patients described their experience from the palliative home care services. The method by Colaizzi was used for the analysis of the interviews.

**Results:** The results of this study identified important issues in relation to the palliative homecare services.

- a) information and practical support, b) psychological, but also physical support, and c) continuation of care. While it was found that there was complete satisfaction from the part of the caregivers for information and practical support, in their needs concerning psychological support and continuation of care, several weaknesses were identified.

**Conclusion:** Caregivers of adult cancer patients lived experience through palliative home care was a psychologically painful experience in which some of the caregivers needs were not satisfied, giving reason for improvement of the services in the specific areas.

**Aim:** To investigate the cultural perspectives of Asian women to inform the design of appropriate, acceptable and accessible palliative homecare needs of the caregivers concerning:
- a) information and practical support,
- b) psychological support, but also physical support,
- c) continuation of care. While it was found that there was complete satisfaction from the part of the caregivers for information and practical support, in their needs concerning psychological support and continuation of care, several weaknesses were identified.

**Conclusion:** Caregivers of adult cancer patients lived experience through palliative home care was a psychologically painful experience in which some of the caregivers needs were not satisfied, giving reason for improvement of the services in the specific areas.

**Aim:** To investigate the cultural perspectives of Asian women to inform the design of appropriate, acceptable and accessible palliative homecare needs of the caregivers concerning:
- a) information and practical support,
- b) psychological support, but also physical support,
- c) continuation of care. While it was found that there was complete satisfaction from the part of the caregivers for information and practical support, in their needs concerning psychological support and continuation of care, several weaknesses were identified.

**Conclusion:** Caregivers of adult cancer patients lived experience through palliative home care was a psychologically painful experience in which some of the caregivers needs were not satisfied, giving reason for improvement of the services in the specific areas.

**Abstract number:** P828
**Abstract type:** Poster

**Aim:** To investigate the cultural perspectives of Asian women to inform the design of appropriate, acceptable and accessible palliative homecare needs of the caregivers concerning:
- a) information and practical support,
- b) psychological support, but also physical support,
- c) continuation of care. While it was found that there was complete satisfaction from the part of the caregivers for information and practical support, in their needs concerning psychological support and continuation of care, several weaknesses were identified.

**Conclusion:** Caregivers of adult cancer patients lived experience through palliative home care was a psychologically painful experience in which some of the caregivers needs were not satisfied, giving reason for improvement of the services in the specific areas.

**Abstract number:** P829
**Abstract type:** Poster

**Aim:** To investigate the cultural perspectives of Asian women to inform the design of appropriate, acceptable and accessible palliative homecare needs of the caregivers concerning:
- a) information and practical support,
- b) psychological support, but also physical support,
- c) continuation of care. While it was found that there was complete satisfaction from the part of the caregivers for information and practical support, in their needs concerning psychological support and continuation of care, several weaknesses were identified.

**Conclusion:** Caregivers of adult cancer patients lived experience through palliative home care was a psychologically painful experience in which some of the caregivers needs were not satisfied, giving reason for improvement of the services in the specific areas.

**Abstract number:** P830
**Abstract type:** Poster

**Aim:** To investigate the cultural perspectives of Asian women to inform the design of appropriate, acceptable and accessible palliative homecare needs of the caregivers concerning:
- a) information and practical support,
- b) psychological support, but also physical support,
- c) continuation of care. While it was found that there was complete satisfaction from the part of the caregivers for information and practical support, in their needs concerning psychological support and continuation of care, several weaknesses were identified.

**Conclusion:** Caregivers of adult cancer patients lived experience through palliative home care was a psychologically painful experience in which some of the caregivers needs were not satisfied, giving reason for improvement of the services in the specific areas.

**Abstract number:** P831
**Abstract type:** Poster

**Aim:** To investigate the cultural perspectives of Asian women to inform the design of appropriate, acceptable and accessible palliative homecare needs of the caregivers concerning:
- a) information and practical support,
- b) psychological support, but also physical support,
- c) continuation of care. While it was found that there was complete satisfaction from the part of the caregivers for information and practical support, in their needs concerning psychological support and continuation of care, several weaknesses were identified.

**Conclusion:** Caregivers of adult cancer patients lived experience through palliative home care was a psychologically painful experience in which some of the caregivers needs were not satisfied, giving reason for improvement of the services in the specific areas.
"hot phone line" and support the establishment of palliative home-care teams.

**Abstract number:** P833  
**Abstract type:** Poster  

**Family Meeting - An Intervention Strategy**

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This communication presents the results of a descriptive qualitative study, describing and interpreting the content of the family meetings (FM) held at the Palliative Care Unit (PCU) between August 2009 and August 2010. It is a characterization study of the FM based on an analysis of the content of the parameterised report, used at these meetings. It is currently known that, in palliative care, in addition to symptom control, the greatest needs of patients and families is communication, making this communication skill an important factor in the quality of care in terms of continuous interaction patient/family/team.

According to specialized literature, the FM should be a structured form of intervention with the family and is useful to clarify the objectives of the care to be provided, solving problems, to reach a consensus and offer support and advice to patients and their families. The documentary analysis carried out allowed us to describe the four stages of the FM at our PCU, namely in the following areas: identification of the most frequent objectives; active problems and concerns reached to the individual care plan (key topics in the FM reports).

The thematic content analysis technique was used to process the data, from a diverse set of categories and subcategories, built by simultaneously deductive and inductive approaches, analysing all of the FM conducted during the recommended time, on a total of 29 reports.

**Results:**

- Results standing out from this study:
  - Most frequent objectives - validate expectations and provide information on the prognosis/diagnosis.
  - Prevailing active problems - problems related to the control of the patient's suffering and the worsening of the clinical situation, the difficulty in accepting the prognosis and the loss of autonomy.
  - Main considerations reached for the planning of the intervention are based on the following key areas - family support, care for comfort and symptoms control.

**Abstract number:** P834  
**Abstract type:** Withdraw

**Caring for Patients in End of Life: The Perception of Portuguese Family Doctors**

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**Background:** Most patients at the end of life need medical home care. There is scarce information on the experience of Portuguese family physicians caring for these patients.

**Objective:** This study aims to understand how Portuguese family physicians perceive the experience of caring for patients and families in the end of life.

**Methods:** We performed a qualitative study using semi-structured interviews with a sample of eight family physicians with experience in follow-up of patients in the end of life. The interviews were audio taped, transcribed and analyzed according to the procedures of “grounded theory”.

**Results:** Four domains emerged from the reports of family doctors: the intrinsic factors influencing how the physician deals with patients in the end of life are related to training in palliative care, personal motivation and the relationship with the patient and family. The extrinsic factors of influence relate to organizational conditions, attitudes of other professionals and social-familial conditions. Physicians characterize their experience describing the perception of personal performance, subjective appraisal and personal feelings aroused by the experience. The characterization of the patient and family experience is done by doctors refers to the condition of the patient, description of the circumstances of his death and attitudes and perceptions of the patient, family and medical professionals and social-familial conditions. Family physicians can integrate symptom control at the end of life through personal training in palliative care, working with nurses and hospital doctors, availability of human resources and materials and time to do home visits.

**Abstract number:** P836  
**Abstract type:** Poster  

A Systematic Review of Advanced Cancer Patients' Experiences of Symptom Control Trials

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**Introduction:** Research in palliative care remains contentious. It has been argued that it may be unethical to conduct research in this vulnerable population. This has been compounded by poor quality research and small inclusion numbers in symptom control trials. High quality international clinical trials in advanced cancer are now taking place. It is not known what patients’ experiences are of participating in these symptom control trials. This systematic review examines patients’ experiences of symptom control trials.

**Methods:** Medline and Embase were searched from 1988 to present. Three search arms were used; 'cancer' AND 'trial', 'cancer' AND 'research', and 'cancer' AND 'study'. Each of these three arms was then subsequently searched using 'palliative', 'supportive', 'opinions', 'experiences' and 'attitudes'. All papers were reviewed with the common reasons for exclusion were either trials of chemotherapy and radiotherapy with no patients or patients were asked opinions on participating in hypothetical research rather than actual experiences.

**Results:** 46735 titles were reviewed of which 43 papers were fully examined. None of these papers met the inclusion criteria after appraisal. The common reasons for exclusion were either trials of chemotherapy and radiotherapy with no patients or patients were asked opinions on participating in hypothetical research rather than actual experiences.

**Conclusions:** There are no studies which examine the experiences of patients with advanced cancer who had participated in symptom control trials. This systematic review examines patients’ experiences of symptom control trials.

**Abstract number:** P837  
**Abstract type:** Poster  

**Medical End-of-Life Decisions in Belgium: A Review of the Literature**

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1Principal Clinical and Psycho-sociologic Research in Palliative Care, 2Postgraduate School of Geriatry, University of Udine, 3Postgraduate School of Geriatry, University of Udine

**Background:** Medical End-of-Life Decisions in Belgium: A Review of the Literature

Department of Palliative Care, Policy & Research of the Institute of Education and Psychology, Minho University, Braga, Portugal

**Introduction:** Literature review. Studies on MELDs in Belgium, identified from a literature scoping of the literature of Eol and Eol care in Belgium (8 electronic databases, 5 journals, reference lists, and grey literature) were included. Qualitative meta-synthesis was used to identify common cutting threats and findings:

**Methods:** Literature review. Studies on MELDs in Belgium, identified from a literature scoping of the literature of Eol and Eol care in Belgium (8 electronic databases, 5 journals, reference lists, and grey literature) were included. Qualitative meta-synthesis was used to identify common cutting threats and findings:

**Results:** Fifty studies (77% quantitative) were included. Key themes were: definitions, incidences, decision-making processes, practices, roles of health professionals, application of laws, and healthcare institution written ethics policies (WEPs). The types of MELDs were carefully categorized. Since the euthanasia law there has been an increase in deep continuous sedation, possibly life-shortening pain and symptom alleviation and in reported euthanasia but a decrease in life-ending without explicit request. Despite the importance of discussing patients' wishes regarding the Eol, possible MELDs were not discussed with 20-75% of patients or their relatives (though euthanasia was always discussed). Nurses played an important role throughout the process of MELDs because of close relationships to patients. WEPS shaped how euthanasia played out in practice, helping ensure patients received quality palliative care.

**Conclusion:** These literature findings document the context within which MELDs occur in Belgium. Palliative care has developed alongside legal euthanasia, providing an example for the international community of how these seemingly opposing concepts can co-exist and contribute to the continual reassessment of best-practice for Eol care.

**Abstract number:** P838  
**Abstract type:** Poster  

**Terminal Phase of Cancer Disease: Results of Principal Clinical and Psyco-sociologic Aspects Involving Patients and Caregivers**

Ibidul F.1  
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**Background:** Cancer patients at a terminal stage of disease are suffering a global psychophysical situation, since in addition to clinical symptoms they progressively lose autonomy, pain, and also family caregivers, whose assistance effort undermines their social and job relationship network and their psychophysical balance as well.

**Scope:** To evaluate in cancer patients at terminal stage the psychophysical situation, and in family caregiver consciousness of diagnose and prognosis, together with psycho-social issues they are connected with.

**Method:** From March 2007 to February 2009, by means of anonymous questionnaires and interviews made by our team, 120 cancer patients and 150 caregivers were evaluated.

**Results:** Among enlisted patients aged 69.3 ±10.4 the 96% was supported by one caregiver at least (76% women, 24% men, average age 51.4 years old ±11.8 years old); only for 4% of the cases, patients were supported by social service. Knowledge of disease stage was present for 41.5% of cases where 25.6% demonstrated consciousness of prognostics on the other side the 18.4% demonstrated not to have consciousness of disease showing positive expectation about its evolution.27.2% of patients had a mood apparently adequate to the clinic context, 46.9% was in a depression and 25.9% showed anger,hostility and refusal. Psychophysical The degree of the relative influence negatively on relationship life of the caregiver in 74% of the cases, on familiar life in 79.6%, on job and economic life in 52.4% and on psychophysical welfare in 65.8% of the cases.

**Conclusions:** The results highlighted the psychophysical complexity of medical End-of-Life (EoL) family, where role of medical and nursing team is based on delicate communication and relationship variables and it needs raising of the uniqueness of each single patient and caregiver.
Abstract number: P839
Abstract type: Poster

Systematic Review of Reviews of End-of-Life Care for Minority Ethnic Groups in the UK and a Critical Comparison with Policy Recommendations from the UK End-of-Life Care Strategy

Evans N.1, Mehta A.1, Andrew E.V.W.2, Keffanj I.3, Harding R.1, Higgins L.1, Pool R.1, Gwyed M.1, on behalf of Project PROMISE. PROMISE Is Funded by the European Commission. Research Framework Programme (Contract Number: Health-F2-2008-201655)

Objective: To systematically review the literature concerning minority ethnic groups and End of Life care in the UK. The reviews were graded for quality and findings were subjected to a qualitative meta-synthesis.

Results: Twelve reviews, published 2001-2009, met the inclusion criteria. Six followed a systematic search protocol and used an average, of reasonable quality. Qualitative meta-synthesis revealed six themes: structural inequality; inequality by disease group; referrals, place of care and death; awareness and communication issues; and, cultural competency. Reviews varied in approach and quality. Potential sources of bias were of narrative (non-systematic) reviews, the narrow focus of some reviews and publication bias.

Conclusions: Despite variation in size and inter-relatedness of factors leading to low service use was recognised and reflected in the reviews’ recommendations for service improvement. Systematic reviews were of reasonable methodological quality and provided a fair reflection of the literature for policy. Recommendations made in the UK End of Life Care Strategy were limited in comparison, and the Strategy's evidence base concerning minority ethnic groups was very restricted. Future policy should be embedded strongly in the evidence base to reflect the current literature and minimise bias.

Abstract number: P840
Abstract type: Poster

Donation of the Cornea in the Context of Palliative Care

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In Germany the explanation of the cornea is ruled of the "Law of Transplantation 2007". The explanation is possible if the donor himself did agree. If the deceased person did not mention anything about donation of organs, a loved one has to decide. This is often a very difficult decision. In many institutions particularly in palliative care units the fact of donation of organs is not communicated to the very ill persons. They should not be stressed. So the loved ones are stressed just about the moment after death happened. Why do patients donate organs and not the dying? We discussed this question in our palliative care team (PCT) and found out: we are angry to talk about this topic.

Conclusions: Change was required.

Method: Gathering information about law and communication

How is an explanation operated? Does it really disturb the last fare well? How are the relatives to talk to the very ill about this difficult topic for us?

Process: Information on the ward - flyer and standard form for donation of organs are available. Assessment of a new patient - Questions about form for donation or advance directive, thinking about donation and their legal decision. This is a difficult decision about each patient one of the following points:

1. Donation of the cornea - decision yes
2. Donation of the cornea - decision no, because of...
3. Donation of the cornea - decision no, because of the following contraindication

In 2010 every 5th deceased person has been a donor. About 50% had a contraindication like metastasis of the brain, motor neuron disease or sepsis. In about 25% the decision was: no. If loved ones had to decide, most of the time they decided: no. Patients themselves decided: no, because of: loss of the eyesight or because of religious reasons or to like to get their corpus intact.

Abstract number: P841
Abstract type: Poster

Diagnosing Terminality in Non-oncological Disease

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Aims: In order to improve care in patients with advanced chronic non-oncological care (ACON), their doctor must be fully aware of this diagnosis. A screening program for these patients and raising awareness among their doctor have been initiated.

Methods: Analysis of medical records of all patients admitted to non-surgical services in an acute care hospital. The Medical Guidelines for Early Determining Prognosis in Selected Non-Cancer Diseases of the National Hospital and Palliative Care Organization (NHPCO) were used. We interviewed, and 14 commented on not being informed about the decision process during the last months of life. Physicians whose cases met NHPCO guide specific criteria were interviewed. An analysis of medical records was the main study approach, since the questions were carried out to assess changes in diagnosis, prognosis and therapeutic plan.

Results: Patients evaluated for a week was 93. Eighteen (19.4%) fulfilled the 3rd general criteria and some specific criteria of the NHPCO. 5 for heart failure, 4 for pulmonary disease, and 9 for neurological disease. There was no reference to the prognosis or the limitation of therapeutic efforts in the records of them. Doctors of 18 cases were interviewed, and 14 commented on not being surprised if their patients died in the next six months. In 6 of these 14 cases, doctors said they had informed the family of this intuitive prognosis, but in any case the patient's wish. The day after the interviews, changing the therapeutic plan was registered in the medical records and the patient in advance care plan in case of exacerbation was performed, and 5 changed the therapeutic plan prioritizing the control of symptoms.

Conclusion: One out of every 5 patients admitted to hospital have an ACON and is probably in his last months of life. The interview with the doctor reduces reflection and diagnosis reorientation, hence becoming a good tool to improve the care of these patients.

Abstract number: P843
Abstract type: Poster

Read-to-Head Comparison Study of Fentanyl Buccal Tablet vs Immediate-release Oxycodone for Breakthrough Pain in Patients with Opioid-tolerant Chronic Pain

Vurgos G.1, Ashbrook M.A.2, Stevin K.A.2, 3, Naranaya A.4, Xie F.Y.1, Amores X.1
1Aquila University, Department of Anaesthesiology & Pain Medicine, L'Aquila, Italy, "Hospital of the University of Pennsylvania, Philadelphia, PA, United States,"University of Pennsylvania, Philadelphia, PA, United States, "Cephalon Inc, Frazer, PA, United States, "Cephalon, Maisons-Alfort, France Limited dose of immediate-release bind the rapid-onset opioids for the treatment of breakthrough pain (BTP). This study compared fentanyl buccal tablet (FBT) with immediate-release oxycodone (OxyIR) for BTP chronic pain patients. Design: 2

randomized, open-label titration periods and 2 randomized, double-blind, double-dummy treatment periods. Opioid-tolerant adults with 1-4 BTP episodes/day titrated FBT vs OxyIR to a successful dose providing adequate analgesia without unacceptable adverse events (AEs). FBT doses were 0.4mg, 0.8mg, 1.6mg & OxyIR 5mg & 10mg. Efficacy was evaluated by treating 10 BTP episodes with the successful dose for each drug. Pts rated BTP (pain intensity [PI], 0-10 scale) pre dose & 5-60 min post dose. The primary outcome was mean PI difference at 15 min (PDI). Secondary measures: PDI 30-60 min, pain relief (PR; 0-4 scale, 5-60 min), & medication performance assessment (MPA; 5-level categorical scale) at 30 min post dose. 183 pts received treatment, 183 were evaluated for efficacy. During titration, 60 pts discontinued while receiving FBT and 69 OxyIR, with similar withdrawal rates and reasons. There was no linear relationship b/w the successful dose of FBT or OxyIR & the ACP opioid dose. FBT was superior to OxyIR with statistically significant differences for primary efficacy measure (PDI, 0.82 vs 0.59; P<0.0001) & most secondary measures (PDI 30-60 min [P=0.01], PR 30-60 min [P=0.05], MPA [P<0.0001]). 51% patients reported AEs, similar between treatments. The conclusion, the onset of efficacy was faster for FBT with an analgesic effect observed as early as 5 min & similar tolerability profile. (Cephalon Inc Sponsored)

Abstract number: P844
Abstract type: Poster

Providing Good End of Life in Dementia: The Views of Health Care Professionals Working in New Zealand

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Research aims: International evidence suggests that end of life care for individuals with dementia remains poor. This paper identifies key issues in the provision of good quality palliative care for people with dementia drawing upon data collected in New Zealand. It utilises the views and experiences of health care professionals to explore the barriers to, and the means by which optimum end of life care can be achieved for this increasing population.

Study design and methods: The project explored how transitions to palliative care are managed; a specific set of questions were posed to health care professionals with dementia. A qualitative study design was adopted. Eighty health care professionals regularly involved in caring for older people took part in ten focus groups and two joint interviews. Participants were recruited from primary (n=12), secondary (n=38) and residential care (n=30) organisations in Auckland, New Zealand. Focus groups and interviews were recorded and transcribed verbatim and analysed using the principles of thematic analysis.

Results: The presentation will focus upon a number of key themes, including:
The importance of developing and maintaining an approach to care which acknowledges the importance of non-verbal forms of communication
The importance of partnership working to achieve optimum care for individuals with dementia

Conclusion: The active involvement of all parties and attention to their needs is central to the provision of good quality palliative care for people with dementia. Whilst care staff can work together with family/whana to advocate on behalf of the patient, it is important that they have a vision and agreed values to underpin care and treatment.
Background: Few patients and their family caregivers affected by Parkinson’s disease (PD) and related neurodegenerative disorders (MND, MAP, PSP, CBD) have access to palliative care services. There is a paucity of studies using palliative care assessment tools in this population.

Aims: This study sought to assess physical symptom prevalence and wider concerns (psychological, social, practical, information needs) of family caregivers living at home with partners with advanced Parkinsonism.

Method: A questionnaire was collected on symptoms and concerns of patients from the perspective of their family caregivers for the past two week period in face to face interviews at home. Standardised questionnaires including carer version of Palliative Care Outcome scale (POS) and POS-S were completed by family caregivers.

Results: Fifty five (55) family caregivers were included, mean age 64 years, most were partners (husband or wife) 91% and female 56%. Caregivers reported a mean of 12 physical symptoms. Six symptoms affected more than 80%: problems using legs and arms, fatigue, feeling sleepy and difficulty communicating. Whilst eight further symptoms: problems swallowing, difficulty sleeping, mood, hair loss, constipation, urinary incontinence, fear of death were reported in over 50% and under 80%. Three symptoms: problems with attention, poor appetite and hallucinations occurred in between 30% to 50%. Nausea, vomiting and pressure sores were reported in less than 30% of patients in their last 6 months. Caregivers have anxiety and depression. The mean POS score was moderate 14.2 (SD = 6.2).

Conclusion: Caregivers of patients living at home are having a tough time at home with caring for patients with advanced PD with high symptom burden and care needs. Assessing family caregivers of patients with advanced PD and their partners is highly important and can be achieved by using POS. Neurologists, PD nurse specialists and palliative care teams need to work together in the management of the patient’s needs to improve quality of life for both patient and families.

Abstract number: P846

Abstract type: Poster

Model for Advanced Home Care to Patients with Moderate to Severe Heart Failure

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Background: Patients suffering from moderate to severe heart failure receive much less palliative care than cancer patients do and they often die in the hospitals in acute care settings. Aim: To describe an organizational model for advanced home care to patients with moderate to severe heart failure.

Method: This model has been developed by a multidisciplinary home care team. The model is based on an individualised assessment of the patients’ needs for care and living situation. Level on involves visits once or more than once a day. Level two include a visit every 4 weeks and level three every 8 weeks. The model is available 24 hours a day, 7 days a week if the patient’s health status deteriorates. The care is flexible and planned in collaboration with the neurology unit, Royal County Hospital. The patient’s health status is evaluated using a checklist, which addresses medical needs and patient care status. In routine practice, the patients are visited, either in hospital, at home or during hospital visits. Patients in need of palliative care can receive home care in accordance with the model until their death.

Conclusion: The model has now been implemented and used in clinical practice during the last 3 years. This model of home care is feasible, patient centered and safe, it has improved patient and family satisfaction with care and reduced hospital costs. Patients perceive the individualized education as stimulating. Family members appreciate the emotional support from the nurses. Care needs of their loved one in the hospital without interruption gave both patients and family members feelings of safety and security. During interviews with the deceased patients’ families, they expressed satisfaction with the palliative heart failure care provided by the home care team.

Abstract number: P848

Abstract type: Poster

Parkinson’s Disease, Progressive Supranuclear Palsy and Cortico-basal Degeneration - Disorders with Implications for Palliative Medicine

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Context: Progressive supranuclear palsy (PSP) and corticobasal degeneration (CBD) are uncommon, slowly progressive parkinsonian disorders. Patients with Parkinson’s disease (PD) have a higher number of people affected but are rarely admitted to a palliative care unit. This investigation retrospectively and prospectively the admission of patients with Parkinson, PSP and CBD to a palliative care unit to identify the symptoms and care needs. In a second part we retrospectively and prospectively analyzes the places of death of these patients and the quality of their last days.

Design: Prospective evaluation of patients with PD, PSP and CBD admitted to our palliative care unit from May 2006. The second study retrospectively and prospectively investigates the places of death and the symptom load in their last days of life in hospitals, nursing homes, palliative care units and hospices in Munich.

Results: Within these two years 26 patients with Parkinsonian disorders were admitted to our palliative care unit. 9 were diagnosed with PSP, 3 with PD and 3 with CBD. The most common reasons for admission were pain (n = 7), dysphagia (n = 6) and dementia (n = 6). Acute neuroglycemia (starting from 2005) and prospectively investigates the places of death and the symptom load in their last days of life in hospitals, nursing homes, palliative care units and hospices in Munich.

Conclusion: The number of PD patients admitted to a palliative care unit is lower as compared to PSP patients. This might be due to a more rapid disease progression in PSP and more palliative care need throughout the disease. Only a few PD patients are dying at home, most preferring nursing homes and deaths. Therefore, we suggest that more patients with PD and atypical Parkinsonian disorders should be admitted to palliative care units in advanced stages of their diseases.

Abstract number: P850

Abstract type: Poster

Head-to-Head Comparison Study of Fentanyl Buccal Tablet vs Immediate-release Oxycodeine for the Treatment of Breakthrough Pain in Opioid-tolerant Patients with Chronic Pain

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This study compared the efficacy and safety of fentanyl buccal tablet (FBT) with immediate-release oxycodeine (OxyIR), followed by a randomized, double-blind, label-period design treatment in osteoarthritic pain patients with fentanyl-controlled breakthrough pain (BTP). The primary endpoint was BTP attack relief. Patients were randomized to 2 treatment phases of 2 weeks and 2 randomized, double-blind, double-dummy treatment periods. BPT & OxyIR were titrated to a successful dose (adequate pain relief) for at least 2 of 3 BTP episodes without unacceptable adverse events.
Abstract number: P851
Abstract type: Poster

Analysis of the Pap score as a Predictor of Survival in a Palliative Care Support Team: A Prospective Observational Study

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Objectives: To analyse the predictive accuracy of the PaP score (PapScore) in non cancer patients referred to a palliative care hospital support team.

Patients and methods: From a group of 94 consecutive non cancer patients evaluated from February 2007 to August 2009 we analysed a subgroup of 49 that fulfilled three criteria: terminal illness and had been assessed with PapScore. This score subdivided them into three specific risk classes that predict 30 days survival. All patients were followed for a year. A survival analysis was performed; the Kaplan-Meier method and log-rank test were used to compare survival distributions for patients in the three groups. We also compared the prognosis survival given by the PaP score with the real survival.

Results: 49 patients were included. 43 % of the patients were men and 57 % were females. 96 % of the patients died along the first year and 73 % of them during the first month. The following diseases were assessed: Congestive Heart Failure, Dementia, COPD, Acute or Potentially Life Limiting Disease. Amyotrophic Lateral Sclerosis, End stage Liver Disease and End Stage Renal Failure. Median survival was 91 days (10-360 days survival). When we compare the PaPscore survival curve with real survival of patients, we observe a good correlation in the three groups.

Conclusion: The PaP score is a valid predictor tool in palliative care patients of survival.

Abstract number: P852
Abstract type: Poster

Advanced Heart Failure and Palliative Care: Implications for clinical care

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Background: Heart failure (HF) is a chronic progressive disease associated with a high morbidity and mortality. Around 5.8 million people in the United States suffer from this disease.

Research objectives: To study the outcomes, benefits and the feasibility of offering a palliative care consultation service in the care of patients with advanced HF.

Methods: A palliative care consultation was obtained by the HF team for one or more of the following:

- Symptom management, advance care planning, clarification of goals, support to patients and families and end of life care/hospice referral. The experience was studied.
- Results: Data of the first 20 patients referred by the HF service at Cedars Sinai Medical Center to the palliative care consultation service was analyzed. 2 patients received a successful heart transplant. 3 patients received hospice care and 1 patient is currently undergoing therapy. BIVAD was placed in 1 patient as a bridge to transplant. 4 patients had received a heart transplant in the past. 5 patients were identified as not being a candidate for transplantation (P<0.05). MPA was significantly better for BIVAD at 30 and 60 min (P<0.0005). The PaP score was significantly better for BIVAD at 30 and 60 min (P<0.0001). In the last 12 weeks of this open-label period 9 patients reported AEs, similar between treatments. This study shows faster onset of efficacy in favor of BIVAD for the chronic pain open label tolerant patients; tolerability profiles were generally similar (Cephalon Inc; Sponsored Study).

Abstract number: P853
Abstract type: Poster

Advance Care Planning (ACP) for Patients with Chronic Heart Failure (CHF): Practice by Cardiologists and General Practitioners in Belgium

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Background: Patients with CHF are confronted with an unpredictable prognosis and with a great tendency to have other disabilities. That is why doctors should ask these patients questions like: "Would you prefer to start or stop any therapy? In which circumstances would you like to die?" These questions are part of ACP, an approach of shared decision making early in the course of incurable diseases. Doctors and patients try to make commitments about therapeutic choices in case of possible clinical situations. These choices are patient-centered guidelines.

AIM: To study how do cardiologists and general practitioners in Belgium apply ACP for patients with CHF?

Method: The researchers used semi-structured in-depth interviews, studying the practice of 10 cardiologists and 10 General Practitioners in Belgium. They wrote a common code book, combining both perspectives. It described the doctors' opinions about every topic. By using the code book, an overall analysis was made.

Results: Many barriers were identified to apply ACP well. Doctors are afraid to depress patients when talking about a bad prognosis. Some cardiologists always discuss ACP when considering ICP, some never do that. No doctor expressed a negative attitude towards ACP. Most of them thought it is a very important topic about it.

Conclusion: This study is limited by its small scale. Still, it generates the hypothesis that both cardiologists and general practitioners will benefit of an ACP training, which is organized in the next phase of this study. It's also linked to the doctors' behavior. The opinion of patients can be the subject of another study.

Abstract number: P856
Abstract type: Poster

Pressure Ulcer in Palliative Care: Comfort and Healing?

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Background: Palliative care is an integral part of care forpatients with life-limiting conditions. The focus of care is on symptom management, humanized care and adequate family follow-up.

Aim: To study the outcomes, benefits and the feasibility of offering a palliative care consultation service in the care of patients with advanced HF.

Method: A palliative care consultation was obtained by the HF team for one or more of the following:

- Symptom management, advance care planning, clarification of goals, support to patients and families and end of life care/hospice referral. The experience was studied.
- Results: Data of the first 20 patients referred by the HF service at Cedars Sinai Medical Center to the palliative care consultation service was analyzed. 2 patients received a successful heart transplant. 3 patients received hospice care and 1 patient is currently undergoing therapy. BIVAD was placed in 1 patient as a bridge to transplant. 4 patients had received a heart transplant in the past. 5 patients were identified as not being a candidate for transplantation (P<0.05). MPA was significantly better for BIVAD at 30 and 60 min (P<0.0005). The PaP score was significantly better for BIVAD at 30 and 60 min (P<0.0001). In the last 12 weeks of this open-label period 9 patients reported AEs, similar between treatments. This study shows faster onset of efficacy in favor of BIVAD for the chronic pain open label tolerant patients; tolerability profiles were generally similar (Cephalon Inc; Sponsored Study).

Abstract number: P854
Abstract type: Poster

Enhancing Patient-professional Communication about End of Life Issues in Non-cancer Conditions: A Critical Review of the Literature

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Background: The End of Life Care Strategy for England highlights effective communication between patient and professionals as key to facilitating patient involvement in Advanced Care Planning (ACP). The strategy emphasises that communication in patients with non-cancer life limiting conditions is likely to be inadequate. Research has identified that, overall, patients with COPD and heart failure EOLG are poor understanding of their condition. The aim of this study was to explore existing patient-professional communication interventions through a critical appraisal of the literature, in order to inform the development of a communication intervention for patients with non-cancer conditions.

Methods: A systematic literature review of studies describing communication interventions for patients receiving palliative/end of life care. Ten electronic databases were searched for studies published up to Feb 2010. Inclusion criteria were all English language studies relating to patient-professional communication interventions for patients with life-limiting conditions receiving palliative/end of life care.

Results: Of the 755 papers initially identified, 19 met the criteria for inclusion in the review. A range of communication interventions were identified which elicited important features of a successful communication model. The development of a communication intervention for patients with non-cancer conditions should include careful consideration of these features.

Conclusion: A range of interventions were identified which elicited important features of a successful communication model. The development of a communication intervention for patients with non-cancer conditions should include careful consideration of these features.

Poster sessions

(Part 2)
The presentation is a review of Palliative Care in patients with HIV infection and AIDS. This issue has little exposure in Portugal. The development and awareness of this type of care began in 2003 with the formation of the National Network of Continued Care. Moreover, the HIV/AIDS creates a public health problem and the implementation of Palliative Care in a network of integrated care for this disease has great potential and can improve the quality of patients, their relatives, friends and colleagues. The dilemma associated with Palliative Care are numerous, especially those of an ethical nature, which is further exacerbated in AIDS patients due to their particularities and individual development of the disease. What is the main difference between this type of care and the one oriented to the patients with cancer? What are the characteristics and the main difficulties for these patients, that at large do not have the family support? What are the best options of treatment, and most important, when to start the treatment for a disease that has an uncertain evolution? The best way seems to be a model of integrated care for HIV/AIDS, where Palliative Care plan can be started and it should begin as soon as the diagnosis of the HIV status is made to the patient. This fact is still an utopia in Portugal, but without a prompt revelation can never begin unless there is heightened awareness, the situation will not improve.

Abstract number: P860
Abstract type: Poster

Palliative Care in Patients with Acquired Immunodeficiency Syndrome

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This study aims to identify and analyze the scientific articles about the use of palliative care on people with Acquired Immunodeficiency Syndrome (AIDS) using the method of bibliographic review. Studies performed between 2000 and 2010, available in Portuguese and Spanish in the Virtual Health Library database employing the keywords “palliative care”, “SIDA”, “HIV”, “AIDS” and its combinations were selected. The search was performed with eight in Spanish and five in Portuguese found in the LILACS data base. The number of studies found showed a lack of emphasis in scientific production on the approach of palliative care on these people and the necessity of field research because the higher percentage of studies found refer to bibliographic reviews. AIDS is a chronic disease with an insidious beginning that culminates in biological and psychosocial alterations along its progression. Therefore, all the attention given by the health professionals to the quality of life becomes a concern. Palliative Care interventions structured in the development of assistance measures according to the needs of patients, justifying its implementation in a person living with the end-stage of HIV / AIDS.

Keywords: Palliative Care, HIV, AIDS.

Abstract number: P862
Abstract type: Poster

Symptom Prevalence and Control in Dementia Patients

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Dementia prevalence is increasing worldwide and represents a major cause of death and disability. Patients and families need are complex and
challenging for the health care professionals. Being a progressive, life limiting condition, there are great benefits in adopting a palliative care approach since the beginning of the disease, with different priorities according to the stage of the disease. Symptom control is one of the major aspects of adequate palliative care.

The present work describes symptom prevalence and caregiver burden in patients with dementia of the patient 26 bed dementia unit. The unit is designed for global care of patients with dementia. Patients are admitted in all stages of the disease. Global needs are assessed at the time of admission (rehabilitation needs, palliative needs, family needs), and reevaluated at regular intervals.

A retrospective study of all the patients admitted to the dementia unit in the period of 4/2006 to 10/2010 was conducted. Demographic variables including age, sex, school years, length of stay, type and phase of dementia, symptom prevalence, measures implemented to symptom control and the result. We relate symptom prevalence with the type and phase of the dementia. Descriptive analysis was conducted.

149 patients were analyzed (50% females), with a medium age of 81 years. Medium length of stay in the unit was 7.4 months (Median 1 month, minimum 1 day, maximum 5.3 months). Most of the admissions had symptom control as major goal of intervention. Most frequent neuropsychiatric symptoms being neuropsychiatric symptoms, gastrointestinal symptoms (constipation, feeding difficulties) and pain. We have used symptom evaluation and diagnosis as a mean to adequate symptom control. The control of distressing symptoms allows maximization of patients' autonomy, and diminishes caregiver burden, which enables the return to the community and home care giving.

Abstract number: P863
Abstract type: Poster

Palliative Care within Institutions for Intellectually Disabled People
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Context: The aim of the cantonal program (CP) for palliative care development in Vaud is to offer PC independent of age, pathology or life setting. Therefore the CP focuses on the needs of intellectually disabled people (IDP) living in specialized institutions (SI). A questionnaire was distributed across the Canton to ascertain information necessary to develop palliative care services including age of IDP, number and description of specific illnesses affecting IDP, number of medical and other health professional categories and activities of external partners, death circumstances.

Results: 1,359 IDP (0.2% of the population) live within 11 SI. Most of the IDP were admitted to the intellectual disability, of which 25% present a risk of dying rapidly (less than 12 months). In 2009, almost 50% of IDP were more than 50 years old and 119 IDP died between 2004 and 2010. Their increasing life expectancy requires the SI to clarify their mandate in terms of PC. Care is delivered by specialised educators in IDP (bachelor's degree) with very few health care employed. Palliative care problems are complex and polysemic: crisis management, total pain, digestive problems, neurological problems.

Measures undertaken:
1. A close collaboration between SI, health services and PC mobile teams to increase accessibility to PC. 2. Various specific training programmes to develop SI's professional PC competencies: PC reference persons basic and ongoing training, interdisciplinary basic training and an annual plenary session, institutional workshops on pain management and therapeutic engagement (advanced directives adapted to specific population).

On-going and future projects:

Abstract number: P864
Abstract type: Poster

Challenges Met by Volunteers who Offer Respite to Families of Children with Life-threatening Illnesses at Home or in a Children's Hospice
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Problem: Respite is recognized as a fundamental element in paediatric palliative care. Even if it has been shown that volunteers can play an important part in offering respite to families of grave ill children, very few studies have examined the volunteer practices concerning respite in this context.

Objectives: 1) Determine and compare the practices relating to respite offered by volunteers in two different environments, the families' homes and the other, being a children’s hospice. 2) Determine and compare the challenges that volunteers are faced with in both of these environments.

Methodology: To meet these objectives, a qualitative descriptive study was set up. The type was used in the context of two studies, the first dealing with an In-Home Respite program offered by volunteers in 6 families’ homes and the second dealing with practices concerning respite in a children’s hospice. The data was collected through semi-structured interviews with 24 volunteers. To analyse the gathered data, thematic analysis was used.

Results: In both the home environment and the children’s hospice the volunteer practices concerning respite are strongly oriented by the importance of play and of creation for the sick child. However, the children’s hospice volunteers offer respite to children and the second dealing with practices concerning respite in a children’s hospice. The data was collected through semi-structured interviews with 24 volunteers. To analyse the gathered data, thematic analysis was used.

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Main sources of funding: Fonds québécois de recherche sur la société et la culture; Social Sciences and Humanities Research Council of Canada.

Abstract number: P865
Abstract type: Poster

Psychosocial Care on Palliative Care Units
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Background: According to the WHO definition, psychosocial care is an integral part of palliative care. It is still unclear, however, what we mean by the term psychosocial care and which professions provide it. Study objective: What are the components of psychosocial care on PCUs and who provides it?

Methods: Medical directors of all PCUs in Germany received a questionnaire about elements of psychosocial care provided by their unit members, the particular role of social work, as well as key data of the PCU. Up to now, 72/230 medical directors returned the questionnaire (response rate 31%).

Results: The most frequently named elements of psychosocial care are emotional support of the patient and relatives during the disease course (80%), spiritual counselling on legal requirements (86%), grief counselling (80%), psychological support (77%), mediators for the institutional care for families (53%) and coordination of volunteers (47%). Most PCUs in Germany have social workers (89%), spiritual counsellors (89%), psychologists (80%) and volunteers (74%) in their multidisciplinary teams. Medical directors hold psychologists (74%) and social workers (68%) responsible for psychosocial care, followed by physicians (66%) and nurses (53%). Tasks assigned exclusively to social workers are common aspects of social work (e.g. 86% named assistance with request forms, 86% counselling on social assistance laws). In addition, social workers in PCUs perform responsibilities together with other professionals in the palliative care team, e.g. support for dependants (49%), arrange services for bereaved persons (35%) or mediation between caregivers and patients (39%).

Conclusion: Psychosocial care is an essential part of palliative care implemented in German PCUs and social work is one key provider in this field. It is not solely responsible for traditional work tasks, but is also entrusted with a wide range of additional activities within the psychosocial palliative care team.

Abstract number: P866
Abstract type: Poster

Co-ordination of Generalist End of Life Care in the UK: A Multi-site Ethnographic Study
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Background and aim: Appropriate, effective and timely end-of-life care for patients and their families towards the end of life is recognised as an essential component of high quality, equitable care. Improving coordination of care is one of the priorities identified in the strategy of the UK Department of Health End of Life Care Strategy. We aimed to identify and understand the contextual complexities and to evaluate the coordinated end-of-life care delivery for towards the end of life in different generalist settings.

Methods: The ethnographic approach to study of ethnographic ethno in three care settings among staff who were not specialist palliative care providers; an acute receiving unit in a large teaching hospital, a respiratory community clinic, and a primary care practice. The multiple methods protocol included shadowing, sustained, detailed interactions with health professionals, interviews with patients and their carers over 9 months. The integrated datasets offer an understanding of how end-of-life care co-ordination is conducted and conducted over time within patient trajectories and in the context everyday health care provision.

Results: The ethnographic approach was contrasted to prioritising contexts and time in which time constraints are paramount, may result in a less person-centred experience for patient and their families. Conclusions: Coordination of care for patients and their families with advanced progressive diseases undergoing emergency admission or transition across settings is important. The level of coordination and the systems in place influences people’s experiences of coordination and the trajectory of transitions. Further research regarding how collaboration influences coordination of care is required.

Abstract number: P867
Abstract type: Poster

The Changing Face of Palliative Medicine in Ireland: A Study to Explore Healthcare Professionals’ Perceptions of the Changes that Have Taken Place in the Practice of Palliative Medicine in Ireland
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Background: Palliative Medicine services in Ireland have developed and grown significantly over the past 10 to 15 years. Despite one quantitative study focusing on the physical and practical changes that have taken place over this time, no study has yet focused on the impact of such changes.

Aims:
1. To explore the perceptions of health professionals relating to the changes that have occurred in Palliative Medicine in Ireland over the past 10 years.
2. To explore their perceptions of how these changes might shape the future of Palliative Medicine in Ireland.

Methods: A list of doctors, nurses and care attendants that have been working in Palliative Medicine for at least 8 years was generated. Potential interviewees were contacted by letter and invited to
Nutritional Care: A Strategy of Well Being and Quality of Life in Advanced Cancer

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Background: Advanced cancer patients may have anorexia and many symptoms that contribute to decreased food intake such as dysphagia, nausea, vomiting and constipation, which may worsen the clinical picture. The patient-tailored nutritional intervention, the monitoring of consumption and composition, volume, consistency and frequency of the diet are strategies to minimize the deterioration of the nutritional status and the life quality of the patient.

Objective: Analyze the number of patients who were on hospital diet in a palliative institution care.

Method: Cross sectional and retrospective study using nutritional data of hospitalized patients. Daily, all patients were evaluated by a nutritionist in order to verify if they may receive diet. It was analyzed the type of feeding - oral and enteral - and if the diet was for either keeping the nutritional status or patient satisfaction. It was considered “satisfaction diet” the diet with consistency liquid with the volume 300ml/day or less. The collection period was from August to October 2010. For data analysis, it was considered the total number of nutritional procedure in the period.

Results: In an amount of 3281 nutritional procedure diet. These diets were divided in oral diet (65.6%), enteral nutrition (30.3%), only for maintaining nutritional status, and satisfaction diet (4.1%).

Conclusion: Anorexia is one of the most common symptoms of patients with advanced cancer therefore is an important aspect to the overall therapeutic strategy, particularly in palliative care. The role of the nutritionist is to facilitate ways and means of nutrition, aiding in controlling symptoms, and promote the welfare and quality of life for patients and caregivers.

Nutritional Care: A Strategy of Well Being and Quality of Life in Advanced Cancer

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Background: The development of using Patients Own Drug Scheme (PODS) Pilot on side a Palliative Care

Method: Evaluation of the Patient Own Drug Scheme (PODS) Pilot on side a Palliative Care

Aims: To assess GP satisfaction with a specialist community palliative care service and explore reasons for non-referral of appropriate. Community palliative care services in Ireland provide support to patients with life limiting illness outside the hospital setting. Delivery of such services and their integration with the general practitioner (GP)’s, as the primary medical carers of patients. There is limited knowledge on how GPs make use of and their satisfaction with the palliative care services provided.

Method: A postal questionnaire, modified with permission from the research group, was used as the research tool. The service examined provides multidisciplinary palliative care to an urban population of approximately 500,000, in a specific geographical area. The questionnaire was distributed to the GPs (n=314) working in the area served by the service and returned anonymously. Data analysis was undertaken using SPSS (Statistical Package for the Social Sciences). Fisher’s exact test was used to examine for association between the variables identified. A significance level of P<0.05 was set for all analyses.

Results: A response rate of 37% was obtained. All respondents were aware of the study site service and the majority had referred patients over the preceding two years. 97% of respondents would recommend the service to a colleague. Less than 1 in 4 felt their patients with palliative care needs could be managed without the support of the service. Reasons for non-referral were unrelated to the service and usually due to patient factors. Areas for improvement were highlighted by half the respondents, such as increased GP participation in treatment decisions. Conclusion: Study findings reflected generally positive views of the service and its aspects among respondents. The majority of GPs described their role as working alongside the service. However for areas of improvement in the service were highlighted and should be addressed. (Study was self funded)

Italian Survey of General Practitioners: Knowledge, Opinions and Activities on Home Palliative Care

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Aims: To explore knowledge, opinions and activities of Italian General Practitioners (GP) on home palliative care (HPC).

Methods: A telephone survey of 1.690 GPs, identified after a stratification by three geographical areas, was performed. Information on knowledge, opinions and activity of Italian GPs on HPC was gathered from an ad hoc questionnaire.

Results: Valid interviews were obtained for 88% of the sampled GPs (n=1.489). Most of GPs interviewed was male, with a mean age of 53 years and 65% was involved in HPC assistance of 3-10 patients per year. Knowledge: 25% of GPs believed that “do not exist a minimum dose of morphine per day for pain control”. Opinions: most of the GPs strongly agreed that, among the activities of GPs in HPC, there are: to be ready available during working hours, to break bad news to patient and family, to collaborate with the multi-professional team in order to organize the individual care plan. Activities: most of the GPs reported that, in their daily practice with end-of-life patients, they discontinue the drugs that are not useful to symptoms control and seek advice from palliative care physician when the symptoms are not controlled.

Conclusions: This study show an uncertainty of GPs on the most theoretical issues, as definition and goals of palliative care, but a strong willingness to the integration with the multidisciplinary home palliative care team. To further enhance the skills of GPs and facilitate the collaboration with home palliative care services, it might be realized ad hoc training projects, related to the different organizational dimension of home palliative care services in Italian regions. This work was supported by a grant of Wyeth and Company of Pfizer.
Obstacles to Continuity of Palliative Care: A Systematic Analysis of Interactions between Five Different Groups of Professional Caregivers

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Aim of study: Identification of obstacles which hamper the continuity of palliative care. Methods: 226 members of 6 different caregivers in palliative care (PC) (mobile palliative teams, PC nurses, home care nurses, family physicians, hospital oncologists, palliative care physicians) were included in an survey based on Delphi technique. Possible problems for continuity of PC were identified by experts for each group of caregivers and categorized by two external observers. A questionnaire focusing on items related to “Workplace” “Discharge management”, “Communication” and “Patients and their Relatives” was generated. It asked for key, frequency, (no/ little/some/great) of problems. Results: 51% of family physicians did not have sufficient contact information of PC and oncology beds. More than half of all oncologists stated that they did not have enough information on availability and tasks of mobile palliative care teams. Furthermore, they felt that that continuity of PC is above all hampered by low availability of PC beds. Team members of home care nurses, physicians, social workers) complained also about availability of PC beds and attributed high importance to that problem. Sixty-three percent of home care nurses did not have sufficient contact information of PC and oncology words. Burnout of family care givers were rated by them as the most important obstacle for continuity of care. All members of mobile palliative care teams supported the view. In addition, they felt that lack of sufficient data and financial problems of family members greatly contributed to that. Conclusions: Our study reveals that professional caregivers regarded lack of resources and insufficient exchange of information as the major obstacle to continuity of PC.

Poster abstract: P874
Poster abstract type: Poster

‘Tailer Made!’ Does the Provision of a Bespoke ‘Hospice at Home’ Service Improve the Chance of Dying at Home: An Evaluation Study

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Background: Promoting the choice to die at home is central to UK policies and strategies. Nationally, various models of Hospice at Home service are in place. This involves a service to fill gaps in, and work together with, existing community services in order to provide ‘Hospice at Home’ service from the hospice hub. Aim: To explore the impact of a bespoke ‘Hospice at Home’ service on the choice of dying at home. Method: Retrospective cohort study and stakeholder evaluation during a 1 year pilot study in the North West of England (demographic and service intervention) was collected on 201 service recipients, 55 Health Care Professionals; (General Practitioners, Elderly Care, Community Palliative Care Nurses and Hospital Discharge Coordinator) participated in semi-structured interviews, focus groups and an online questionnaire. Results: Of 245 patients referred, 201 received the service. 18% (n=39) had cancer, 30% aged over 80 years, 57 (28%) died alone. 181 (90%) recipients died. 73% (132) died at home (72% (120) were patients with cancer), 6% (29) in the hospice, 12 (6.5%) care home, 1,05% (in an ambulance on their way home, 7 (4%) hospital. 51 patients lived alone, 69% (35) d bled at home. Health Care Professionals reported the impact of the different elements of the service (accompanied transfer home; multiprofessional (including doctors, community team and a flexible sitting service) as being instrumental in helping patients to remain at home. The additional service supplemeted existing services, enables a specialist discharge home and supports carers to enable them to continue caring. Conclusions: This novel bespoke service provides different elements of a Hospice at Home service, a tailor made package which identified individual and loco needs. This service appears to have a major impact on place of death and is enabling patients to die in their place of choice. 

Poster abstract: P875
Poster abstract type: Poster

Shared Care Model as a Coordination Strategy in Palliative Care. Two Years Experience of the Support Team Palliative Care Rio Tinto Hospital

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Introduction: The coordination between different levels of care, desire for managers and health professionals, in palliative care is a pending issue in our health care system. Only certain specific strategies have been achieved partially. The Process Care Palliative Care 2 Edition of 2007 established the shared care model between the different levels of care as the ideal strategy for approaching patients in a terminal situation, whereby, the conventional resources of Primary Care and Hospital Care and Advanced Palliative Care interfere, depending on the complexity of the patient to ensure proper control and monitoring. Methods: Retrospective descriptive study, whose aim is to determine the evolution of the different indicators observed. For this, the data were collected in a database and all the patients that went to the Support Team Palliative Care Riotinto Hospital since its introduction two years ago. To achieve this, we have developed a database for the information of the patients that were included in the study. Results: Our primary objective has been from the beginning, to facilitate communication between the different levels, for maximum optimization of resources, promoting the coordination of the different actors involved in the terminal phase of the patient. From the first 3 months were analysed. Conclusions: The shared care model based on the configuration, is configured as a powerful tool for coordination between the different levels of care for terminal patients in our health care area, improving communication between levels (Hospital and Primary care teams) and optimizing resources.

Poster abstract: P876
Poster abstract type: Poster

What Are the Important Issues which Influence Community Staff Nurses in the Delivery of Palliative Care?

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Aim: Community nurses have a central role in caring for palliative patients in their homes; providing nursing care, practical advice and support to patients and their family. The aim of this study was to identify the most important issues which influence community staff nurses in the delivery of palliative care. Method: Semi-structured interviews with 10 community staff nurses with 1-10 year experience, from two areas undertaking the Support Team Palliative Care Rio Tinto Hospital since its introduction two years ago, were conducted. Interviews were recorded and transcribed verbatim. Interviews explored the experiences, thoughts, feelings, needs and concerns of nurses in depth. Analysis employed a template method also drawing on existing literature and previously developed theory relevant to palliative care nursing. Results: Interviews revealed that community staff nurses aspire to provide high quality palliative care. A series of themes relating to real-life situations, stories and structural elements emerged including: personal translation to the community from hospital based practice, connecting with the patient, ‘doing’ for the patient and family, personal and professional resources available, and professionalism and integrity by means of emotional management and reflection. However, at times participants felt they were overwhelmed by the complexity of situations and felt unsupported by senior colleagues.

Poster abstract: P877
Poster abstract type: Poster

Barriers and Bridges of Integrating a New Specialised Inpatient Palliative Care Service in a Tertiary University Centre: Lessons Learned from Basic Data

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Background: For a team that starts up with a new special and service it can be challenging to gain adequate knowledge on aims of and attitude towards palliative care inside and outside an institution. With the aim to analyse how efficient efforts to introduce the service were, patient characteristics during the first six months were analysed. Methods: All patients admitted in the first 6 months of a newly implemented palliative care unit (PCU) were documented in HOPE (Hospice and Palliative Care Evaluation). Data was collected and analysed descriptively. To test for changes over time the period observed was dichotomised. The first 3 months were compared to the second 3 months. Results: In the first 6 months 94 patients (male 47%, mean 66 y) were treated on the PCU. 68% of the patients were admitted from different disciplines inside the university hospital, 9% from other hospitals and 23% from home. 80% of patients had a diagnosis of cancer. The majority of patients (60.6%) died on the PCU. The number of patients that died declined (68% vs. 53%). The patients admitted from outside the university hospital went home more often in the last three months (57% vs. 25% in the first three months). Discussion: The overall number of admissions for the 6 months shows that the service is well accepted. However, the major challenge in the first six months was to clarify - within and outside the institution - which patient may benefit from a stay on the PCU. In the beginning possibly only the dying patient was assumed to qualify for admission. Continuous education for the teams, integration into disease related board meetings and intense internal and external “public relation” helped to overcome some of the barriers. Apparently this was achieved better for the outpatient sector. Educational efforts on aims of palliative care have to be intensified.

Poster abstract: P878
Poster abstract type: Poster

Access to Palliative Care Services in the Hospital: A Matter of Being in the Right Hospital and on the Right Day – Intact Patients Potentially Benefiting from Palliative Care Services in a Canadian City

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Background: In Canada and in the Netherlands, VU University Medical Center, Department of Public and Occupational Health, EMGO Institute for Health and Care Research, Expertise Centre for Palliative Care, Amsterdam, Netherlands

Abstract number: P221
Abstract type: Poster

Poster sessions (Friday)
The Ligurian Palliative Care Demonstration Project

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Background: Development and implementation of effective palliative care programs for patients with advanced and terminal disease has become an important public health issue. In 2007, a Ligurian decree defined the organizational model of the Regional Palliative Care Network (RPCN). The objective of RPCN is to promote and ensure that palliative care of high quality are provided to all patients and families that need it. RPCN is coordinating and managing the seven local Palliative Care Networks (LPCN). Each LPCN is a coordinated network of healthcare services (community and hospital based, inpatient and outpatient, public and no profit), dedicated to palliative care. A Coordination Structure, with the mission to technically support the LPCNs and develop plans for improvement and educational programmes, was established. At 2010 the five LPCNs have been implemented with different degree of quality and coverage, skills and training of the staff members.

Aims: Describing the development of the RPCN and analysing the relationship between the development and the change in the quality of palliative care provided.

Methods: The five LPCNs will be longitudinally evaluated through a number of structure, process and output indicators. A cross sectional assessment will be performed at the beginning of the project (baseline) and at the end of the project (final) in two randomly selected samples of deceased for cancer. The assessment will be performed by an interview approach, by interviewing the nonprofessional caregivers 2-4 months after the patient’s death.

Results: The five LPCNs will be longitudinally evaluated through a number of structure, process and output indicators. A cross sectional assessment will be performed at the beginning of the project (baseline) and at the end of the project (final) in two randomly selected samples of deceased for cancer. The assessment will be performed by an interview approach, by interviewing the nonprofessional caregivers 2-4 months after the patient’s death.

Conclusions: RPCN should be a relevant, at a public health level, getting valid data about the impact of a regional palliative care program on costs and quality of care. An assessment of the palliative care program has been often introduced during the process of implementation. This project should be able to assess the impact of the program through a specifically designed research program.

This work was supported by Liguria Region.

Poster sessions

222
12th Congress of the European Association for Palliative Care, Lisbon, Portugal, 18–21 May 2011
The service was evaluated through a prospective data collection which focussed on activity with respect to referrals, levels of intervention and clinical outcomes. Results: About 70% of patients used the home care system services during seven years. The number of home deaths varied during the study period but about two thirds of the patients died at home. The average number of home visits per patient was 5 visits of physician and 12 visits of nurse. During seven years the number of cancer patients using the home care system services had increased 16%. Also the total number of home visits had increased but the number of visits per patient had balsam. Additional 30% points had contributed to the development of the role of volunteer hospice teams in number and quality since then is mirroring the additional financial support. The volunteer hospice teams need structural and financial support to ensure the quality and sustainability of their work. The financial support should cover costs like training, supervision, reimbursement of travel and communication expenses. And: most of all is the professional coordination of the teams.

Abstract number: P884
Abstract type: Poster
Regional Networks Organizational Model
Carretto Lanchas V1,2, García-Baungo Merino M1,2, Martinez Cruz M1,2, Domínguez Cruz A1, Ruiz López D1, Ruiz López E1, Ruiz Vallejo D1
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Aim: To establish and implement an organisational model incorporating the different areas of responsibility which conform palliative care provision and coordination of care and interaction within the palliative care collective, other professionals and stakeholders. To encourage palliative care experts to interact and exchange ideas with other local, regional, national and international colleagues. To ensure our knowledge and skill gaps are never wider than current technological means. To coordinate palliative care in all its clinical, training and research aspects.

Method: Identifying key professionals with specific interests, knowledge and skills for each area, facilitate and potentiate relationships among professionals. Establish links between providers, units, and directive centers to ensure ease of access for those who need this type of attention. Establishment of relevant circuits, protocols and guidelines. Creation of high quality training programs for all stakeholders. Identification of network professionals responsible for awareness of difficulties to access information, knowledge training in coordination and facilitation of research and innovation. Implementation of new initiatives and evaluation of quality indicators and continuous evaluation of regional strategy.

Results and conclusion: We configured a Regional Coordinator Palliative Care Network clinical model of care and training knowledge through the networks, encourage quality improvement. This platform is supported by a powerful information system a program specific to include Referential document, Palliative clinical history, Periodic multidisciplinary assessment document and Exit document (referral to bereavement program), to monitor demographics, adherence to guidelines, compliance with best practices and the identification of strengths and weaknesses of the different team and will contribute to the development of educational and quality improvement initiatives.

Abstract number: P886
Abstract type: Poster
Trends in Palliative Care at Home: More Patients, Few Home Deaths
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Aim: To study
(1) how many of cancer patients use palliative home care service and
(2) how many of them die at home.

Design, methods, and statistics: Home care system for cancer patients in Estonia was launched in 1977. In 1999 the system is working in the whole country and most of the data is computerized. We made a retrospective study of computerized data and calculated the total number of cancer patients using palliative home care system services, the number of home deaths, and the number of home visits during seven years (2003-2009). The SPSS Base System for Windows 10.0 was used for data analysis.

Results: About 20% of cancer patients used the home care system services during seven years. The number of home deaths varied during the study period but about two thirds of the patients died at home. The average number of home visits per patient was 5 visits of physician and 12 visits of nurse. During seven years the number of cancer patients using the home care system services had increased 16%. Also the total number of home visits had increased but the number of visits per patient had decreased. Additional 30% points had contributed to the development of the role of volunteer hospice teams in number and quality since then is mirroring the additional financial support. The volunteer hospice teams need structural and financial support to ensure the quality and sustainability of their work. The financial support should cover costs like training, supervision, reimbursement of travel and communication expenses. And: most of all is the professional coordination of the teams.

Abstract number: P887
Abstract type: Poster
An Audit of Patients Discharged from the Community Specialist Palliative Care Services in 2009 and 2010, to Stabilize the Characteristics of the Population
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Background: Community Palliative Care is provided at three levels: by non-specialist healthcare professionals, those with a special interest including home extra training and Community Specialist palliative Care services (SPCS) (DOHC 2001). During their illness patients’ needs change. It is important that patients can access and be discharged from Community SPCS according to this need.

Objective: To identify patients to gather information that will allow us to describe the characteristics of the population of patients who are being discharged. This knowledge will be used to inform further development of discharge and admission policies.

Methodology: All patients discharged in 2009 and 2010 are being audited retrospectively using a standardised spreadsheet. The data is being collected using the headings below.

Interim results: 2009: 66 patients
Place of care when 1st assessed: home 83% (55), community hospital 6% (4).
Who referred: hospital consultant 70% (46) GP 30% (20).
Primary stated reason for referral: Symptom control 48% (32), palliative care/homemcare 17% (11), other 12% (8) No further Specialist Palliative Needs 35% (23), documented stable disease 11% (7), moved out of future anticipated need 8% (5), psychological support 5% (3).
Primary diagnosis: non-malignant 23% (15) of whom neuro 11% (5), cardiac 5% (3) and resp2(4); malignant 77% (51) to be further categorised as: head and neck, lung, breast, gastrointest, GL and other.
Stated reason for discharge: optimal level of symptom control maintained and achieved 38% (25), No further Specialist Palliative Needs 35% (23), documented stable disease 11% (7), moved out of graphical catchment area 11% (7) patient family request 69% (4).
Re-referred within the year: 29% (19).
Time between referral and discharge: 4-980 days.
Interim conclusions: Evolving need is not unique to a group of diseases but is present in a variety of terminal conditions. The immediate discharge path need to facilitate patient movements according to their needs and wishes.

Abstract number: P888
Abstract type: Poster
Survey of the Development of the Volunteer Hospice Teams in Austria
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Aim: The aim of this study was to monitor the development of the role of volunteer hospice teams in Austria as a contribution to the International Year of Volunteering 2011.

Methods: A questionnaire was sent to volunteer hospice teams in each of the 9 federal states. 97% of the teams took part in this survey.

Results: In 2009 Austria had 140 volunteer hospice teams with 3011 volunteers. The proportion of teams that were not involved in the development of the role of volunteer hospice teams in Austria as a contribution to the International Year of Volunteering. Austria as a contribution to the International Year of Volunteering 2011.

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Results: In 2009 Austria had 140 volunteer hospice teams with 3011 volunteers. The proportion of teams that were not involved in the development of the role of volunteer hospice teams in Austria as a contribution to the International Year of Volunteering 2011.

Abstract number: P889
Abstract type: Poster
Nurse Procedures in an Outpatient Palliative Care Unit
Ajrami M1, González E.M.1, Cozzo G.1, Ferreira C.M.1,2, Tavare J.M.1, Pires J.1, Monteiro C.1,2
1Hospital São João, Serviço de Cuidados Paliativos, Porto, Portugal

Aim: To analyse the nurse procedures in an outpatient Palliative Care Unit (PCU) in a University hospital with 7 years of existence.

Methods: Retrospective study based in the daily registrations of the nursing procedures over the patients observed in the outpatient Palliative Care Unit between 1 July 2009 and 30 June 2010. The procedures were categorised in 4 categories: family needs inventorying (identification of formal and informal caretakers and other social supports), palliative healthcare education (information, knowledge and skill gaps are never wider than current technological means. To coordinate palliative care in all its clinical, training and research aspects.

Method: Identifying key professionals with specific interests, knowledge and skills for each area, facilitate and potentiate relationships among professionals. Establish links between providers, units, and directive centers to ensure ease of access for those who need this type of attention. Establishment of relevant circuits, protocols and guidelines. Creation of high quality training programs for all stakeholders. Identification of network professionals responsible for awareness of difficulties to access information, knowledge training in coordination and facilitation of research and innovation. Implementation of new initiatives and evaluation of quality indicators and continuous evaluation of regional strategy.

Results and conclusion: We configured a Regional Coordinator Palliative Care Network clinical model of care and training knowledge through the networks, encourage quality improvement. This platform is supported by a powerful information system a program specific to include Referential document, Palliative clinical history, Periodic multidisciplinary assessment document and Exit document (referral to bereavement program), to monitor demographics, adherence to guidelines, compliance with best practices and the identification of strengths and weaknesses of the different team and will contribute to the development of educational and quality improvement initiatives.

Abstract number: P890
Abstract type: Poster
Hospice as ´Hub´ - A Model for the Future
St Christopher’s Hospice, London, United Kingdom

Aim: Specialist/expert palliative care will always be in short supply. Ageing societies mean increasing demand in a recessionary environment with one of the biggest banks in Austria in a project supporting hospice volunteer work. The growth of the volunteer teams in number and quality since then is mirroring the additional financial support. The volunteer hospice teams need structural and financial support to ensure the quality and sustainability of their work. The financial support should cover costs like training, supervision, reimbursement of travel and communication expenses. And: most of all is the professional coordination of the teams.

Abstract number: P891
Abstract type: Poster
Poster sessions (Friday)
diminishing financial and professional resource. This paper suggests that hospices have a responsibility to extend their reach by supporting the development of a competent generalist workforce across all settings. It describes the attempt of a large London hospice to develop an integrated portfolio of services over a period of 3 years, with an assessment of impact.

Methods: A set of integrated outpatient clinics and day care project; rehabilitation gym; generalist education and training initiatives; care home support programme; demetria project; extended volunteer programme; public education programme.

Results: Data will be provided on service uptake, outcomes, and sustainability.

Conclusion: Scarce specialist resources work harder and benefit greater numbers of patients and those closer to death. A model is adopted which sees new early direct care initiatives are planned by hospices. Issues of replicability and scalability must be considered.

Abstract number: P891

Abstract type: Poster

Evaluation of a Home Based Palliative Care (HBPC) Program at a Tertiary Care Hospital in Karachi, Pakistan

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Palliative care is in different stages of development throughout the world. It’s a new concept of health care systems in developing countries, where limited resources are available to get palliative care, a need therefore arises to review Home Based Palliative Care (HBPC) Program which is first of its kind commenced since the year 2008.

Objective: The study was to review the outcomes of HBPC program in context of the objectives established earlier in the program which includes utilization of home health services to palliative patients and to provide quality services to palliative patients.

Methods: Retrospective study conducted to see the impact of last one year from August 1, 2009 to July 31, 2010 to assess the outcome of the palliative care program.

Result: Home services were mainly utilized by neurology & oncology patients, an approximate 138 month home visits were made. Patient satisfaction surveys show Home services were utilized to include more than 97.3% satisfaction with the care & the program.

Conclusion: The program is in demand by the patients and could be included to more quality & quantitative measures to evaluate the home based palliative care. Moreover, there is need to continue evaluation and optimization of evaluation of palliative care & concept which is crucial to ensure effectiveness and efficiency of Home Based Palliative Care Program.

Abstract number: P892

Abstract type: Poster

Optimize Resources to Reach the Target: Creation of a Net to Warrant 24 Hours a Day Home Palliative Care Available for Patients Treated in Home Palliative Care

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1University Amedeo Avogadro - Novara, 2Anesthesiology, Resuscitation and Pain Therapy, Novara, Italy, 3Community Palliative Services, Novara, Italy

Background: Patients treated in home palliative care (PC) need to have the most possible continuity in care. At the same time, phone availability (PA) could be an adequate answer to patients needs.

Aim: PA as a create a net of medicine doctors (MD), with an appropriate know-how about PC, to create a 24 h PA available phone service.

Methods: In our setting, a lot of organizations (institutional and non-profit) are working on the field of PC and pain; to reach an effective result, we have collected all those to coordinate activity, reducing resources wasting. We added to an existant day-time PA service, funded by the community society and performed from MD of home PC service, an overnight PA; this one, funded from another non-profit society, has been created in collaboration with anesthesiology, resuscitation and pain therapy school of the local university. Before this, MD selected had a 6 months training at the home PC unit, and, after this, they attend continually the PC service. Coordination between all operators is up to the home PC service, and connection between them all is warranted from a case sheet based on the cloud-computing concept, that makes everymonth in the first month, an unexpected events: caregiver can administer them with the guide of the MD of PC. If the situation can’t be solved by phone advice, the caregiver could ask for the intervention of territorial emergency team.

Conclusion: The 24 h PA service can be considered an example of good collaboration between different services and organizations. The service has been effective to manage almost all questions, and patients do not have any need to go to the PC service. Besides, the union of no-profit, hospital department and university has to be considered a way to improve PC, culture diffusion, and to create new learning tracks.

Abstract number: P893

Abstract type: Poster

Audit on Deaths Known to the Community Palliative Care Services in Ravenna, Co. Meath, Ireland Over a 15 Year Period: How the Service Developed over That Time

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1Our Lady of Lourdes Hospital, Palliative Care, Drogheda, Ireland, 2Community Palliative Services, Navan, Ireland

Background: In 1992 the Local Hospice movement started in the North East area of Ireland and it developed a Community Palliative Service in the Meath area. Handwritten records of all deaths of patients known to the service were kept on file since then. According to the Central Statistics Office, there was a 64% increase in the population of Co. Meath from 1991 until 2006.

Objective: We set out to analyse data on 15 years of deaths known to the Community Palliative Services in Navan from 1993-2007.

Methods: Hand-written records from all deaths known to Community Palliative Services from 1st January 1993 to 31st December 2007 were obtained. The data on patient sex, age, diagnosis, place of death and length of involvement was analysed.

Results: In 1992 95 patients known to the community palliative service who died. 66% of these patients died at home and the average length of involvement with these patients was 70 days. In contrast in 2007, there were 242 patients known to the community palliative services in Meath who died that year, 66% died at home, and the average length of involvement with the patient was 124 days.

Conclusions: There was a large increase in the numbers of referrals over the 15 year period, and increases in non-malignant referrals, length of involvement and decreasing percentage of those dying at home.

Abstract number: P894

Abstract type: Poster

Teamwork in Palliative Care

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Palliative Care is provided to patients with incurable, progressive and advanced diseases, incorporating social, spiritual and psychological support and a symptom control, being essential that they are planned and delivered based on a well coordinated team approach, as stated in the four fundamental pillars of Palliative Care. Thus, it seemed relevant to conduct a literature review concerning the specific role of teamwork and to synthesize all available and important information about teamwork characteristics, written by the Palliative Care area authors. According to Speck (2006) there are six characteristics of teamwork that should be highlighted: the members are identified by team name, they see themselves as a group, have a sense of joint gains, recognize the need of other professional groups, communicate with each other and the team works as an unit. In palliative care, professionals adopt the interdisciplinary team model to increase the likelihood of good cooperation of care, since the inter relationships between professional from different areas is higher. There is a shared responsibility that requires greater documentation, effective communication skills (…) and professional commitment to the primary area (…) (Howard et al. 2006).

For teamwork is required a structured team with an identified coordinator and identification of all members tasks, there should be team meetings with a 15 day maximum interval, there should be clearly defined roles, there should be an agreement about roles and responsibilities and roles of the team should be multidisciplinary, and there should be an improvement quality process.

According to Randall and Downie (cit by Speck, 2006) the intrinsic team are the doctors and the nurses, and the other professionals that can be involved in care providing are the extrinsic team.

Abstract number: P895

Abstract type: Poster

Evaluating a 7-day Community Palliative Care Nurse Specialist (CPCNS) Service

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It is widely recognised that Specialist Palliative Care services should be available 7-a-day. However, expanding a service to 7-days is challenging because of concern about funding, staff shortage, inappropriate utilisation and established team working practice. The presentation will summarise the process of implementation and an evaluation of the expanded service.

Implementing the service involved gradual team acceptance of the value of 7-d of cover, driven by a need to resource appropriately and subsequent empowerment, through identification of the most appropriate model of working. The model chosen was one CPCNS working a weekend in turn, taking their days off in lieu. The team expanded to provide backfilling, ensuring the week day service was not depleted.

The CPCNS on duty at weekends supports the Out of Hours Advice Line, provides proactive phone calls and face-to-face assessments. They receive specialist medical support from the Hospice Physician on-call. The service has been universally welcomed. The majority of advice centres on symptom control, although carer distress has also featured significantly. The utilisation of the Out of Hours Advice Line has significantly increased since the teams’ involvement, particularly by District Nurses.

The team have embedded 7-day working into their practice and are positive about the expanded service. This is due to the evident value that patients, carers and healthcare professionals place on the service at weekends, the different type of working when alone at weekends and being able to take their days off in the week. Weekday working also facilitates the sharing of practice, particularly regarding the complex patients that are most likely to require the service at weekends.

Overall, the implementation of an expanded CPCNS service from 5 to 7-days a week has been a success, bringing support to patients, carers and healthcare professionals and providing job satisfaction for the CPCNS team members.

Abstract number: P896

Abstract type: Poster

The Palliative Care Association Toolkit (PCAT): An Online Resource for Building and Strengthening National Hospice and Palliative Care Associations Worldwide

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Background: Sustainability and growth of the international hospice and palliative care movement

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are dependent, in part, on organizational infrastructure development. A toolkit and repository of resources has been designed to build and strengthen national associations worldwide.

Method: The Palliative Care Association Toolkit (PCAT) is a web-based, interactive technical assistance tool providing information on how to establish a national or regional hospice and palliative care association and to strengthen such an entity once it is up and running. Each section starts with a real-life vignette by association leaders and is connected to a Topic Library that allows for navigation by subject heading. A valuable feature of the PCAT tool is that a free-response feedback tool is linked on the toolkit landing and conclusion pages, respectively, to monitor usage and enhance content. A pilot survey - including cultural appropriateness checking - has been performed prior to going live.

Results: Across all three parts “Starting from Scratch”, “You Have Formed an Association, But Now What?” and “Further Development of Your Association”, respondents rated the toolkit “mostly useful” overall and unanimously stated that they would recommend it to a colleague for information on topics covered. An interactive CD version is currently under development to facilitate better access to resources - especially in countries where broadband Internet access is not readily available or slow.

Conclusion: Although each national association is unique based on its own special challenges, there are several similar and important milestones that are key to the success of any association. Communication among the members and facilitation of knowledge transfer and collaboration, both locally and globally. Further user feedback will be instrumental in ensuing the future design and user friendliness of the tool, making it a ‘living document’. Funding for the project has been provided through a grant from The Diana, Princess of Wales Memorial Fund.

Abstract number: P897
Abstract type: Poster

Reaching out: Transferring Knowledge across Acute, Long Stay and Community Palliative Care Services

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1St Francis Hospice, Dublin, Ireland, 2University of Bath, Centre for Death and Society, Bath, United Kingdom

Background: A number of older people with advanced illness are hospitalised in the last year of life as their care needs cannot be met in the community. However, services designed to meet community palliative care services do not sufficiently: acute care needs to continue hospitalised admission or admission to specialist palliative care units. A partnership between hospices and community palliative care services developed a shared model of care to provide a ‘step-down’ service in a geriatric long stay facility to address their population needs.

Aims: The initiative was evaluated to describe the development of services and to assess the benefits and challenges of this care for future provision.

Method: Multiple methods were utilised—documentary analysis; survey of relatives; interviews and focus group discussions with service providers. Results: The partnership positively benefitted patients, families, staff and the organisations. A key benefit was the transfer of knowledge and expertise between Palliative Care and Care of the Elderly. Care of the Elderly staff gained knowledge of palliative care practice which was transferred to other areas of the long stay facility. Their skills in rehabilitation benefited the patients and enabled some patients to return home. Specialist palliative care staff have learnt from this experience and now apply this practice.

Conclusion: The model of shared care, and the partnerships developed, between services and specialties benefited both stakeholders in the areas of service provision, organisational utility and transfer of knowledge and expertise. Ongoing support and resources is needed for these benefits to be sustained.

Abstract number: P898
Abstract type: Poster

Methodological Approaches for Nursing Practice in a Palliative Care Support Team

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Objective: Describe the interventions that are carried out by nurses in Palliative Care Support Team in Badajoz.

Study design and methods: Retrospective and descriptive study. We revised medical records from July 2009 to July 2010 and the monthly record about team daily activity.

The variables studied were: Number of nurse visits related to number of total visits, telephone nurse counseling related to the total of telephone counseling, nurse counseling with other colleagues, teaching sessions within and outside the team, number of undergraduate rotating and degree rotating and research projects carried out by nurses. We established ratios for each one related to the total of each activity in the team.

Results: We revised 306 medical records and we extract these findings: 2452 home and hospitals nurse visits out of 2727 visits.
447 nurse telephone counseling compared to 1941 in the team.
47 nurse coordination with other colleagues out of the total (2377) 23 teaching sessions within and outside the team compared to 21 in one year.
4 nurse undergraduate rotating compared to 12 medical students.
3 nurse degree rotating compared to 2 medical students.
2 nurse research projects compared to 3 medical research projects.

Conclusions: The Regional Palliative Care Program of Extremadura allows an interdisciplinary and comprehensive approach in order to ensure continuity of care.

Abstract number: P899
Abstract type: Poster

Acute Palliative Care Units (APCU): A Current Challenge. ICO-L’Hospitalet (Spain) Experience

González Barboteo J.1, Porta Sales J.1, López Rónnfeld E.2, Lobla Estrany F.1, Villavicencio Chaves C.3, Caballero Bena A.1, Mate Molina F.1, Cifreson J.1, Vázquez J.1, Sánchez P.1, Guerra R.1, Artacho Rodríguez A.1, Torrens-Torrejo S.2, Espina Bozas J.1, Gómez Batiste J.1
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Aim: Describe the cancer patients (pts) clinical features admitted in an APCU.

Methods: Observational prospective study. Pts were included throughout 3 months. Socio-demographic and neoplasms data were collected; as well, functional status, reason for admission and provenance, symptoms at pts admission, at 3rd and 7th day, prognosis, cognitive status, emotional and social situation, and considerations during the admission; resources used, reason for discharge and destination.

Results: 106 pts were included. Mean age of 64.6±12.5 years; 53.8% were men. Main tumours were lung (31.6%), digestive (19.7%), and breast (16.0%), mostly spread. Pain (61.3%) and dyspnea (48.7%) in their practice. 65.1% of pts had acute problems at that time. 68.9% of pts came from Emergency Services. Clinical characteristics at admission were: functional status Barthel 48.2±22.7, IPSS 44±14.7. Prognosis: Pappo-C12.3%, Cognitive failure 31%, Pain 61.3% in their practice, dyspnea (52.2%) in their practice admission.

Conclusion: The APCU is a relevant service to offer to patients with advanced cancer who require cares at the end of life. They are admitted for delirium, mainly for delirium. 49% of pts died during the admission, with 12.4±9.6 days as length of stay. 50.8% of pts had a symptom complex criteria.

Abstract number: P900
Abstract type: Poster

Co-ordination of Generalist Care for Patients towards the End of Life: A Literature Review

Magnússon B.1, Barclay S.2, Dale J.1, Davison B.1, Donaldson A.1, Stephenon E.2, Harding I.2, Woolhouse M.1, Sunday D.1, Vannoni V.1, Shipman C.3, Murray S.A.4
1University of Edinburgh, Centre for Population Health Sciences, Edinburgh, United Kingdom, 2University of Cambridge, Institute of Public Health, Cambridge, United Kingdom, 3University of Warwick Medical School, Coventry, 4King’s College London, Cicely Saunders Institute, London, United Kingdom

Background: Increased coordination and collaboration have been highlighted as improving the provision of health care and social care for people at the end of life.

Aim: To review the literature concerning coordination or collaboration to determine whether coordination and collaboration improves the quality of care delivered to generalists towards the end of life.

Method: Searches in PUBMED and ISI Web of Knowledge for the terms “co-ordination” or “collaboration” in the context of the stem “end of life,” “terminal care.” Search of Web of Knowledge for the categories “generalist health care” and “palliative.”

Results: 1672 articles initially identified as requiring further screening, and 55 eligible studies identified. Different approaches/terminology to enabling coordination and collaboration were identified including networks, integrated care pathways, partnerships, frameworks, programmes and collaborative. Lack of coordination and/or collaboration was routinely identified as a barrier to good palliative care.

Conclusion: Approaches to enabling coordination and collaboration are evident in the literature but no metrics to measure coordination or collaboration were conceived so it is important to determine whether a particular intervention increased coordination or collaboration. Therefore more research to determine whether, collaboration and coordination improves quality of care is needed. Application of management or organisational theory as well as robust evaluation and methodology of coordination is indicated to guide current policy developments, and this may be aided through increased conceptual clarity regarding the terms collaboration and coordination in this context.

Abstract number: P901
Abstract type: Poster

Potentially Inappropriate Admissions/Treatment amongst Inpatients with Palliative Care Needs in One New Zealand Hospital

Gott M.1, Frey R.1, Bellamy G.2, Snow B.1, O’Callaghan A.1, Robinson J.1, Campbell T.1, Bull J.A.1, Laking G.2,3, Beil M.1
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Background: Improving palliative care provision in acute hospitals has been identified as a key public health priority internationally, and within New Zealand. The potential to better meet patient and family/whanau needs at the end of life within existing health resources has been recognised by Auckland District Health Board, who are partners in this project.

Abstract number: P902
Abstract type: Poster

Towards the End of Life: A Literature Review

Co-ordination of Generalist Care for Patients towards the End of Life: A Literature Review

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Conclusion: Approaches to enabling coordination and collaboration are evident in the literature but no metrics to measure coordination or collaboration were conceived so it is important to determine whether a particular intervention increased coordination or collaboration. Therefore more research to determine whether, collaboration and coordination improves quality of care is needed. Application of management or organisational theory as well as robust evaluation and methodology of coordination is indicated to guide current policy developments, and this may be aided through increased conceptual clarity regarding the terms collaboration and coordination in this context.
Poster sessions

Aims: To explore palliative care need and current management amongst inpatients in one acute hospital in New Zealand with a specific focus upon identifying potentially inappropriate admissions and interventions.

Methods: This study is being conducted in the following ways:
1) focus/groups interviews with clinicians;
2) administrative review of all patient records;
3) census of palliative care needs over a 2-week period with a focus upon identifying the extent and nature of potentially avoidable admissions; and
4) review of medical notes of potentially avoidable admissions; and
5) analysis of hospital data to identify the nature and extent of medical interventions received by patients with palliative care needs who have died in the 6 months preceding the study.

Findings: Preliminary findings from phase 1 will be presented. These relate to clinician views of palliative care management within the acute hospital setting.

Outcomes: Findings from the study will be used to inform the design of new service initiatives. A study employing similar methods is currently being conducted in the UK which will enable international comparisons to be drawn.

Funding: Health Research Council of New Zealand and Auckland District Health Board.

Abstract number: P902
Abstract type: Poster

Seven Days a Week - Providing a Community Clinical Nurse Specialist Service: The Experienced Pilot at the Prince and Princess of Wales Hospice in Glasgow

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During a six month period the community palliative care CNS team piloted the provision of seven days a week support to urgent care for patients known to the Hospice.

The aim of the service development was to improve continuity of care for patients and their families, and offer support and advice out of hours. A member of staff was on duty from 9am-5pm at the weekend, providing telephone support with an option of a home visit if necessary.

Data was collected on planned and unplanned urgent contacts. There was an average of 5.3 urgent contacts per weekend (range 0 to 12). The activity, source and reasons for the contact and any intervention and immediate action taken were collated.

A focus group of staff identified that the pilot had a number of actions that they saw as important:
- specialist symptom management seven days per week;
- supporting patient choice in place of care, emotional support to patients and families, and an improved sense of team work.

The seven day service has now been established within the service and feedback from patients and their families will be sought as part of a planned service evaluation in the Autumn.

Abstract number: P903
Abstract type: Poster

Specialized Home Palliative Care (SAPV) in an Urban Setting

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Background: The first contract for Specialized Home Palliative Care (German abbreviation: SAPV) in Munich was stipulated between all Bavarian health insurance funds and the Munich University Hospital on Oct. 1, 2009. Care provider is the SAPV-Team of the Interdisciplinary Center for Palliative Medicine.

Project description: The SAPV Team consists of 2 palliative physicians, 2 nurses, 1 social worker and 1 administrative assistant. It provides comprehensive home palliative care services including 24-hour on-call duty. Service area is the city of Munich (1.3 million inhabitants, currently 2 SAPV teams under contract, 3 more planned).

Results: In the first 12 months 267 requests for care were accepted by the team (18.4% , 52% ). 196 patients were oncological (73.4%), 54 were neurological (20.2%, 22 of these had ALS), and 17 were intrinsically (6.4%). The average age was 69.0 years [22–100]. For 178 patients who met the requirements, a formal request for reimbursement of the SAPV was submitted (only 3 were refused).

The average duration of home care was 40.3 days [2–110] for 118 patients who have died (90.8%) at home, 19 (17%) on a palliative care unit or a hospice, 1 (1%) in hospital. 123 hours of work with family members (20.2%) outnumbered the work with patients (18.4%). Travel time was 22.2%, despite the urban setting. The highest percentage (39.3%) represented office work (telephone calls, correspondence, meetings, documentation).

Conclusion: Most of the patients were able to die at home, only one died in the hospital. Family members required more time than patients. The high percentage of oncological patients is remarkable. Feedback from the families indicates that SAPV can contribute considerably to removing the taboo associated with death and dying.

Abstract number: P904
Abstract type: Poster

End of Life Day Care Services for the Majority - The Development and Execution of a New Facility

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2Charity Foundation for Public Health 'Angelus Moldova', Hospice 'Angelus', Chisinau, Moldova, Republic of

This paper tracks the change process and development of a new centre over a two year time frame within a major UK hospice. The centre has created a new and dynamic way for users to collectively access day, outpatient and therapeutic services with little growth in human and financial resource. Historically, there has been much criticism directed towards the way in which hospices deliver day care services to users, describing services as 'elite' and 'irrelevant'.

The new centre at the hospice is open 13 hours a day, seven days a week and provides the following:

A social ‘hub’ for all users
Planned Day Care
Drop-in Group-work programme
Clinics and therapies
Information
Bathing facilities
Rehabilitation Gym
Weekend and evening social and support events

This paper will highlight the change process, highlighting the successes of the new development with particular emphasis on change management techniques. As well as focusing on the centre development, the paper also includes a piece of complex culture change moving Home Care Nurses to a point of delivering on-site clinics will be introduced, as well as the development of a new patient care programme for a range of users. The philosophy of ‘you come to us when you’re ready, and we’ll come to you when you’re ready’. This will be introduced in DVD format in order to present key changes and highlight successes.

This presentation will show the possibilities for radical innovation in hospice care, a movement with momentum.'
Aim: To improve the palliative care at the hospital, at nursing homes and in medical home care, through counselling, education and promoting collaboration, research and development in palliative care.

Method: During spring the year 2010 a Palliative Unit was created for this purpose. The unit has an interdisciplinary structure, a nurse and a social worker. In order to become known, the unit started to spread information to key persons and other units who have previously created palliative care units and also by a press release, building a website and making an information brochure.

Results: Health care staff from other wards, nursing homes and from medical home care contacted the unit in order to get more information, counselling, wishes for education in different ways and for cooperation in research and development. The staff has been able to talk and work both about patients, skills and methods in palliative care. Education in form of lectures has been given in internal and external conferences. Several more occasions of education are planned for in the nearest future. In order to increase the quality of palliative care the staff at the unit has initiated the use of the National Register for palliative care in Sweden in other wards. The unit has own research and has established contact with other research units at the University. Cooperation takes place at different networks with other cancer centres and professional categories.

Conclusion: Even though the Palliative Unit has only existed six months, there has been a great interest from different wards and units and for help with their palliative care. This interest is for all of the tasks that the Palliative Unit has offered. This shows that there is a need for this competence also and how important it is when you start a new unit to spread information in order to reach many persons who can be interested in what you have to offer.

Abstract number: P909
Abstract type: Poster

Non Profit Organizations for Palliative Care in Italy: Multicenter FCP* investigation

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Research aims: Investigation on the current organization and operating features of Italian Non Profit Organizations for Palliative Care (NPOs), with specific focus on Voluntary Associations (VA).

Study design and methods: Retrospective multicenter observational survey, coordinated by Federazione Cure Palliative (FCP), EAPC Italy. A “Collective Member” (62 NPOs associated). 35 NPOs were admitted to the analysis and investigated by an “Collective Member” (62 NPOs associated). The survey sample selected 54,3% were small size NPOs< 50 units and 45,7% were large size NPOs> 50 units. The paid staff has a average of 2.71 (82.6%) people. The majority of Organizations admitted for the survey (21; 62.9%) are constituted by VAs, followed by the “other NPOs” (9; 26%), Foundations (4; 11%) and associations (8; 22%). The NPOs are pivotal in growth of palliative care sector from different dimensions. The NPOs are the stakeholders in the whole process of palliative care, due to the fact that they are closer to the patients, being involved in the processes of palliative care at different levels and in different contexts and environments (China, Africa, Europe, Brazil, USA). The NPOs are able to combine different professional disciplines and professional experience in order to promote palliative care in Italy.

Results: The NPOs are involved in the organization of social work in palliative care: 30.7% of them were involved in this activity, in the period 2010-2011. The NPOs are involved in the organization of social work in palliative care: 30.7% of them were involved in this activity, in the period 2010-2011.

Discussion: The NPOs are the key players in the whole process of palliative care and, in particular, in the organization of social work in palliative care. The NPOs are able to combine different professional disciplines and professional experience in order to promote palliative care in Italy. The NPOs are involved in the organization of social work in palliative care: 30.7% of them were involved in this activity, in the period 2010-2011.
variable for each group. Results and conclusions: Results will be presented. Anyway, since this method of work has been implanted into an area perceived a better connection between professionals and better knowledge of patients.

Abstract number: P914
Abstract type: Poster

Incident Pain by Movement Assessment in Palliative Care Patients Admitted to a Palliative Care Unit

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Aim: Incident pain (IP) is a type of breakthrough pain (BTP) triggered by patients’ specific activities or due to external causes. Movement is a common cause of IP. We assessed the IP induced by movement in palliative cancer patients without cognitive impairment admitted to a palliative care unit (PCU).

Methods: A consecutive sample of patients admitted to a PCU between Aug and Sept 2010 was selected. Patients were assessed through a questionnaire applied at admission and daily during the stay. Categorical variables were excluded. Baseline epidemiological data, ECOG performance status (PS), primary tumor and metastasis location, baseline chronic pain characteristics and analgesic therapy were recorded at admission. The presence and intensity of IP with movement were assessed.

Results: 38 patients from 94 admitted to the PCU study were men. The median age was 63 years [33-86]. Twenty patients (53%) had digestive tumors and (60%) an ECOG PS of 0-1. 14 patients (37%) had bone metastasis. Thirty three patients (87%) had pain at admission, with a mean pain intensity in last 24h of 3 [1, 10]. Women, ECOG PS≥3, metastasis (93%), IP were taking opioid medication, 13 patients were maintaining their opioid prescription of (82-10). Pain relief occurred in 63% of the days when stopping the movement; opioids were used in 47%, with decreased intensity in 80%. There was a positive correlation between baseline pain intensity and the IP by movement (r=0.48; p<0.01). Women, ECOG PS3, previous chronic pain, and use of opioids at baseline had more incidence of IP by movement (p=0.05).

Conclusion: Incident pain is frequent and difficult to control even in a PCU. Baseline pain characteristics, patients’ features and stage of disease affect IP intensity and control.

Abstract number: P915
Abstract type: Poster

Perioperative Pain Therapy for Cytoreductive Surgery with/without Hyperthermic Intraoperative Chemotherapy: Experience of a Single Tertiary Institution

Lassen C.L.1, Bottler E.M.2, Meyer N.1, Gloecklin G.1, Piso P.1, Gudemand M.1, Graff M.2, Wilke C.3,4, Enevoldsen E.1,2,5,6
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Research aims: The perioperative anesthetic management of patients undergoing cytoreductive surgery (CRS) with/without hyperthermic intraoperative chemotherapy (HIPEC) for advanced cancer with peritoneal carcinomatosis has been previously reported in the literature. The aim of the study was to describe the perioperative pain therapy used at our institution for CRS with/without HIPEC.

Study design and methods: We conducted a retrospective chart review of all patients who underwent CRS from 01/2008 until 07/2010 and were treated with perioperative pain therapy (PA). We reviewed original patient charts as well as the electronic database system of the APS (MEDLINQ;Schmierzivite) for demographic variables, pain values, side effects and additional medication.

Results: We included 169 patients in our analysis. Of these patients, 163 were treated with patient controlled intravenous analgesia (PCA). 6 with patient controlled intravenous analgesia (PCA). The median of the duration of epidural catheter placement was 6.1 days (range 0.7-24 days). Postoperative pain values (0-10) had a mean value of 2.2 at first assessment and 2.4 on the second postoperative day for PCA and 3.5 and 2.9 for PCA groups respectively. Serious adverse events such as epidural hematoma, hypotension or respiratory depression were not noted. Preoperatively 7 patients were taking opioid medication, 13 patients were taking non-opioid analgesics.

Conclusions: PCEA is an effective and safe treatment option for patients undergoing CRS and HIPEC. It was seen that these patients need long duration of epidural catheter placement than usually recommended. The preoperative use of analgesic medication in this study is lower than previously reported for patients scheduled for CRS.

Literature:

Abstract number: P916
Abstract type: Poster

The Edmonton Classification System for Cancer Pain: Comparison of Pain Classification Features Across Diverse Palliative Care Settings in Eight Countries

Noklebyklins CL,1 Fanningser RL,1 Aas N,1 Herstad ML2,1,3 Knnudsen LC1,2,3,4,5,6,7, Kausa K,4,5
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Introduction: There is no universally accepted system to accurately predict the complexity of cancer pain. The Edmonton Classification System for Cancer Pain (ECS-CP) was developed from the original Edmonton Staging System for Cancer Pain (ESS) (1989) and the revised ESS (reESS) (2005). The primary objective of the study was to assess the generalizability of the ECS-CP in a diverse international sample. We hypothesized that the frequencies of pain classification features would vary across sites, with more acute palliative care settings having more complex classifications than less acute settings. The findings from this study are part of a larger recent international multicentre computerized symptom assessment study in advanced cancer. Methods: 1070 adult advanced cancer patients were recruited from 16 sites (palliative care inpatient and outpatient units, hospices, general oncology and medical wards) in Norway, the UK, Austria, Germany, Switzerland, Italy, Canada and Australia. 1051/1070 adult cancer patients were evaluable. A palliative care specialist completed the ECS-CP for each enrolled patient. Additional information, including pain intensity, symptom intensity, quality of life, performance status, cognitive status and patient demographics, were also collected using touch-sensitive computers.

Results: 670 of 1070 evaluable patients (64%) had a pain syndrome (pain intensity ≥ 1). Nociceptive pain 80%; Neuropathic pain 17%; Incident pain 61%; Psychophysical distress 32%; Maladaptive behavior 46%; Cognition normal 92%, impaired 7%, unable to classify 1%. Significant differences in the ECS-CP features between pain stabilizers and precipitants will be presented.

Conclusion: The ECS-CP is able to detect differences across diverse settings and countries. An internationally recognized cancer pain classification system would enable clinicians to better assess and manage cancer pain; report and compare research studies; and allocate resources.

Abstract number: P917
Abstract type: Poster

Altered Thermal Thresholds in Patients who are Prescribed Strong Opioids

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Research aims: Opioid-induced hyperalgesia (OIH) is increasingly being recognised as a clinically relevant phenomenon. This study observes patients on opioids over a period of months and uses thermal testing to detect and describe the development of features suggestive of OIH.

Study design and methods: Quantitative Sensory Testing (QST) provides a measure of calibrated force applied to the skin, thermal thresholds, pinprick sensation and the presence of wind-up. Sensation is tested at the site of the pain (index) and a control area. The Self-completed Leeds Assessment of Neuropathic Symptoms and Signs (SLANSS) is also used. A score of 12 or above on the SLANSS suggests neuropathic pain.

Results: From 20 patients prescribed opioids for cancer or non-cancer pain, 15 were taking opioid medication, 13 patients were taking opioids at baseline. Mean morphine equivalent daily dose was 266.4mg (range 60-460mg).

14 patients had altered thermal threshold at first assessment of which 12 had undergone dose titration in the previous 12 months prior to assessment. 13 patients had increased sensitivity to cold (9 patients at the index site, 4 at both index and control sites). Two patients reported pain on testing for cold sensitivity. Eleven patients had altered heat threshold at initial assessment. Six patients reported increased sensitivity to heat (4 at index site and 2 at control site). Five patients had reduced sensitivity to heat. Six patients had a change of opioid prescription between assessments. Both patients taking tramadol were on opioids at both. Five of the patients had a change in thermal thresholds at follow-up. Of the 14 patients who maintained their opioid prescription 10 had altered thermal threshold at follow-up.

Detailed statistics will be presented.

Conclusion: QST detects peripheral nerve function in patients who do not have clinical features of neuropathic pain and the findings may represent subclinical or emerging OIH.

Abstract number: P918
Abstract type: Poster

Potential Interactions of Transdermally Delivered Fentanyl with Inhibitors and Inducers of CYP 3A4 and their Clinical Relevance

Pharmacokinetic Considerations

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Aim: to determine whether precipitants of CYP 3A4 used in the advanced cancer population treated with transdermal fentanyl may lead to significant interactions

Method: Patients with stable doses of transdermal fentanyl in whom there was the necessity to add a drug, inhibitor or inducer of CYP 3A4, and who gave a written consent, were included into the study. Symptoms, opioid-induced adverse-effects, drugs used and clinical status were evaluated. CBZ, Na+, Ca+, CYP 3A4 inducers and CYP 3A4 inhibitors. Venous blood samples for fentanyl determination were drawn at 0, 6, 12, 18 and 24h before precipitant drug was implemented and then at 96 h of the study. Plasma concentrations of fentanyl were quantified by mass spectrometry. Data were analysed statistically.

Results: Of 9 patients (aged 45-59, mean fentanyl TTS dose 72.2 μg/h) included in the survey 4 were given Baconozon, 3- dexamethasone, 1- ciprofloxacin and another 1- carbamazepine. The
number of drugs taken regularly by these patients including two studied drugs was 2 to 12 (mean 7). Opioid-induced adverse effects found in the patients were dry mouth and constipation. Their incidence and severity did not change after implementation of the concomitant drug. Steady state fentanyl concentration (C(s)) ranged between 0.273-3.823 ng/ml and clearances (Cl) at baseline were 26.55-113.60 L/h. No of the concomitant drug did not significantly affect the mean steady state concentrations, area under the curve or clearance of fentanyl.

**Conclusion:** In our group of patients precipitants of CYP 3A4-co-administered with transdermal fentanyl, did not significantly change pharmacokinetics. The risk of clinically significant pharmacokinetic interactions of transdermal fentanyl with inhibitors and inducers of CYP 3A4 commonly used in far advanced cancer patients seems to be low. Further studies are awaited.

**Source of funding:** Poznan University

**Abstract number:** P919

**Abstract type:** Poster

**Characterization of Breakthrough Pain in an International Cohort of Cancer Patients**

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Breakthrough cancer pain (BTP) can be difficult to manage and is a prevalent and serious health issue. The objective of this study was to characterize features of BTP in cancer patients with advanced, incurable disease. The BTP study was part of an international project; in-patients and out-patients from eight countries participated in a symptom study using a computerized patient assessment tool - with validated assessment measures. Among 989 evaluable patients, 301 (30.3%) reported having BTP within the past 24 hours prior to answering the questionnaire, 393 (40%) had pain without BTP, and 295 reported no pain. A total of 296 BTP patients completed the entire BTP symptom assessment Tool. A majority (60%) reported BTP to be a brief flare-up of their baseline pain; 58% reported having 3 or more episodes of BTP within the past 24 hours. Three most common triggers of BTP were ‘walking’ (33%), movement in bed (31%), and ‘scheduled pain medication wearing off’ (28%). The three most common descriptors of BTP were ‘aching’ (42%), ‘stabbings’ (36%), and ‘ting-exhausting’ (24%). The time from onset to peak intensity was under 10 minutes for 43% of patients. More than twice as many BTP patients than those without BTP reported having severe or worse “average pain” (64% vs. 29%, p<0.0001) BTP patients than those without BTP reported having mean duration of BTP, from taking medication to resolution, was greater than 30 minutes in 33% of patients.

**Results:** In Canada, work has focused on developing and evaluating innovative tools and processes to manage pain better in LTC. Efforts to explore and evaluate the emerging role of the nurse practitioner specifically related to pain management have been promising. Strategies to optimize the nurse practitioner role within an interdisciplinary team approach, as well as the education, training, support, and continued education necessary to be successful in this role related to improving pain management in LTC. As well, common barriers and facilitators to implementing these initiatives at the practice and policy levels will be discussed.

**Conclusion:** In our group of patients precipitants of CYP 3A4 co-administered with transdermal fentanyl, did not significantly affect the mean steady state concentrations, area under the curve or clearance of fentanyl.

**Abstract number:** P920

**Abstract type:** Poster

**Improving Pain Management in Long Term Care: Canadian and Dutch Experiences**

Kun-Ainlameen S1, Zvakathela S 2

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**Aims:** Pain management in long term care (LTC) is a serious problem. Attention has been given to developing innovative tools to both assess and treat pain with a particular emphasis on residents who have dementia. The aim of this presentation is to provide an overview of some of the initiatives that have been undertaken in Canada and the Netherlands, both individually and jointly, related to improving pain management in LTC. As well, common barriers and facilitators to implementing these initiatives at the practice and policy levels will be discussed.

**Results:** In Canada, work has focused on developing and evaluating innovative tools and processes to manage pain better in LTC. Efforts to explore and evaluate the emerging role of the nurse practitioner specifically related to pain management have been promising. Strategies to optimize the nurse practitioner role within an interdisciplinary team approach, as well as the education, training, support, and continued education necessary to be successful in this role related to improving pain management in LTC. As well, common barriers and facilitators to implementing these initiatives at the practice and policy levels will be discussed.

**Conclusion:** In our group of patients precipitants of CYP 3A4 co-administered with transdermal fentanyl, did not significantly affect the mean steady state concentrations, area under the curve or clearance of fentanyl.

**Abstract number:** P921

**Abstract type:** Poster

**Quality of Life in an International Cohort of Cancer Patients with and without Breakthrough Cancer Pain**

Hagem N1, Elssvitz M1, Canaceni A2, Haugen D.F.3, Kanot S3, Hjermstad M.J.4

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Improving Pain Management in Long Term Care: Canadian and Dutch Experiences

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**Aims:** Pain management in long term care (LTC) is a serious problem. Attention has been given to developing innovative tools to both assess and treat pain with a particular emphasis on residents who have dementia. The aim of this presentation is to provide an overview of some of the initiatives that have been undertaken in Canada and the Netherlands, both individually and jointly, related to improving pain management in LTC. As well, common barriers and facilitators to implementing these initiatives at the practice and policy levels will be discussed.

**Results:** In Canada, work has focused on developing and evaluating innovative tools and processes to manage pain better in LTC. Efforts to explore and evaluate the emerging role of the nurse practitioner specifically related to pain management have been promising. Strategies to optimize the nurse practitioner role within an interdisciplinary team approach, as well as the education, training, support, and continued education necessary to be successful in this role related to improving pain management in LTC. As well, common barriers and facilitators to implementing these initiatives at the practice and policy levels will be discussed.

**Conclusion:** In our group of patients precipitants of CYP 3A4 co-administered with transdermal fentanyl, did not significantly affect the mean steady state concentrations, area under the curve or clearance of fentanyl.

**Abstract number:** P922

**Abstract type:** Poster

**Change of Cancer Pain Management in Korea between 2001 and 2006: Results of Two Nationwide Surveys**

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**Background:** In Korea, many healthcare professionals have shown increased concern about the management of cancer pain. 5 year after the pain-management guideline was distributed to Korean physicians, the Korean Society of Hospice and Palliative Care (KSHPC) evaluated the change in cancer pain management between 2001 and 2006.

**Methods:** We did a prospective cross sectional cancer pain survey on the change of the pain prevalence and pain intensity, its impact on daily activities and the adequacy of pain management between 2001 and 2006.

**Results:** Overall, 7,356 patients were enrolled from 72 cancer hospitals in the 2001 cancer pain survey and 7,245 patients from 63 cancer hospitals were enrolled in the 2006 cancer pain survey. The overall prevalence of cancer pain and the percentage of patients reporting a negative pain management index (PMI) were significantly decreased in the 2006 cancer pain survey compared to the 2001 cancer pain survey (44.9% vs 52.1%, P< 0.0001, 41.6% vs 45.0%, respectively, P=0.0005). Patients did not prescribe analgesics to 28.8% of the patients with severe pain and they did not adjust the prescribed analgesics properly in 47.4% of the patients with severe pain.

**Conclusion:** Some improvement in cancer pain management was noted during the five years between 2001 and 2006. However all of the physicians who care for cancer patients pay more attention to cancer pain management and educational programs for cancer pain management should be distributed all of the physicians who care for cancer patients.

**Measures**

<table>
<thead>
<tr>
<th>BTP</th>
<th>No BTP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>BTP (N = 301)</td>
</tr>
<tr>
<td>Pain (mean SD)</td>
<td>48.9 (23.5)</td>
</tr>
<tr>
<td>function (low score is worse)</td>
<td>31.3 (29.8)</td>
</tr>
<tr>
<td>Emotional functioning</td>
<td>61.9 (22.7)</td>
</tr>
<tr>
<td>Fatigue (high score is worse)</td>
<td>67.2 (26.0)</td>
</tr>
<tr>
<td>Social functioning</td>
<td>46.4 (21.7)</td>
</tr>
<tr>
<td>Pain intensity</td>
<td>43.1 (26.0)</td>
</tr>
</tbody>
</table>

**Conclusion**

Consistent and significantly worse mean scores were compared to patients with breakthrough pain.
Poster sessions

Abstract number: P923
Abstract type: Poster

Cancer Neuropathic Pain: Prevalence and Associated Factors in the European Palliative Care Research Collaborative Computerised Symptom Assessment Study

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Aims: This study investigated the prevalence of cancer neuropathic pain and associated factors from a large European Symptom Assessment study. Our hypothesis was that compared to patients with clinically diagnosed nociceptive pain, patients with clinically diagnosed neuropathic pain have pain that causes more suffering and that requires more analgesia.

Methods: To the improved with non-cureable cancer from 16 countries completed 71 items on symptoms and quality of life on touch screen computer. Medical history was collected by the physicians taken from the charts. Pain type was a clinical diagnosis recorded on the Edmonton Classification System for Cancer Pain (ECS-CP).

Results: 670 (63.7%) patients had pain; of these 534 (79.7%) had nociceptive pain, 111 (16.8%) had neuropathic pain, and 40 (6%) could not be classified by ECS-CP. Within the whole sample, numbers of patients taking none, 1, 2 or 3 opioids were 26.9%, 63.7%, 4.8% and 0.5% respectively. Patients with cancer neuropathic pain were significantly more likely to be receiving oncological treatment, suffer worse quality of life. Treatment for neuropathic pain was associated with significantly greater use of adjuvants (44.2% vs 23.5%), and greater use of opioids (64.7% vs 71.8%), and was more often treated with methadone or oxycodone. There were no differences between types with respect to pain intensity, breakthrough pain or physical/psychological distress.

Conclusion: Neuropathic mechanisms in cancer pain are associated with poorer quality of life and the need for more intense analgesic management. We found the prevalence of 17% for cancer neuropathic pain in this large sample, we therefore recommended reports indicating the need for consistency in classification, diagnosis and assessment of cancer pain.

Abstract number: P924
Abstract type: Poster

Less Pain and Better Functioning Due to a Conception of a Pain Consult and Pain Education


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Aim: Pain Education Programs (PEP) and a pain consult (PC) have been studied to overcome patient and professional barriers in cancer pain management. These interventions were only studied separately, with several methodological flaws. Only half of the studies did not describe a significant effect on pain and none studied the effect on daily interference. Moreover, most PEP studies did not mention the adequacy of pain treatment. We compared PEP combined with PC versus standard care (SC) to study the effect on pain and functioning.

Methods: The ECT was set up as a 3-arm study in outpatients with cancer pain, to compare (1) SC, (2) PC by a pain specialist and (3) PC combined with PEP. PEP combined with PC versus standard care (SC) to study the effect on pain and functioning.

Results: Group 1 and 3 included 37 and 35 patients, respectively, mean age 59 yrs (sd=11), 65% female. The groups were comparable with respect to pain severity and other cancer related factors. Reduction in pain intensity and PC did not differ between the groups. The overall reduction in API was SC 1.13, PC 1.95, p<0.003. The reduction in API in PEP was SC 0.61, PEP 1.8, p=0.041.

Conclusion: The combined intervention significantly improved patients’ pain and daily functioning. However, as a pain consult was often used in SC and pain treatment was similar in the two groups, PEP seems the most effective intervention in this setting.

Abstract number: P925
Abstract type: Poster

Pain in Outpatients with Cancer - A Survey on Prevalence, Intensity and Barriers to Adequate Treatment in a German University Hospital

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Aims: (a) Estimation of pain prevalence among cancer patients of an oncology outpatient clinic (OOC) in a German University institute of Oncology, (b) identification of barriers to adequate pain treatment.

Methods: In several conducted surveys on consecutive days in 2007 in the OOC patients were interviewed with a standardised questionnaire including HADS.

Results: 350 patients were interviewed (median 62 years, range 20-98; male/female 54/46%). In this population 48% suffered from pain (pain group, PG), either current pain (44.2%) or adequately treated pain (36%), ie, based on the total sample - 30% of respondents reported current pain. At the time of the interview 44 patients (12.6%) were without pain treatment in spite of pain. Within the PG 30% of the patients towards the pain to be more than cancer independent. In the PG a scaled their average pain intensity as 4.1 on a scale 0-10, the maximum at 3.5. Both values were slightly higher in women, but women also had a higher projected pain as well as a higher opinion of pain in the future (4.8 vs 4.6). In 74% of the patients the average NRS score was 3 and 92% of the PG had a average score ≥ 3. HADS scores in the PG were above average as described in the HADS showing a weak significant correlation with anxiety, but not with depression. In the subgroup with NRS ≥ 4 only 24% asked for more intensified pain therapy. Reasons for the lack of desire for more intensive therapy (multiple answers on a Likert scale, "completely agree" and "partially agree" taken together, sum of answers > 100%) were: Concerns about (a) addiction 38%, (b) physical side effects 67%, (c) mental/cognitive side effects 50%, (d) dislike of pills and syringes 28% and (e) desire to keep taking pain medication by the body 15%.

Conclusions: In this sample, pain plays a somewhat smaller role than expected. The treatment for a small group of patients remains to be optimized.

Abstract number: P926
Abstract type: Poster

Treatment Efficacy of Intrathecal Phenol Neuromodulatory Blocks for Cancer Pain

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Background: Intrathecal phenol blocks can be effective analgesic strategy for refractory cancer pain, but there are no prospective large-scale intervention trials. The primary aims of this study were to determine the efficacy and safety of intrathecal phenol blocks in patients suffering from cancer pain from 2002 to 2010. For each patient, we checked intervention and adverse effect on the Support Team Assessment Schedule (ATS) before and 1 week after the intervention and any adverse effects on the basis of retrospective chart review. Pre-post comparisons were performed with the paired Student’s t-test or McNamara test, where appropriate.

Results: A total of 57 interventions for 40 patients were obtained, comprising 1.9% of all patients receiving specialized palliative care services during the study period. The main primary cancers were lung (35%), colonic and rectal (23%), and pleural malignant mesothelioma (13%). Pain location were thoracic and abdomen (70% in all), and leg, hip, and perineum (30% in all). Pain intensity measured on the STS (2.6±5.6 to 1.4±8.0, P=0.001) were significantly improved after interventions. Adverse effects occurred in 5.0% and all except one case were transient, one is continuous paresthes of bladder and rectum. Thus, this was a predictable and informed complication.

Conclusion: Intrathecal phenol neurolytic blocks could contribute to the improvement of pain intensity without unpredictable serious side effects for highly-selected patients.

Abstract number: P927
Abstract type: Poster

Barriers in Pain Management in Georgia

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Research aims: Identifying barriers in Pain control. Study design: The survey was performed among physicians responsible for prescribing opioids and society (patients/families). Investigation was anonymous, there where no criteria as sex or age, only criteria was respondent’s connection with patient and its management. Total number of respondents 223 (51 physicians, 69 patients and 103 family members). General questions regarding opioid accessibility were addressed. Physicians: 59% feels that high doses of opioid are not safe. 25% thinks opioids can induce drug dependence syndrome. 25% prefers to add another 1 step analgesic then to prescribe morphine. Patient/ family For pain relief 34% of patients addressed family doctor, 35% addressed oncological services and just 21 Palliative Care services; though in 42% of cases morphine was prescribed. According to the survey 88, 5% of patients and 79% of families declared that severe chronic pain had negatively impacted quality of life. About 10% of patients/families hold opioids because of the fear to become drug dependent. 8% of physicians and 16% of patient/families think that morphine is the medication for last stage of cancer. In Georgia opioids are dispensed twice in a week from pharmacies located in a police station. According to survey, for 60% physicians and 87% of patients/families this rule is very uncomfortable. because of that 27.5% doctorsлю не хранят рецептов. Awareness/cultural change toward opioids.
Prevalence of Neuropathic Pain Components in Patients with Cancer

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Introduction: More than 50% patients with cancer, independent of the stage of disease, experience pain. For optimal pain treatment it is important to differentiate between nociceptive and neuropathic pain. The prevalence of neuropathic pain is 76% in the general population and up to 40% of patients who visited specialized pain clinics. Time spend in outpatient consultation takes about 10 minutes, which is insufficient for direct cancer management. If there is time left, other topics can be discussed. So pain, and especially neuropathic pain, is often under-diagnosed and under-treated.

Methods: All patients visiting the outpatients clinics of gynaecology, lung diseases and medical oncology received a questionnaire with the BPI, DN4 seven items, McGill Pain descriptors and recent medication. From electronic patient dossier the following data were collected: primary tumor, stage of disease, bone destruction and possessing analgesic effect are drugs that can inhibit development and progression of bone destruction and possessing analgesic effect are bisphosphonates. However the role of pamidronate in the treatment of SCCHN bone metastases was not explicitly determined.

Aim of the study: The aim of the study was to assess the usefulness of pamidronate in treatment of bone pain in patients with SCCHN.

Patients and methods: Forty one SCCHN patients with osteolytic bone lesions and cancer-induced bone pain were evaluated. All patients were treated with analgesics according to pain intensity. Palliative radiotherapy and chemotherapy received 18 (44%) and 11 (27%) patients, respectively. Patients were treated for 2 hours intravenous infusion of 60-90 mg of pamidronate repeated every 3-4 days. Pain assessment was based on 11 point categorical Visual Analog Scale (VAS) and performed after administration of each pamidronate dose.

Results: Median number of pamidronate infusions in patients with bone pain was 6 (range, 2-31). In 30/41 patients (73%) good analgesic effect was achieved (at least 2 points decrease of pain intensity [n=13] or decrease to less than 4 points in VAS [n=17]). Pamidronate was well tolerated and no serious adverse events were observed. Side effects were mild and disappeared within 1-2 days without treatment.

Conclusion: Intravenous infusion of pamidronate combined with other analgesics and other methods of cancer treatment produce significant decrease of cancer-induced bone pain intensity in the majority of patients. Pamidronate treatment was effective and well tolerated even in case of long term treatment. Additional studies to determine the best combination of pamidronate with other palliative therapies in patients with SCCHN are needed.

Abstract number: P933
Abstract type: Poster
A National Survey of Breakthrough Cancer Pain Characteristics and Treatments

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Introduction: Towards new treatment approaches for breakthrough pain relief are not consistently implemented. Recommendations on breakthrough pain relief are not consistently implemented. All patients were treated with analgesics according to pain intensity. Palliative radiotherapy and chemotherapy received 18 (44%) and 11 (27%) patients, respectively. Patients were treated for 2 hours intravenous infusion of 60-90 mg of pamidronate repeated every 3-4 days. Pain assessment was based on 11 point categorical Visual Analog Scale (VAS) and performed after administration of each pamidronate dose.

Methods: We conducted a national, multicenter survey in patients with cancer pain. The use of intrathecal and epidural analgesia in patients with severe cancer pain. A One Year Retrospective Survey

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Introduction: Breakthrough cancer pain is a common complaint among patients with advanced cancer. In 5-15% of these cases, it may be difficult to obtain satisfactory pain relief with conventional systemic analgesics. The primary aim of this retrospective survey was to investigate whether spinal analgesia improved pain relief without introducing intolerable side effects. Secondly, we noted how many patients were able to ambulate to their homes.

Methods: All patients receiving intrathecal or epidural analgesia in 2009 were registered chronologically with regard to cancer diagnosis, indication of use, pain relief and side effects, including impact on ambulation and complications. Statistical methods were used to determine if the use of an epidural catheter was carried out, both intrathecally and epidurally. The catheters were tunneled subcutaneously and connected via two bacterial filters to a CADD-system with PCA option, mostly infusing a mixture of bupivacaine and morphine, added or replaced by clonidine and fentanyl as needed.

Results: A total of 63 catheters were introduced in 61 patients, 42 intrathecally and 21 epidurally. The most frequent indications for treatment were severe nociceptive and neuropathic pain, limited to few segments caused by the primary tumour, or metastases from lung, breast, prostate, colon or pancreatic cancer. Five patients experienced CSF leakage necessitating catheter replacement or removal. Intrathecal infusions were performed in 17 patients, who was successfully treated with antibiotics and did not require catheter removal. 18 patients were discharged to their homes for a variable time period.

Conclusion: The use of intrathecal and epidural analgesia in severe segmental nociceptive and neuropathic cancer pain, respectively, is beneficial to systemic analgesics, are safe and effective methods without serious side effects and complications, even in patients staying at home.
**Abstract number:** P934  
**Abstract type:** Poster

**Hemibody Irradiation Technique for Treatment of Multiple Painful Bone Metastases**

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**Purpose:** Bone metastases are the most important cause of cancer pain with consequent loss of quality of life for patients, which in many cases can be long survivors. Radiation therapy (RT) has proven to be the most effective treatment for metastatic bone pain control, but about 75% of patients require treatment in other places in the space of one year. Therefore, in those patients with multiple painful metastases a wide-field irradiation technique (hemibody) would be indicated. Traditionally, hemibody technique has used standard field and conventional simulation, without regard to the homogeneity of the dose in the skeleton or dose reduction in critical organs. This paper aims to describe a methodology for wide-field irradiation using virtual simulation and beam segmentation technique for treatment of multiple painful bone lesions. We present results of this technique in pain control and toxicity in patients with multiple bone metastases.

**Material and methods:** From July 2005 to May 2010, 14 patients underwent wide-field RT with the technique described. Treatment fields were designed using a virtual reconstructive radiation holographic reconstruction from a virtual simulation. CT slices were acquired from the skull to the knees. The dose was 6 Gy for the upper hemibody and 10 Gy for the lower hemibody.

**Results:** Unlike the classical approach, this technique allowed for better dose distribution at the skeleton and locate organs at risk outside of the area of high doses. All patients responded to treatment with a minimum reduction of VAS (Visual Analogic Scale) at 24 hours. During treatment, they required a new irradiation 6 months after hemibody RT. The acute toxicity was controlled with corticosteroids and antiemetics, without grade 2 or worse toxicity.

**Conclusions:** Wide-field technique provides an important and lasting symptomatic relief with low toxicity. The hemibody irradiation technique is a good option of the target volume that is compromised and allows the exclusion of critical organs of the curves of high dosages improving tolerance.

**Abstract number:** P936  
**Abstract type:** Poster

**Pain and Anxiety Associated with Bone Marrow Aspiration and Biopsy: A Prospective Study on Patients with Hematological Malignancies**

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2University of Rome, La Sapienza, Rome, Italy  
3Italian Association against Leukemias, Lymphoma and Myeloma (AIL), Roma, Italy  
4University of Rome, ‘University of Rome, Sapienza, Rome, Italy

**Aims:** Pain is commonly reported by patients undergoing bone marrow aspiration and biopsy (BMAB), that is a distressing procedure, too. In order to verify a correlation between anticipatory anxiety and pain, those symptoms were evaluated in patients with hematological malignancies (HM) and submitted to BMAB.

**Methods:** Pain and anxiety were assessed in 152 adult HM patients with a median age of 54 yr. BMAB was performed under local anesthesia with 10-20 mg of ropivacaine in the left and/or right posterior superior iliac crest. Intensity of anxiety before procedure and of procedure-related pain were assessed 10 minutes before, 10 minutes after the procedure, respectively, with a numerical rating system (NRS) scale, ranging from 0 (no symptom) to 10 (the worst pain ever). A questionnaire at admission and daily during an stay in the hospital was made and the peak level was calculated after 6 µg of fentanyl were injected in type I and 1.00 ng/ml 6 after its bolus injection in type II.

**Results:** The delay in dacy arrival was 3 sec in type I and 353 sec in type II. Peak blood level following fentanyl administration occurred at 10 min (3.7 µg/ml) and 2 min (1.9 µg/ml) after its bolus injection in type I and 1.00 mg/ml 6 minutes after in type II.

**Conclusions:** The T-shaped device may be useful in providing rapid relief of cancer pain by accelerating the onset of analgesia using PCA.

**Abstract number:** P937  
**Abstract type:** Poster

**Non-interventional Observational Study Using High Dose Oxycodone for Cancer Pain Management in Korea**

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2IY Hospital, Internal Medicine, Seoul, Korea, Republic of,  
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4Korea University Hospital, Internal Medicine, Seoul, Korea, Republic of,  
5Korea Univ., Biostatistics, Seoul, Korea, Republic of

**Background:** Controlled-release oxycodone (OXYCONTIN®) is commonly used for pain relief in cancer patients, however, there is little documentation about the use of high doses of this drug in cancer pain management. The purpose of this study was to investigate the characteristics of cancer patients treated with high dose OXYCONTIN® for pain and the efficacy and safety of high dose OXYCONTIN®.

**Methods:** We prospectively observed the use of opioids and adjuvant drugs for pain management, severity of pain, patient characteristics, of these, 17% had high anxiety level than those (17%) with low anxiety. Of note, the degree of the anticipatory anxiety significantly correlated to the pain intensity experienced during the procedure. This finding may help clinicians to adopt pharmacological and non-pharmacological strategies for selected patients in order to reduce their suffering.

**Abstract number:** P938  
**Abstract type:** Poster

**The Use of Novel T-shaped Device in Accelerating the Onset of Analgesia via Patient-controlled Intravenous Analgesia (PCIA)**

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**Abstract number:** P939  
**Abstract type:** Poster

**Are We Causing Pain? Iatrogenic Incident Pain Assessment in a Palliative Care Unit**

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**Aims:** Incident pain (IP) can be triggered by external causes. IP related to medical and nursing procedures is a frequent experience of patients with progressive cancer that is often not observed. We evaluated IP induced by medical and nursing procedures in palliative cancer patients admitted to a palliative care unit (PCU).

**Methods:** Patients admitted to a PCU were assessed with a questionnaire at admission and daily during their hospital stay. Confluent patients were excluded. Based on epidemiological data, EOCG performance status, primary tumor and metastasis location, baseline chronic pain characteristics, and type of analgesic therapy were recorded at admission. The presence and intensity of pain were surveyed with hygienic care, dressing change, blood glucose monitoring, venipuncture, gastrointestinal tube feeding, intravenous cannulation, blood glucose monitoring, pentadrox/theroscrub and with catheter, stomas and wounds management.

**Results:** The study included 38 patients with a mean age of 63±14 years, 55% were female; 53% had gastrointestinal tumors and 60% an EOCG performance status score of 3. Thirty three patients had high dose oxycodone (OXYCONTIN®) for pain management, a median of 3 days [1-10], with a total of 131 assessed days. IP with hygienic care was reported in 18% of the days. IP in a median intensity of 1.5 and a median percentage of pain relief (NRS) was decreased 8 weeks later. (4.8 ± 3.7, p < 0.0001). The quality of life index consisted of ambulation (36% of patients) and daily activity (4.6 vs 3.4, < 0.0001) and sleep (3.1 vs 2.4, p < 0.0104) were also improved without any change of adverse effects in patients who took increased doses (p=0.55).

**Conclusions:** This Study suggests that the use of high dose OXYCONTIN® for cancer pain management is both safe and efficacious. Thus, better pain relief and improved quality-of-life can be achieved using higher doses of OXYCONTIN®.
fractionation used, median duration of response, reirradiation and reduced analgesic requirements. Methods and materials: We conducted a retrospective study of the medical records of all patients treated with palliative radiotherapy. For the analysis we use SPSS 16. We analyzed the effects of physical activity on the quality of life from January 2006 to September 2010 on 295 patients with bone metastases treated with dose and fractionation schemes 8Gy/80 Gy, 20Gy/40Gy, 20Gy/50Gy, 30Gy/30Gy, 18Gy/60Gy. For the evaluation we have considered parameter of analog scale (VAS). We value the percentage of patients achieving response complete response (CR) and partial response (PR) as well as the distribution of maintenance of response over time. Results: 116 patients were evaluated (57% male-43% women). The median age was 62y. The primary tumor was 31% Breast ca, Lung ca 15.5%. The location of metastases. We evaluated patients treated with dose and fractionation schemes 8Gy/80 Gy/1 fraction. The % of patients who achieved response 83%, no response 10 %. The maintenance of response over time is 6 months in 43%. The 90% of patients did not need reirradiation. In 65% of patients could be made analgesia reduction. The VAS values at one month of radiotherapy were: 26% without pain, 50% mild pain. There were no differences in response or duration of responses to the various fractionations used.

Conclusion: Radiation therapy is effective in controlling metastatic bone pain achieving a response rate of 83% with 8/1x1 session. Responses have been achieved over 6 months in 43% of patients treated.

Abstract number: P941
Abstract type: Poster
Opioids in Pain Treatment in 46 PCUS: Prospective FCP Italian Study
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Research aims: Monitoring Opioids treatment in Home Care setting. Study design and methods: Prospective study (same days enrollment period), multicenter (46 Italian PCUS), observational study. Data collection period: each patient: 3 weeks/ Hospice pts (HO): 9 weeks/Home Care pts (HCCA) or until death (“exitus”) pts.
Results: 397 (52% men, 48% women; 90% over 55 years old; 98% cancer pts, 203 (51%) in HOCA, 188 (49%) in HCCA). Univariate analysis in other assistance settings. Opioids were used in 84,1% of patients (Weak Opioids-WO: 19%; Strong Opioids-SO: 71%); Both in 10%. SC, MD, Hoydrymd, OD, IM, and other assistance settings. Opioids were used in 84,1% of patients (Weak Opioids-WO: 19%; Strong Opioids-SO: 71%); Both in 10%. SC, MD, Hoydrymd, OD, IM, and other assistance settings.
Methods: We retrospectively investigated CT-guided Nerve Root Blocks for Palliative Pain Management. The study was conducted at the Department of Radiology of the University Hospital in Lisbon, Portugal, 18–21 May 2011. Aims: To evaluate the efficacy and safety of CT-guided nerve root block from a technical point of view.
Methods: We retrospectively investigated CT-guided
nerve root blocks done in our hospital. There were a total of 113 root blocks in 68 patients. Patients other than cancer patients were included. Checked data were as follows: 

**Results:** All nerve root blocks were successfully performed with no serious complications. Of the 5 cases of score comparison, the CT-guided blocks tendered lower pain-scores than the X-ray-guided blocks.

**Conclusion:** CT-guided nerve root blocks indicated a high level of accuracy and few complications. We believe that this technique has the potential for wide clinical use.

**Abstract number:** P946

**Abstract type:** Poster

**Opioid Dose and Survival of Palliative Care Cancer Patients: An Egyptian Experience**

**Authors:** S.A.1, E.Mehairy S.M.1, El-Sherefy W.A.1, Gatif K.M.1, Abbas Zaka E.N.1, Akkan N.A.1

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**Background and aim:** Cancer pain control in Egypt remains largely inadequate as indicated by the very low opioid consumption figures. This is attributed to several barriers including unethical attitudes towards the use of opioids for cancer pain. One of these fears is that opioids, especially at higher doses, may shorten the survival of cancer patients. The aim of this study was to examine whether there is an association between opioid dose and survival of advanced cancer patients in Egypt.

**Methods:** Retrospective review of the medical records of advanced cancer patients referred to an oncologist in a Regional Oncology Centre in a Regional Oncology Centre in a Regional Oncology Centre in Cairo University. Pain was managed according to the World Health Organization (WHO) guidelines for cancer pain management. Opioids were prescribed for mainly cancer pain. The mean age of patients was 53 years and the male to female ratio was 1.2:1. The median survival of patients whose pain was never treated with opioids was 1.8 months. The median survival of patients whose pain was treated with opioids was 3.0 months. The mean dose of opioids used was 2e+24 mg OME/6 in 19 (16.2%) patients, 60-< 240 mg OME/d in 32 (27.4%) patients, and none in 27 (23.1%). The median survival of patients who received >240 mg OME/d was significantly longer than that of patients who received 60-< 240 mg OME/d, <60 mg OME/d, or none (209, 152, 77, and 51 days, respectively; p=0.05).

**Conclusions:** The results support the use of opioids for cancer pain control following the WHO guidelines is not associated with shorter survival among Egyptian advanced cancer patients. Higher opioid dose was associated with longer survival, an observation that has been reported by others. Further research is needed to identify and overcome barriers to cancer pain control and palliative care in Egypt.

**Abstract number:** P947

**Abstract type:** Poster

**Requesting Right Questions? Pain Assessment amongst Children**

**Background:** Patients receiving oncology treatments often experience complex pain requiring comprehensive assessment and an individualised management plan. Inadequate pain management can lead to further distressing symptoms and a reduction in quality of life. Research has demonstrated the importance of pain management in the ongoing success in part of a holistic assessment, but staff may feel inadequately trained to conduct the assessment.

**Aim:** The aim of this audit was to assess the level of knowledge and confidence in assessing and managing pain amongst staff working at a regional Oncology centre in the United Kingdom.

**Method:** Two questionnaires were distributed to doctors, Clinical Nurse Specialists and ward based nurses. The first explored the use of pain assessment tools, scoring systems, frequency of assessment, documentation of pain and knowledge and prior learning about pain management. The second identified knowledge of policies/processes governing palliative care, management of neuropathic pain, resources available for staff and non-pharmacological intervention.

**Results:** The response rate for both questionnaires was 26%. Audit findings for the initial questionnaire identified inconsistencies in pain assessment, lack of a pain tool and poor documentation; fewer than half documented a patient's pain score. 90% of respondents felt training in this area would be beneficial. The second questionnaire revealed that lack of knowledge and attitudes amongst staff influenced pain management practices. An MDT approach was considered a positive factor and a useful resource in pain management.

**Conclusion:** The results provide a baseline of current practice and identify areas for education and development. The Trust has now introduced a protocol for pain management. An MDT approach was considered a positive factor and a useful resource in pain management.

**Abstract number:** P948

**Abstract type:** Poster

**Trisomy 18 Referrals to a Paediatric Palliative Care Service: 10 Years in Review**

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**Background:** Trisomy 18 was first described in the 1960s, independently by Edwards and Smith. It is the second most common autosomal trisomy in liveborn infants after trisomy 21. It is characterised by severe psychomotor and growth retardation as well as classical clinical features and cardiac defects. The median survival time is 19 days, with only 5.8% of children surviving their first year of life. Despite recognising that trisomy 18 is almost invariably associated with death in infancy or early childhood, there is a significant dearth of published information regarding the palliative care needs of these patients.

**Aim:** The aim of this study was to assess the referral rate of Trisomy 18 to a Palliative Care service, to review the symptom burden and outcomes in their first year of life Despite recognising that trisomy 18 is almost invariably associated with death in infancy or early childhood, there is a significant dearth of published information regarding the palliative care needs of these patients.

**Design & methods:** A retrospective chart review of all cases referred to our Paediatric Palliative Care service over a ten-year period (2000-2010).

**Results:** 20 referrals were made to the service. Only one of the infants had a prenatal diagnosis of Trisomy 18. All infants had multiple physical and psychosocial characteristics. Edwards syndrome, with cardiac defects present in a majority.

**Conclusions:** The complex care needs of infants with Trisomy 18 were reflected in the number of healthcare professionals involved, both in hospital and upon discharge home.

**Abstract number:** P949

**Abstract type:** Poster

**Trisomy 18:**

1. **Background:**

- Trisomy 18, also known as Edwards syndrome, is a chromosomal abnormality that occurs in approximately 1 in 5,000 live births. It is characterized by severe physical and psychosocial disabilities.

2. **Aim:**

- The aim of this study was to assess the referral rate of Trisomy 18 to a Palliative Care service, to review the symptom burden and outcomes in their first year of life.

3. **Design & methods:**

- A retrospective chart review of all cases referred to our Paediatric Palliative Care service over a ten-year period (2000-2010).

4. **Results:**

- 20 referrals were made to the service. Only one of the infants had a prenatal diagnosis of Trisomy 18. All infants had multiple physical and psychosocial characteristics. Edwards syndrome, with cardiac defects present in a majority.

5. **Conclusions:**

- The complex care needs of infants with Trisomy 18 were reflected in the number of healthcare professionals involved, both in hospital and upon discharge home.

**Abstract number:** P950

**Abstract type:** Poster

**Describing Spiritual Care (SC) within Pediatric Palliative Care (PPC): An Ontology-based Method for Qualitative Research**

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**Background:** SC for children and adolescents in PPC is in an emotionally and professionally challenging task. Literature mainly turns to narratives to describe spiritual aspects in PPC but aims to develop a basic understanding, and also focuses on religious and known spiritual concepts of the death of children.

**Method:** The paper presents a methodology to use narratives of PPC as material for in-depth qualitative analysis.

**Data:**

- A patient record database including patients between 6-2009 was systematically analyzed within the PPC team. This methodology also helps to understand individual cases with a precise description of the spiritual situation of child and the unit of care, indicating the need for individually designed spiritual interventions.

**Abstract number:** P951

**Abstract type:** Poster

**Meaning in Life in Parents of Children in Palliative Care Home**

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3. University of Lausanne, Centre Hospitalier Universitaire Vaudois, Lausanne, Switzerland.

**Objective:**

- The construct of “meaning in life” (MI) has become increasingly important in palliative care. Several meaning-focused interventions have been developed recently. The aim of this study was to investigate MI and psychological burdens in parents of children in palliative care (PC) and to compare the findings with a sample of adult patients in PC as well as with a representative sample of healthy Germans.

**Methods:**

- In 2009 parents of children in specialized pediatric palliative care home were asked to complete the “Schedule for Meaning in Life Evaluation” (SMiLE). Respondents first list important activities that have meaning to their life before rating their current level of importance and satisfaction with each area. Overall indices of weighting (IoS, range 0-100), and weighted satisfaction (IoWS, range 0-100) are calculated. Additionally, interviews were performed on personal pain in part of a holistic assessment, but staff may feel inadequately trained to conduct the assessment.

**Results:**

- 17 parents completed the SMiLE. When compared to healthy individuals and PC patients,
parents list less meaning-relevant areas (median 13 vs. 9). They particularly list family and social relationships, as well as job and leisure. Parents’ IoW was 77.9±11.3, the IoS 75.3±16.3, and the IoWS 76.0±17.1. In comparison, PC patients (n=244) scored higher in the IoW 85.9±9.8, but comparably in the IoS 73.9±11.6 and the IoWS 75.3±18.2. Healthy Germans (n=977) scored higher in all indices (IoW 88.0±7.7, IoS 83.0±13.1, IoWS 83.3±14.8). In the ISI, parents show a slightly increased psychological distress (GSI 59.2±11.1).

Conclusions: In our study parents score in the range of AGIS 65.5 and lower in all SI-Med indices compared to healthy individuals. The qualitative analysis of the interviews, the results of which will be presented at the congress, further deepened the understanding of Mil in parents caring for a child in PC.

Abstract number: P952
Abstract type: Poster

The Use of a Low Dose of Morphine in Treating Respiratory Distress in Children with Spinal Muscular Atrophy Type 1

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Spinal Muscular Atrophy type I (SMA type 1) is the most severe expression of lower motor neuron disease, characterized in early infancy by hypotonia, progressive bulbar weakness and respiratory impairment. Death results mostly before 24 months of age. Management of respiratory problems is a challenge but invasive and aggressive interventions are avoided.

Research aim: We present a single center experience in the palliative support of these patients. The use of a low dose of morphine to prevent distress caused by hypoxia has never described.

Study design and methods: Between 2003 and 2010, 9 children were diagnosed with SMA type 1. One child was supported by BEPAP since the age of 14 months. All other patients were treated in non invasive way. Comfort care and good symptom control were the goals. The children died between the age of 5 to 21 months, seven at home and one in the hospital.

Nasogastric tube feeding was started between 4 and 20 months, antibiotics to treat infections and an anticholinergic agent to treat hypersalivation. In case of severe respiratory distress, morphine was started at a dose of 0.2mg/kg/dose bid or tid, administered via nasogastric tube. The dose was raised progressively, no dose was administered in case of nausea. Three patients on comfort care, ate via mouth.

Results: 13 children experienced severe respiratory depression or drowsiness, neither by starting or raising the the morphine. Two children died of respiratory depression and five of progressive muscular weakness. Time between starting morphine and death ranged from 1 to 3.5 months. In none of these cases a respiratory depression or accelerated death was noted.

Conclusion: Treating severe respiratory distress in children with SMA type 1 is a challenge. Low dosed morphine is effective and well tolerated in treating anxiety and distress caused by hypoxia and the feeling of suffocation. Starting low morphine dose did not accelerate the time of death in these children.

Abstract number: P953
Withdrawn

Abstract number: P955
KoIt type: Poster

‘Let’s Talk about Sex!’ A Study to Explore Sexual Needs Being Identified by Children’s Hospice Staff for Young People with a Life Threatening / Life Limiting Condition

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Introduction: An increasing group of physically disabled young people are exploring and expressing their sexual needs in residential settings like children’s hospices and with children’s hospice at home services. These needs may not always be recognised and addressed by the care staff.

Aim: The aim of this research project was to explore experiences of Children’s Hospice staff when confronted with matters of sexuality and investigating the need for guidance on how to meet the sexual needs of young people with a life limiting or life threatening condition.

Method: The design was a qualitative study based on semi-structured telephone interviews with a cross section of Children’s Hospice staff across the United Kingdom to present a general perspective of the subject.

Results: The results were that most staff expressed feelings of embarrassment when faced with matters of sexuality; however most of the nursing staff articulated it in the third person. Nurses felt that they should include sexuality in their general assessment in order to explore what the needs are and provided clear and concise answers to address it. The main difficulties in giving support to the patients include: lack of professional support, lack of guidance and formulation of sexual issues, lack of personal experience and fear of legal issues.

Conclusion: This study has shown that there is uncertainty amongst care staff due to lack of guidance and direction from the organisation’s management. Focused teenage weekends and sleeps would help addressing sexuality, intimacy and relationship in a more structured way when supervised by designated trained staff and volunteers and to avoid confrontation with other (younger) service users in the Hospice. Input of an external professional tool to encourage discussion on this area of care would be helpful. At the national level Hospice membership organisations could support raising awareness on sexuality to help the public understand that the sexual needs are part of the holistic approach of Hospice care.

Abstract number: P957
Abstract type: Poster

Gastrostomy Placement with an Introduction of Traditional Medicine in Neurologically Handicapped Children with Pathologic Gastroesophageal Reflux

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Backgrounds: Neurologically handicapped (NH) children, such as severe cerebral palsy and multiple disabilities, are categorized as group-4 patients who should receive palliative care. They often show various symptoms caused by pathologic gastroesophageal reflux (GER). Although fundoplication was previously recommended in NH children, the usefulness of fundoplication has been recently questioned, because of limited efficacy and a high incidence of symptomatic recurrence. We have been performing gastrostomy placement alone combined with medical treatment using rikkunshito ( TJ-43), an adaptive traditional Japanese medicine, in those with pathologic GER. We herein report the outcomes of our treatment with traditional Japanese medicine.

Materials and methods: Subjects consisted of 21 NH patients (1-18 years) who were successfully nourished with gastrostomy tube feeding. All underwent 24-hr pH monitoring before surgery to investigate the presence of pathologic GER, showing the time of esophageal acid exposure over 5 %. Gastrostomy placement was performed laparoscopically or by open surgery.

Results: No significant operative complications were encountered in all. Among 19 patients who were followed up, no significant clinical changes were observed in 13 patients, and a decrease in 6 patients who were successfully conducted in 9 using TJ-43, lansoprazole, and famotidine. One patient with Cockayne syndrome required continuous feeding via a gastrojejunal tube because of repeated emesis and intractable diarrhea.

Conclusion: Our retrospective study alludes to the efficacy of gastrostomy alone with medications, including rikkunshito and acid suppressive agents for the treatment of NH children with pathologic GER. Traditional Japanese medicines show promise as a potent agent for treating pediatric patients requiring palliative care.
Children with Cancer in Palliative Care: An Ethnographic Study

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The organization of health systems provides that palliative care (PC) is a privilege because its priority is to provide broad and individualized care in order to meet the needs of patients experiencing the death and dying process and also that of their caregivers. This study aimed to understand the experience of children with cancer and that of their families during the death and dying process and also that of their caregivers. The study was carried out in a university hospital in the interior of São Paulo, Brazil. The participants were children with cancer and their families. The empirical material was collected according to the drawn story technique in which children were asked to draw three situations: an infant; a family with an ill person; and the child/their self with her/his family today. Interviews accompanied by genograms, ecopan and participant observation were used with family members. The process of collecting empirical material was carried out either at the hospital or at the participants' households according to each situation. The results revealed that children did not perceive themselves continually ill during the process of diagnosis. Some important decisions such as: choosing the hospital where they would be hospitalized, practicing self-care and participating in hospitalization were considered important by patients and their families. The parents sought support in religion to deal with suffering accrued from the imminent death of their children and their family, and social support from the community after their children's death. The results indicate the need for children to be addressed as competent beings capable of understanding the process they are experiencing and capable of expressing their needs, and have their worries and choices met, participating in the decision-making process, and have their families included and supported in this stage of treatment.

Abstract number: P961
Abstract type: Poster

Are Children Just Small Adults? Reaching Out… Pediatric Palliative Care

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The abstract aims to clarify underlying differences between pediatric and adult palliative care, and the importance of developing specific pediatric competencies and skills in palliative care, in order to better address the needs of newborns, children and adolescents and families facing a life limiting condition.

This is an empirical study, based on ethical reflection and an international bibliographic review. In the first part we will focus on the current situation of pediatric palliative care (PCC). Afterwards, we plan to underline some of the main differences between pediatric and adult palliative care.

In several countries, PCC has developed later than adult palliative medicine and from pediatrics itself. According to the United Nations' child rights convention and EAPC the professionals working in PCC should first and foremost be trained in the care of children and young people. No country has a national database identifying all children with life limiting conditions; which can explain why palliative care services currently available for PCC are still few, fragmented and inconsistent all over Europe. PCC differs from adult palliative care in several developmental, physical, psychological, social and clinical aspects. PCC focuses on both child and family as a single subject of care. PCC is provided for longer periods: from diagnosis (combined with care-oriented life) and through death and bereavement. PCC focuses on families' quality of life. PCC considers and promotes a child's development: respecting them as a community member. PCC is very different from adult palliative medicine. Therefore, for best addressing their developmental, physical, psychological, social and clinical specific needs, palliative care programs and teams should embrace pediatric specialists and promote the development of specific pediatric palliative care skills and competences.

Abstract number: P966
Abstract type: Poster

Monitoring the Provision of Care for Children with Cystic Fibrosis in a Poor Resource Country

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Background: In the 50's the life expectancy for patients with cystic fibrosis (CF) was 4 or 5 years, sometimes patients being diagnosed after death. Today, because of evolved possibilities for diagnosis and treatment the life expectancy is situated between 35 or 40 years. Aim: To lobby for development of specialized CF interdisciplines teams by describing the actual situation in Romania for patients with CF and their needs.

Method: Retrospective study reviewing the files of patients with CF, cared by the Clinical Pediatric Hospital and Hospice Casa Sperantei in Brasov, between 2006 and 2009 and analyzing the national literature in regard to the development of these services in Romania. The data collected and analyzed are: demographic data, frequency of clinical manifestations, types of services and the afferent costs.

Results: In the period from 2006 to 2010, we select: Group A ≥ 65 years, Group B ≥ 80 years. Within each group, we analysed diagnosis, patients' evolution, survival after placement, death or PEG removal.

Results: Group A included 51 patients: neurological disease: 10; head and neck cancer: 8; other tissues: 2; bronchial cancer: 3; pulmonary disease: 7; Outcome: 5 patients are still under PEG feeding, 7 deceased, 8 deceased, 2 deceased for follow-up. Survival range from < 1 month to 8 years (average: 15 months).

Group B included 45 patients: neurological disease: 3; bronchial cancer: 5; head and neck cancer: 2; others tissues: 3. Outcome: 25 patients deceased, 19 are still under PEG feeding, 1 lost for follow-up. No one oral feeding. Survival range from < 1 month to 4 years (average: 12 months).

There were no procedure-related deaths. In both groups most of reduced survival cases were stroke patients.

Conclusions: Our patients survived for a long time, proving that PEG feeding elderly patients is safe and worthwhile.

Abstract number: P967
Abstract type: Poster

Revealing the Enigma of Dying in Long Term Care through Death Reviews

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Background: In Ireland 20% of older people die at home, while most die in acute and long stay settings. Integration of palliative care principles and older person care is necessary to create a model of end of life care (EOLC) for older people. Death reviews were initiated as part of a quality improvement project aimed at improving end of life care in long stay community units.

Aims and objectives: To evaluate EOLC delivered to residents in the unit or prior to transfer to the acute setting where death occurred within six weeks of initiating EOLC. To appreciate the complexity of EOLC in long term care.

Description: The project nurse reviewed the resident's chart, guided by EOLC tool. Permission was sought and obtained from each unit to participate in this quality initiative. The review methodology consisted of a discussion on the resident’s life in the community unit and care activities within the last forty eight hours of life. The review was facilitated by the project nurse and attended by all staff. A synopsis of documented EOLC provided the focus for the review.

Evaluation: Death reviews facilitated staff to reflect on the strengths and limitations of the EOLC they provided. They provided a forum for discussion with regard to specific care issues such as symptom management, spiritual care, family of care and the moment of death. They provided the opportunity to challenge their assumptions around EOLC. The review created awareness for the need for...
used to measure satisfaction with the decision-making process and with the final decision. Using these scales as the outcome variable, nationality was included in regression analyses to potentially identify differences in patient characteristics, including symptom burden, assessed by the End-of-Life in Dementia Satisfaction with Care (EOLD-SWC), and dementia severity, assessed by the Bedford Inventory of Severity-Scale (BIDS-S), as well as family caregiver characteristics (age, gender, educational level and relationship with the patient).

**Results:** Respondents were 66.2% female with a mean age of 60 years. Adjusted analyses showed that nationality was unrelated to the EOLD-SWC, while patients’ lower symptom burden was significantly associated with the EOLD-SWC. Nationality was not related to the DSI satisfaction with the decision-making process subscale, nor was any other variable. The DSI satisfaction with the decision subscale showed significant associations with nationality and symptom burden. Dutch residents and families of patients with lower symptom burden reported more satisfaction with medical decisions.

**Conclusion:** Family satisfaction with medical decisions was found to be better in Dutch than in Israeli families, whereas there were no differences found in Satisfaction with communication. Patient’s symptom burden was related to families’ evaluation of the process of dementia care.

**Abstract number:** P970
**Abstract type:** Poster

**Accreditation of Care Homes Undertaking the Gold Standards Framework (GSF) Care Homes Training Programme**

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**Aims:** To ensure that Care Homes undertaking the GSF Training Programme are consistently meeting the required standards for resident addressing the end of life, using a validated accreditation process.

**Method:** The Gold Standards Framework Training Programme is based upon a programme with six workshops and comprehensive resources, Good Practice Guide, DVDs and local facilitation. Care Homes applied for accreditation by implementing the GSF in all parts of the country up to 50 per six month period.

**Results:** Sixty-nine nurses (58% participant rate) completed the questionnaire. The mean percentage of correct responses across the four facilities on the PCQN was 60.2%. Considerable differences were noted between facilities on some knowledge items. Specifically on the management of pain and other symptoms. Responses for questions in the S-EOLC ranged from 0% (cannot do it at all) to 7% (certainly can do) with responses being high across the three assessed domains; patient management (6.1), communication (5.9) and multidisciplinary teamwork (5.48). Variation on S-EOLC scores was also noted across the participating facilities.

**Conclusion:** The findings revealed site specific differences on both measures highlighting how organizational conditions influenced staff perceiving communication and multidisciplinary teamwork. The findings emphasized the importance of identifying organizational specific strategies to improve end-of-life care in long term care homes.

**Funding:** Social Sciences and Humanities Research Council

**Abstract number:** P972
**Abstract type:** Poster

**Drawing up a Methodology for Creating Geriatric Palliative Care Model Tailored to Georgian Context**

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**Incorporation of Palliative Care (PC) into Georgian National Healthcare System has been methodically implemented during the recent years. On April 3th, 2009 National Coordinator of PC Programs, Georgian National Association for PC and Department of Gerontology and PC made a presentation to the Healthcare and Social Issues Committee of Parliament of Georgia (HSICPG) on “National Model of Palliative Care and Ways of its Funding”. It was resolved that financing of Geriatric Palliative Care National Model (GPCNM) will be reviewed by the government only upon its scientific justification.

**Aims:** To determine necessary circumstances for creating GPCNM in Georgia.

**Study design and methods:** 24 persons involved in the field of management and practice of Healthcare and Social Services have been invited, including the officers of the Ministry of Health and HSICPG, social workers, University faculties of Justice, Economics and Sociology, experts of Gerontology and Geriatric Medicine. They were given a list of matters drawn up by the National Board of Gerontology, related to health care and quality of life for older adults. The list included 41 components. The invited people had to point out the components they considered essential for designing GPCNM. A component was considered significant if it was pointed out by more than 60% of the participants (15 persons).

**Results:** It was decided that scientifically approved GPCNM Geriatric Palliative Care National Model must be influenced by Distribution of elderly population by country districts Structure of illnesses in elderly population Social-economic conditions of elderly population Medical deficiency of elderly population (insurance companies and federal programs) Legislative and Social security of elderly population

**Conclusion:** Research of all above mentioned factors will formulate the necessary predictors for creation of GPCNM.
**Abstract number:** P976  
**Abstract type:** Poster

**Palliative Care for the Geriatric Patient in Europe: A Survey Describing the Services, Policies and Legislation and Associations in Geriatric Palliative Medicine**

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**Objective:** To map the existing palliative care structures for geriatric patients, the available policies and legislation in geriatric palliative medicine in different countries of Europe.

**Method:** A questionnaire was sent to the Geriatric and Palliative Medicine societies in 36 countries throughout contact persons. The areas of interest were:
1. Availability of services for the management of geriatric patients by using vignette patients (advanced cancer, severe cardiac disease and severe dementia), (2) policies and legislations for palliative care in residential facilities and in geriatric wards is less developed. A disparity was found between the available services and those required to take care of the 3 cases described in the vignettes, especially for the patients dying from non-malignant diseases. The survey also demonstrated that caregivers are not well prepared for caring for the elderly palliative patient at home or in nursing homes.

**Conclusions:** One of the challenges for the year 2011 to come will be to develop palliative care structures adapted to the needs of the elderly in Europe, but also to improve the education of health professionals in this field.

**Abstract number:** P977  
**Abstract type:** Poster

**Hospice and Palliative Care in Nursing Homes: Organisational Development and Training**

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**Purpose:** To review the role of the nurse in organisational development and training in long-term care facilities.

**Methods and materials:** Our experience from two wards in nursing homes were carried out. The data were collected with the use of a form containing the journal’s information; professional category, author’s title and institution, contact number, email address and fax number. The form was sent to the authors of the best papers (selected from the original publications that report the practice of palliative care for Brazilians in order to show how to deal with the patient and family at the final moment of life.

**Abstract number:** P978  
**Abstract type:** Poster

**Indicators of Palliative Care Quality**

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**Objective:** To describe the indicators of palliative care quality in the Czech region.

**Method:** Observations of 31 patients (cancer, severe cardiac disease and severe dementia) were selected. Data was collected with the use of a form containing the journal’s information; professional category, author’s title and institution, contact number, email address and fax number. The form was sent to the authors of the best papers (selected from the original publications that report the practice of palliative care for Brazilians in order to show how to deal with the patient and family at the final moment of life.

**Abstract number:** P979  
**Abstract type:** Poster

**Registation in Palliative Care, the Frequency of Sitting Service, Care Continuity, and Place of Death for Persons in a Swedish Municipality**

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**Objectives:** To describe frequencies and patterns of the use of sitting service, care continuity during the last month of life, and place of death. To describe how palliative care was handled in the last month of life.

**Method:** Observations of 31 patients (cancer, severe cardiac disease and severe dementia) were selected. Data was collected with the use of a form containing the journal’s information; professional category, author’s title and institution, contact number, email address and fax number. The form was sent to the authors of the best papers (selected from the original publications that report the practice of palliative care for Brazilians in order to show how to deal with the patient and family at the final moment of life.

**Abstract number:** P980  
**Abstract type:** Poster

**Palliative Care in Geriatrics: Analysis of Scientific Production in Brazil**

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The study aimed to analyze the Brazilian scientific production on palliative care for the elderly.

**Methodology:** A research of the literature in the Brazilian Health Library database (BVS) in the period between August and October 2010. Keywords and their combinations of “palliative care”, “geriatrics”, “elderly”, “gerontology” were used. Studies in Portuguese that were published in the last 11 years with dementia communication is of paramount importance. Based on the theory of person-centred care (Tom Kitwood) two well established methods for person-centred care with persons with dementia (Validation® [Noami Feil] and Basale Stimulation® [Briend, Fröhlich]) were explored. The project aimed at answering the following research questions: What are the driving and hindering factors for implementing the two methods of communication with persons with dementia in nursing homes?

**Design and methods:** We chose case-study research (Robert Yin) as research approach. Two case-studies in two wards in nursing homes were carried out. The data were collected with the use of a form containing the journal’s information; professional category, author’s title and institution, contact number, email address and fax number. The form was sent to the authors of the best papers (selected from the original publications that report the practice of palliative care for Brazilians in order to show how to deal with the patient and family at the final moment of life.
Abstract number: P982
Abstract type: Poster

Intervention by a Psychosocial (PS) Team (EAPS) into Elderly Patients (PTS) Suffering from Advanced Diseases. Gender Analysis
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Objective: To analyse the PS intervention in pts over 65y. Specific goals: To implement a PS program, both at the home and the hospital setting lead by A clinical psychologist and a social worker (SW).

Method: Descriptive, prospective, study. Analysis of the last 6 months of the PS intervention in adult pts, from which, we select a sample of pts aged 65 and older.

An initial evaluation and follow up is performed. Intervention is coordinated with the HCT within Madrid’s health area 10 and the Hosp. Pall. Support Team in the Intensive Care Hospital. Results: From May to October 2010, 68 pts over 65y have been treated, representing 51% of the evaluated population. 24% are above 80y of age. 66% are men. Average age: 76y. 59% of pts had the initial intervention in Hospital whilst 41% at home. Main referral reasons: Treatment of pain. We professional support: 21%; inadequate family unity: 19%; Depression: 12%; Anxiety: 12%; Support in decision making: 93%. In 15% of the pt and families. The aims of this retrospective study were the evaluation of: Clinical data, evolution and outcome of PEG feeding stroke patients. 2. Location of vascular lesion and nature of the stroke. 3. An eventual relationship of location or nature of the stroke with the clinical outcome.

Methods: From the clinical files of 321 ELD pts (1999-2009), we selected those with stroke. Results: In 48 pts (15.4%) PEG placement was due to stroke. Twenty-seven were male (56.2%). There were no procedure-related deaths and no major complications of enteral feeding PEG. Eleven (22.9%) pts died within 24 hours following, 23 (47.9%) died, 4 (8.3%) patients resumed oral feeding and feeding was reduced, 25 (52%) are still PEG feed and followed by the enteral nutrition team. The survival ranged from less than one month to 58 months.

Conclusions: The combined intervention of a psychologist and sw, in coordination with the PCT, can be useful in improving the final 24 hours of life.

Poster sessions (Friday)

Abstract number: P984
Abstract type: Poster

Clinical Data, Evolution and Outcome of 48 PEG Feeding Stroke Patients

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Rationale: Long standing dysphagia is frequent after a stroke. It is commonly associated with malnutrition and aspiration. PEG placement is the choice for long term enteral feeding and might reduce complications associated with dysphagia, improving quality of life and survival of the pts.

The aims of this retrospective study were the evaluation of:
1. Clinical data, evolution and outcome of PEG feeding stroke patients.
2. Location of vascular lesion and nature of the stroke.
3. An eventual relationship of location or nature of the stroke with the clinical outcome.

Methods: From the clinical files of 312 ELD pts (1999-2009), we selected those with stroke. Results: In 48 pts (15.4%) PEG placement was due to stroke. Twenty-seven were male (56.2%). There were no procedure-related deaths and no major complications of enteral feeding PEG. Eleven (22.9%) pts died within 24 hours following, 23 (47.9%) died, 4 (8.3%) patients resumed oral feeding and feeding was reduced, 25 (52%) are still PEG feed and followed by the enteral nutrition team. The survival ranged from less than one month to 58 months.

Conclusions: The combined intervention of a psychologist and sw, in coordination with the PCT, can be useful in improving the final 24 hours of life.

Poster sessions (Friday)

Abstract number: P985
Abstract type: Poster

Treatment of Pain and other Decisions at the End of Life: Comparing Patients with Dementia and Cancer

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Aims: Physicians’ end-of-life decisions (EOLD) in patients with dementia have not been extensively studied; however dementia can complicate communication and is a known risk factor for underdiagnosis and undertreatment of pain. We examined end-of-life decision-making in patients with any diagnosis of dementia and compared it with the EOLD in patients with cancer.

Methods: Physicians who certified a representative sample of 8627 death certificates in Brussels and Flanders, Belgium, completed continuous questionnaire about ELDs (50% response rate). Patients with any diagnosis of dementia (N=361) and with cancer and no dementia (N=1227) were retained for analyses, and younger (18-79 years) and older patients (80+) were compared.

Results: Lethal drugs were less often used in patients with dementia than those with cancer (3.9% vs. 7.1%), but were never preceded by an explicit request in patients with dementia. When continuous unconscious sedation (CDS) was initiated it was significantly more often without the patient’s consent or request in patients with dementia compared to cancer (younger: 73.3% vs. 29.1%; older: 53.2% vs. 23.6%). Intensified alleviation of pain and symptoms (APS) occurred less often in dementia patients than in patients with cancer. Physicians more often reported patients’ low quality of life (QoL) as reasons for the ELD in dementia patients; and pain more often as a factor in cancer patients. Despite this, reported pain levels in the last week were more severe in dementia patients and significantly and dementia patients were significantly less likely to be in receipt of opiate (younger: 49.3% vs. 83.6%; older: 50.2% vs. 74.3%) or benzodiazepines (younger: 17.8% vs. 43.8%; older: 19.4% vs. 30.0%) during the final 24 hours of life. HCA-124: conflict of interest: 12%

Conclusions: The combined intervention of a psychologist and sw, in coordination with the PCT, can be useful in improving the final 24 hours of life.
(iii) Educational/training barriers that circumscribe the ability of both doctors and nurses to prescribe the necessary doses of opioids to patients;

(iv) Fear and lack of knowledge among healthcare professionals and members of the community in relation to the stigmatizing and taboo status of ‘drug addiction’

(v) A ‘Western’ focus that fails to adequately represent the socio-cultural context of developing countries

(vi) Disproportionate socio-economic circumstances of individuals and countries

(ivii) Inexpensively restrictive/unduly burdensome opioid legislation and practices.

Conclusions: There is a number of significant challenges in national controlled substances policies that possess implications for the delivery of palliative care. Further, a number of such policies to a plethora of diverse socio-cultural, economic, educational and health policy contexts should be fully and adequately considered.

Abstract number: P992

Abstract type: Poster

Developing a Methodology for the Calculation of the Demand of Hospice Beds

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Aim: The aim of this study was to develop a methodology for the calculation of the demand in a certain area in the form of an algorithm that can be used for further analysis. Therefore, the main objectives of this study were: to analyze and assess various factors, to determine the most relevant factors and to develop a method for translating these into the provision of hospice beds.

Methods: From 04/10/2010 the following methods were used: strategic literature searches (including grey literature), expert interviews, round tables with representatives of the umbrella organisations, politics, health insurers, and with heads of all hospices in the region. Analysis of the available demographic and epidemiological data (current and prospective). Evaluation of a survey of the hospices in the region, including epidemiological and demographic data of patients, number of patients, length of stay, hospice utilisation etc. Further, a questionnaire seeking to gather information, expert interviews, round tables with representatives of the umbrella organisations, politics, health insurers, and heads of all hospices in the region, barriers to referral and availability, and other aspects was worked out by a multi-professional focus group, sent out after a pre-test, and evaluated.

Results: Data from the survey of the hospices (n=59; response rate 44%) enabled to compare absolute demographic and epidemiological data from the region, including mortality and causality of death with the patients represented in hospices. Barriers to the availability of hospice beds were identified and networks were developed. Data from official statistics offices needed to be reorganised and/or were only available on demand. An algorithm was developed and elements were included: including factors based on hard facts and identified factors that may influence the demand. Some will need accompanying research.

Conclusions: An algorithm for the calculation of the demand of hospice beds comprises of a great number of items that need to be assessed for the respective region. Nevertheless, some aspects will be dependent on political decision-making, health insurance companies, self-conception and economic situation of the hospices. Relevant recommendations are given.

Abstract number: P993

Abstract type: Poster

Legal Analysis of Impediments to Access to Opioid Analgesics for Palliative Care Patients in Kazakhstan

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The legal analysis aimed at learning about how state regulations on drug control policy can influence the availability of opioids for medical and, at elaborative Care recommendations on legal regulatory changes to address the existing barriers. The Analysis focuses on the three main issues. The first shows a correlation between international treaties and national laws regarding access to the opioids. In spite of the fact that palliative care was included into the Medical Code in 2009, the Government still concentrates on drug control obligations ignoring the principles of opioids availability for medical and scientific purposes. Kazakhstan is among those countries which have a low consumption of opioids. These estimations requirements stays the same every year. The second part describes the complicated multi-stage process of the physicians registration as access to narcotic analgesic distribution systems. The lack of consistency in the major drugs less than 5 μg, 100 μg and 10 μg opioid availability for patients in hospitals and palliative care units, and even less availability for those who are in the outpatient setting.

The last part of the Analysis demonstrates that one of the main factors impeding adequate chronic pain treatment with the use of opioids in the country is a very strictly controlled system of narcotic analgesics provision. Consequently, the physicians, who confronted with the fright of prescribing narcotic analgesics, have a lot of obligations to comply with various regulations being controlled by different institutions. The fear of sanctions for unintended violations, including those of technical nature, leads to a significant decrease in prescribed or distributed opioids. In conclusion, there is a set of recommendations which can be used by different stakeholders on their further work on the Access to opioid analgesics for palliative care patients in Kazakhstan.

Abstract number: P994

Abstract type: Poster

National Policy Review in 10 African Countries

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Background: The African Palliative Care Association (APCA), through a grant funded by the International Palliative Care Initiative and Open Society Institute South Africa, conducted a 1-year project that reviewed national legislation, policy documentation and implementation guidelines across 10 southern African countries. The review assessed opportunities, gaps, and gender issues that can be addressed or strengthened to support palliative care at the national level.

Methods: Document review tool was developed based on evidence from rapid appraisals in Zambia and Zimbabwe and information from Uganda, Kenya and South Africa. Key policy documents, guidelines and frameworks from the project countries were reviewed. A country report was developed highlighting the findings and recommendations. A roundtable was held in each country with key stakeholders to discuss the findings, recommendations and to brainstorm ideas for a country advocacy agenda.

Discussion: It is evident that one of the key challenges to effective palliative care development across Africa is the lack of integration into existing national health policies and strategies, thereby denying access to the majority of those who require palliative care. Reviewing national legislation and policy documents in each country allowed APCA to hold key discussions and sensitise policy makers on palliative care and gender issues that need to be addressed and strengthened.

Lessons learned: There is still a lack of knowledge around palliative care needs and this needs to be addressed at a national level but there is a willingness and acceptance for further integration and recommendations to be given and enhanced access to palliative care.

Recommendation: This was a key project to highlight gaps and improve access for palliative care at a national level. This needs to be replicated through other countries to ensure access to care for those who require it.

Abstract number: P995

Abstract type: Poster

Mapping Research Activity in Latin America

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Research in palliative and hospice care is essential for the development of appropriate treatment protocols. However, data indicates that the vast majority of palliative care research is carried out in developed regions. Important aspects of the palliative care needs of Latin America are underrepresented. This study aims to explore the palliative care research activity in Latin America and its visibility in the international palliative care literature, with a special focus on research studies. A bibliometric analysis was conducted in Medline®, EMBASE® and WanFajie® from 1980 to July 2010. Inclusion criteria were when either the first author and/or the data collection were derived from Latin America, and the main issue dealt with the development of publications from Latin America. The papers were evaluated and articles published in no scientific journals. All languages were included.

The literature research identified 504 references. 86 articles published by authors in 10 countries were included; the first publication was a qualitative study in Brazil in 1989. Most of scientific output has been less than half of the articles, while 30 countries have no publications. Mostly of the studies used quantitative design, mainly cross-sectional studies. The study include qualitative studies often used interviews. Perceptions, feelings, attitudes, meanings about death were the most researched issue.

Overall the study shows a very limited contribution of publications from Latin America. Reasons for the underrepresentation, as well as development inclusive of this imbalance are discussed. Efforts should be made to increase, improve and sustain research in palliative care in Latin America and extend a regional research agenda tailored to the needs and features of the region considering the health care structure and local resources available is essential.

Abstract number: P996

Abstract type: Poster

Benefits of International Volunteering in Palliative Care

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Aims: With social entrepreneurship & awareness of inequalities in health care there is increasing interest in international volunteering. Many initiatives exist from formal twinning of services, international organisations & networks to specific such as the UK government’s encourages international sharing of good practice and taking training to resource international palliative care programmes & UK the government’s encourages international sharing of good practice and taking training to resource international palliative care programmes & the benefits of international links. A survey was carried out to explore the personal, professional & institutional benefits of international links and links with the palliative care organisations & networks & individual links. The UK has been involved in the development of international links. A survey was carried out to explore the personal, professional & institutional benefits of international links and links with the palliative care organisations & networks & individual links. The UK has been involved in the development of international links.

Methods: An online survey questionnaire was developed & circulated via personal contacts, national networks and international organisations. Data collected using a 5-point Likert scale encompassing areas gleaned from personal experience & discussion with palliative care workers & policy makers in international links. A survey was carried out to explore the personal, professional & institutional benefits of international links and links with the palliative care organisations & networks & individual links.

Results: 43 surveys completed. Participants; doctors 68%, nurses 24%, social workers 12%. Respondents scored > 4 with 12% more than 1 year. Benefits according to area; 1. Personal; 68% of 10 scored more than 4 (good or excellent benefits)

2. Professional; 17 of 19 scored > 4

3. Institutional; 7 of 12 scored > 4 though showed less engagement

Challenges included language and cultural issues.

Conclusions: International visits can offer significant human resource development as well as the more obvious humanitarian contribution thus opportunities & benefits of international links & services should be encouraged to consider such links.
Identifying Patient Preferences for Cancer in the Context of Resource Constraint: Choosing Health Plans All Together (CHAT)

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Background: Healthcare reform in the United States (US) and local cost containment efforts have fueled discussion of how to improve financing policy for care at the end of life. A rational, patient-defined, evidence-based recommendation to inform redesign of the US Medicare program (national healthcare funding stream) is needed. Currently, Medicare funds hospice services for people with prognosis <6 months who agree to forego curative treatment, if these are the wishes of the dying person, having had a close friend/family member pass away, gender, marital status, ethnicity, income, and voting preferences. Some groups were not as supportive as 51% were in support: adults who had not graduated from high school, rural people, older adults, and people without a living will.

Conclusion: Albertans are surprisingly open to hastened death, with further study and dialogue needed now to shape health care or public policy. Funded in part by a grant #HOA-80057: Timely Access and Seamless Transition in Rural Palliative/End-of-Life Care, through the CIHR Institute of Cancer Research and Institute of Health Services and Policy Research to Allison Williams and Donna Wilson (Co-Principal Investigators).

Abstract number: P999
Abstract type: Poster

Polling Albertans About Hastened Death

Kemp K.1, Hill V.2, Donaldson K.3, Adam J.3, McKay J.3, Hawes J.4, Williams A.5, 6, 7

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‘Do Not Attempt Reususcitation’ (DNAR) has been a hot topic for some time. A variety of DNAR policies already exist and a national NHS Scotland ‘Do Not Attempt Cardiopulmonary Resuscitation’ (DNACPR) policy is currently being implemented across Scotland.

After adapting the regional Lothian DNAR policy for local use in 2006, it became clear that uncertainty around DNAR still existed amongst our hospice staff. The hospice Clinical Governance Research and Audit Committee recommended a policy review and exploration of staff knowledge and experience. Through an audit questionnaire, we captured the views and knowledge of the multi-professional team (n=79) with regard to the existing policy. The questionnaire yielded an 88% response rate. Three key themes emerged: understanding, uncertainty and education. The results of the audit, in conjunction with the literature and clinical governance policy, provided an ideal opportunity for the development of an educational programme. This poster outlines the processes involved in the practice development initiative undertaken to ensure that staff working in this Specialist Palliative Care Unit have the knowledge and skills required to communicate sensitively with patients and families and to support other professional colleagues in this challenging area.

Abstract number: P1000
Abstract type: Poster

AVNHPV Resuscitation Best Practice: Applying Policy to Practice in a Hospice Setting

Kemp K.1, Hill V.2, Donaldson K.3, Adam J.3, McKay J.3, Hawes J.4, Williams A.5, 6, 7

1St Columba’s Hospice, Edinburgh, United Kingdom

Preliminary analysis of 8-month results will be Forthcoming.

There is a great need for advocacy to empower patients and families on their rights and a need to also educate health care providers on patient’s rights.

Conclusion: KEHPCA plans strategic continued advocacy of patient’s rights, including legal protection, patient’s autonomy and human rights.

Abstract number: P1001
Abstract type: Poster

Costs of Terminal Patients who Receive Palliative or Usual Care in Different Hospital Wards

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Introduction: A multi-centre, retrospective cohort study compared costs of palliative or usual care (PC, UC) in acute wards or in palliative care units (PCU). Health care costs included fixed hospital costs, charges relating to medical fees, pharmacy and other health-related costs.

Material and methods: A retrospective, multi-centre cohort study compared the costs in the last 30 days of terminal patients who receive PC or UC in acute wards or in PCU in Belgium hospitals. The study enrolled hospital patients deceased in 6 months after 1/2007 in oncology, geriatric and cardiology wards and PCU. Patients with acute illness, sudden death and death following therapeutic complications were excluded. A physicians (MD) and a nurse (RN) assessed whether the patient received PC or UC by examining the decision making process on their actual care in the last 30 days. The study enrolled a Dutch- and in French-speaking university hospital, a public and a catholic hospital. A quantified real costs based on actual resource use.

Abstract number: P1002
Abstract type: Poster

Incorporation of Legal and Human Rights Issues in Palliative Care

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Aims: Palliative care aims to improve the quality of life for patients facing life threatening diseases by relieving pain and suffering through provision of physical, psychosocial and spiritual care. About 29–74% of people who receive. ABK’s experience has taught us that pain relief is fundamental to human dignity and the rights to health and freedom from cruel, inhuman, and degrading treatment. In Kenya, despite the UN Convention on Narcotic Drugs, there is no effective policy for supply and distribution of pain medication and excessively strict regulations impedes access. There are also no measures to ensure training for healthcare workers on pain management and palliative care. In addition, there are no measures to ensure that patients receiving palliative care patients in three member hospices, which confirmed gaps in knowledge, patient education, and training program to help palliative care providers identifying patients legal issues and resources to address them. Patients and family are simultaneously educated and trained on their rights during day care sessions at hospices and palliative care centers.

Results: There is a great need for advocacy to empower patients and families on their rights and a need to educate health care providers on patient’s rights.

Conclusion: KEHPCA plans strategic continued advocacy of patient’s rights, including legal protection, patient’s autonomy and human rights.

Design: KEHPCA submitted a proposition paper as part of palliative care’s holistic approach. The Development of the Concept of the Palliative Medical Care Introduction in Republic of Armenia

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1Ministry of Health of Republic of Armenia, Legal Department, Yerevan, Armenia; 2Ministry of Health of Republic of Armenia, Legal Advisor of Minister, Yerevan, Armenia; 3Standing Committee on Health Issues of the National Assembly of RA, Yerevan, Armenia; 4Open Society Foundation Armenia, Yerevan, Armenia

Research aims: Palliative care, being the most important component of the current developed
Abstract number: P1004
Abstract type: Poster

The Role of Physiotherapy to Prevent Falls in Palliative Care

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Fall is associated with considerable mortality and morbidity, reducing quality of life, especially in elderly and cancer patients, and it should be a component of Health Policy. Risk factors for fall and prevention strategies applied to cancer patients in palliative care are yet unclear. Fall prevention is priority, and the physiotherapist must inform the risks to patients and caregivers and indicate exercises, walk aid and suggest other approaches when necessary. This aim of this study is to identify the fall risks factors and the role of Physiotherapy to prevent falls in Palliative Care.

Methods: This study is a literature review searching the following databases: Pubmed and Lilacs, published in the last 10 years. The keywords used were: palliative care and falls. The languages selected were: Portuguese, English, Italian, Spanish and French. The criteria of inclusion were: original articles, interventions and reviews that were related to risk of falls in palliative care.

Results: This strategy obtained 49 abstracts which were read, and 8 obeyed the criterias of selection. All articles were in English language. 2 articles were a prospective design, and 2 articles were a review. The factors of risk identified were: delirium, age and the use of neuroleptics. 2 articles showed the importance of exercises. Physiotherapy interventions consist of a several treatment strategies: decrease pain, convulsion control, postural change, improve mobility, enable the patient to follow a normal social life and prevent fracture.

Conclusion: The role of Physiotherapist is help the interdisciplinary team to appreciate and reflect the fall risks and prevent falls with an efficient program. After this review, the Physiotherapy team established a program strategy to prevent or help patients to recover for inpatient and outpatient for falls risk is now a contented component.

Abstract number: P1005
Abstract type: Poster

The Right Time for Integration of Palliative Care in Montenegro's Health Care System

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Background: The health care system in Montenegro is organized as a public health care system. Few years ago, health system reform started with goals to introduce PC incorporation in our health system is necessary. The aim of this study is to identify the fall risks factors and the role of Physiotherapy to prevent falls in Palliative Care.

Results: This strategy obtained 49 abstracts which were read, and 8 obeyed the criterias of selection. All articles were in English language. 2 articles were a prospective design, and 2 articles were a review. The factors of risk identified were: delirium, age and the use of neuroleptics. 2 articles showed the importance of exercises. Physiotherapy interventions consist of a several treatment strategies: decrease pain, convulsion control, postural change, improve mobility, enable the patient to follow a normal social life and prevent fracture.

Conclusion: The role of Physiotherapist is help the interdisciplinary team to appreciate and reflect the fall risks and prevent falls with an efficient program. After this review, the Physiotherapy team established a program strategy to prevent or help patients to recover for inpatient and outpatient for falls risk is now a contented component.
should not be underestimated. The isolated work pattern in UK out-of-hours services means that GPs are left to deal with problems alone. Pressed services may encourage discussion of withdrawal of treatment with a colleague after a palliative care encounter is not perceived as a practical option. This may contribute to work-related burnout in this group of doctors and out-of-hours services need to be aware of this issue, when planning for their services.

Abstract number: P1010
Abstract type: Poster
A Pilot Study of the Relationship between Acceptance and Rehabilitation Outcomes in Patients Receiving Specialist Palliative Care Low J.1, Evans S.E.2, Drake R.1, King M.B.1, Turner K.1, Tooman A.1, Jones L.1
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Background: Rehabilitation in palliative care aims to maximize physical and psychological functioning, but negative thoughts can hinder patients from attempting this approach. Acceptance and Commitment Therapy (ACT) is a form of talking therapy which helps to support patients to manage negative emotions by improving their psychological flexibility. ACT has been used in many health related behavioural interventions, but not in palliative care rehabilitation. This study aimed to investigate the relationship between acceptance (as conceptualised in ACT), psychological morbidity and physical outcomes.

Method: Cross-sectional study in which a consecutive sample of patients attending a specialist palliative care day therapy unit for rehabilitation completed (i) AAQ-II to measure acceptance; (ii) Kelesder-10 to measure psychological morbidity. Physical function was assessed by (i) timed 2 minute walking test; (ii) a minute sit to stand test. Correlation statistics and multivariable regression analyses were used to assess the strengths and directions of relationship between acceptance and psychological morbidity and physical function with a sample of 101 patients.

Results: 101 patients were recruited, mainly white females with a mean age of 64 years. Correlation analysis showed a negative moderate association between acceptance and psychological morbidity (R=0.59) and a weak positive association between acceptance and physical function with a sample of 101 patients.

Conclusions: The negative association between acceptance and psychological morbidity suggests it may be possible to reduce psychological morbidity by improving patients’ acceptance using an ACT-based intervention. Both an ACT-based intervention and an ACT-based intervention in palliative care rehabilitation and to test its acceptability and feasibility.

Abstract number: P1012
Abstract type: Poster
Risk Communication in Patients with Metastatic Cancer Williams M.1, Nelson A.2, Byrne A.1
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Introduction: Communication is a critical to the practice of nursing and medicine. It is central to the doctor patient relationship, providing information for the patient and for the other healthcare professional. Communication may involve discussing the risks of a particular treatment or events happening during a patient’s illness e.g. oncological treatments; developing metastatic spinal cord compression. Risk communication involves a shared discussion of information between the patient and healthcare professional, allowing improved comprehension, and ultimately more informed decision making, however it can leave doubts about the future for patients. Risk communication is a complex subject which is becoming increasingly important for patients and healthcare professionals. The knowledge in advanced cancer is limited.

Aim: Exploring the experiences of people with metastatic cancer desire when confronted by a risk and how information should be communicated.

Method: A qualitative study, conducted, using focus groups to allow exploration of patients’ ideas and attitudes. Data collected was analysed through a thematic approach.

Results: Two focus groups were conducted. Four ordinate themes were found, one of which was risk communication. This theme discussed how the quantification of risk is perceived by the patient, aspects of individualism regarding the information sought, and the varying presentation styles required. Participants expressed varying information needs, individuality in the interpretation of information, and therefore the need for different techniques to communicate a risk.

Conclusion: The study highlights the complexity of risk communication (which considers benefits versus burdens of a situation) in a group of patients with metastatic cancer. It reflects the individuality needed when framing risk and ensuring information given is appropriate for the individual. This will help to stand in giving information which is remembered and acted on.

Abstract number: P1013
Abstract type: Poster
A Critical Review of Advance Directives in Germany: Attitudes, Use and Physician Compliance Evans N.1, Mehac A.2, Andrew E.Y.W.1, Baunebein C.2, Higgsman L.1, Taylor S.2, De Vreug M.1
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Background: Compliance with patients’ wishes as set out in advance directives (ADs) is increasingly important and legislated in Europe. Recent legal changes in Germany make non-compliance a criminal offence. In light of such developments, we aim to assess the evidence on attitudes towards, use of, and physician compliance with ADs in Germany.

Methods: Critical review. Studies on ADs, identified from a systematic review of culture and end-of-life care in Germany (in 6 electronic databases, 3 journals, reference lists, and grey literature), were included. A qualitative meta-synthesis identified cross-cutting topics. Results: Thirty-three studies (1990-2009) were identified (76% quantitative). Key themes were: awareness/ignorance; compliance; and, patients’ desired bindings of ADs. There was a positive trend between awareness and study publication date. The use of ADs however varied considerably (0.3-62%, depending on study population). The proportion of people who believed ADs to be important was high compared with the use of ADs (purpose and possible abuse were identified. There were contradictory findings regarding who patients feel should initiate discussions of ADs (physicians or non-physicians). Difficulties faced by physicians informing patients about ADs and non-compliance were frequently reported in the literature. More information about patient wishes led to greater physician compliance. Conflicting results were reported regarding patients’ desired level of bindings of ADs.

Conclusion: Although there is increasing awareness of ADs in Germany, the practical use of ADs is still low. Fears of abuse and contradictory evidence regarding their desired level of bindingness. Uncertainty as to who should initiate such discussions is common. Future research should focus on the distribution of the topics in the initial and final evaluation. Concerning the second one, “offer/receive support”, “distress” and “express/promote the expression of thoughts and emotions” are the most represented. The distribution of the topics in the show a significantly higher proportion of students reporting on the first (P<0.02) and the third (P<0.001) of the topics above mentioned.

Conclusions: Our findings suggest that this package might improve attitudes of high school students on strategies to deal with the loss of a loved one. However, before being proposed at a regional or national scale, the package has to be evaluated in a larger sample. This work was supported by Liguria Region.

Abstract number: P1015
Abstract type: Poster
Moral Distress in Withholding and Withdrawal of Treatment Jang Y.W.1, Kim, J.Y.2
1Koho Teuk Puat Hospital, Geriatric Medicine, Singapore, Singapore, 2Hospital Feinstein, Palliative Care Medicine, Singapore, Singapore

Aims and methods: Moral distress is well described in nursing circles and is defined as “when one knows the right thing to do, but constraints make it impossible to pursue the right course of action”. It is often related to life prolongation and performing on unnecessary tests on terminally ill patients. However, little is known of moral distress amongst doctors. In the field of “Cure and Incurable”, we use fears of abuse and contradictory evidence regarding their desired level of bindingness. Uncertainty as to who should initiate such discussions is common. Future research should focus on the distribution of the topics in the initial and final evaluation. Concerning the contrary to what has been described amongst nurses, do lead to moral distress amongst doctors, even though ethically permissible. A questionnaire survey was conducted on a group of palliative care doctors in training, with the aims of determining:

1) The incidence of moral distress when withholding or withdrawing treatment
2) The percentage of moral distress differs between withholding and withdrawing of treatment
3) The impact of moral distress, if present.

Results: 80 out of 111 trainees completed the survey. 40% of the respondents had not experienced moral distress as a result of either withholding or withdrawing treatment. 40% of the respondents had not experienced moral distress as a result of either withdrawing or withholding treatment. Of the 60% of respondents with moral distress, 50% felt a higher level of moral distress with withdrawal of treatment, than withholding of treatment.

Abstract number: P1014
Abstract type: Poster
Talking about Bereavement and Palliative Care with High School Students. An Italian Experience Becamo M.1, Gallo G.1, Di Leo S.2, Giunamano M.2, Iazzini F.2, Serroni V.2, Vigani S.2, Giordano M.2, Roleto S.1
1National Cancer Research Institute, Regional Palliative Care Network, Genoa, Italy, 2National Cancer Research Institute, Hospice Maria Chigine, Genoa, Italy

Aims: Developing and preliminarily testing an educational package on bereavement and strategies to deal with it, addressed to high school students.

Study population: 8 classes of 2 high schools in Genoa.

Design and methods: Development and evaluation of package was conducted following the Medical Council (MRC) Framework for the Evaluation of Complex Interventions. The project is divided into:

1) screening of the film “Gracie” (Guggenheim D., 2007) and discussion with students on the concepts of bereavement and loss;
2) a meeting per class aimed at eliciting students’ point of view on bereavement and strategies to deal with it, performed by a clinical palliative care and a hospice nurse;
3) a preliminary evaluation of the package by means of questionnaires.

Statistical analysis: Descriptive and content analysis of the questionnaires; comparisons between the students answers through paired McNemar Test.

Results: Valid questionnaires were filled in by 89% and 84% of 159 students in the initial and final evaluation. Content analysis of 6 topics on bereavement and 8 topics on strategies to deal with it. Concerning the first one, most students refer to loss and suffering. No significant difference was observed in the distribution of the topics in the initial and final evaluation. Concerning the second one, “offer/receive support”, “distress” and “express/promote the expression of thoughts and emotions” are the most represented. The distribution of the topics in the show a significantly higher proportion of students reporting on the first (P<0.02) and the third (P<0.001) of the topics above mentioned.

Conclusions: Our findings suggest that this package might improve attitudes of high school students on strategies to deal with the loss of a loved one. However, before being proposed at a regional or national scale, the package has to be evaluated in a larger sample. This work was supported by Liguria Region.
33.3% felt the same level of moral distress and 16.7% did not respond.20% of the respondents had considered quitting palliative care due to moral distress, while 5% considered quitting palliative care due to moral stigma of the diagnosis of depression and the misconception of depression being a chronic illness. A good PC can only be possible, if it is based on a sound theoretical background, including that of social and ethnic peculiarities of patients and families.

Abstract number: P1007
Abstract type: Poster

Assessment and Management of Depression in Palliative Care
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Introduction: Clinicians who care for the terminally ill are often faced with patients who are experiencing mental and ethnic differences, like depression. It is widely misunderstood, underdiagnosed, and underreported. For this, contributed the mistaken belief that all patients who are “depressed”, the clinician’s stigma of the diagnosis of depression and the apprehension about possible drug interactions.

Aims: Recognize the prevalence and magnitude of depression in patients receiving palliative care.

Methods: Research in Evidence Based Medicine sites of articles published between 2001 and 2009, written in English, with the keywords “depression” and “palliative care”.

Results: A useful diagnostic interview is the gold standard method for assessing whether patients are clinically depressed. Feelings of hopelessness, helplessness, worthlessness, guilt, and suicidal ideation are among the best indicators of clinical depression in terminally ill patients. Major depression is a treatable condition and the first step is to relieve uncontrolled symptoms, particularly pain.

Supportive psychotherapy can be provided by the primary medical caregivers. This alone or an approach that combines psychotherapists and family education and judicious use of antidepressant medication may be sufficient to treat depression. During this time, maintaining ongoing monitoring with the patient ensures that therapy and treatment efficacy will be continuously reevaluated. Among the indications for referral to a psychotherapist are the uncertainty in the diagnosis; history of a major psychiatric disorder; patient's suicidal, psychotic or unresponsive to therapy.

Conclusion: Depression is the most common mental health problem encountered in palliative care. Failure to diagnose and treat depression impairs the quality of life. For this reason, all the clinicians must understand how to deal with this pathology in order to improve the best management.

Abstract number: P1018
Abstract type: Poster

Assessing the Feasibility, Acceptability and Potential Effectiveness of Dignity Therapy: Results of Two Phase II RCTs
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Introduction: The aim of these studies is to assess the feasibility, acceptability and potential effectiveness of Dignity Therapy for (i) older people in care homes, and (ii) patients with cancer referred to hospital-based palliative care teams.

Methods: Sixty-six residents of care homes for older people and 45 patients with advanced cancer were randomly allocated to either Dignity Therapy or a standard care Control Group. Quantitative and qualitative outcomes were assessed in face-to-face interviews at one and eight week follow-up (residents) and one and four week follow-up (cancer patients). The primary outcome was dignity-related distress, assessed using the Patient Dignity Inventory. Secondary outcomes included quality of life and depression. 5-point rating scales were used to assess acceptability of therapy and taking part in the study.

Results: Dignity Therapy was acceptable to participants in both studies: they felt it had helped them, made their life more meaningful and purposeful, and had or would help their families.

Conclusions: Dignity Therapy can be a useful tool focused on individual psychological and social needs. It can be a useful tool focused on the psychological and social needs of patients. It can also be a useful tool focused on the psychological and social needs of caregivers. It can also be a useful tool focused on the psychological and social needs of caregivers.

Abstract number: P1019
Abstract type: Poster

Evaluation of Spiritual Assessment by Health-care Professionals
Liu K.1, Ryan R.2, Gallinraith S.2
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Background: Spiritual care is an essential component of palliative care, as acknowledged by NICE and the WHO. How best to deliver this, by whom, and how to assess spiritual needs remain contested areas.

Aim: To compare the frequency of ‘spiritual’ questions that are asked and encountered by non-medical and medical professionals, and to compare demand for training and support to address them.

Method: A cross-sectional study of 22 medical and non-medical professionals, working in General Medicine, Oncology or home-based Palliative Care (including chaplain) was performed. Employees completed a questionnaire using a 5-point scale, to assess the frequency of asking or being asked nine questions on a spiritual theme, and the level of demand for training or support in addressing them. Employees were grouped between medical and non-medical specialists and chaplains, as well as between medical and non-medical professionals in each specialty.

Results: The average frequency of spiritual dialogue increased in the order: General Medicine, Oncology, Palliative Care, chaplain. This applied to both professional and patient generated questions, though the former occurred more frequently overall. The reverse order applied for demand in training and support. We found little difference between doctors and other health professionals overall, however in General Medicine non-medical professionals reported a higher frequency of spiritual dialogue than doctors.

Conclusions: Spiritual questions were asked more frequently in specialties viewed as dealing with end of life care. The sample size did not allow statistical analysis between subgroups, though spiritual needs existed in patients from all specialties. There is demand for training and support from professionals who feel insufficiently prepared to address patients’ needs, despite or perhaps because of the frequent spiritual dialogue seen in General Medicine. This may help close the experience gap between medical and non-medical staff.

Abstract number: P1020

Withdrew

Study on Emotional Distress of Old Adults from Palliative Care Units
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Introduction: Palliative care represents a complex, active and intensive treatment in order to promote and to maintain the best quality of life for patients with progressive diseases and for their carers. It involves multi-professional working to ensure that physical, psychological and spiritual special needs of each of these patients are identified and met.

Aims: People with advanced cancer frequently experience distress like depression, anxiety or panic are very frequent on third aged persons with chronic or terminal illness. The need for information on the level of social support for each beneficiary can help multidisciplinary care team in the process of evaluation and improvement of palliative care services.

Material and methods: The research activity was focused on a study group including 20 individuals who were hospitalized in a palliative care unit. Subjects were asked to answer the questions of “Profile of Emotional Distress Questionnaire” (PELDQ, O’Conor and Mocarelli 2005), which is a scale with 26 items that measures negative and dysfunctional emotions. The study consisted in registration and interpretation of the effects of intervention activities (relaxation and massage therapy, active listening and pleasant activities) on symptoms of emotional distress.

Results: Half of the individuals accumulated more than 80 points (61.5%) from total number of 130 points, which associates with a high level of emotional distress. 8 persons (40%) had an average number of 59 points (45,3%) and only 2 subjects (10%) had a positive value (23%). Emotions like anxiety and stress were registered the highest score, followed by melancholy and despondency. Final test revealed a statistically significant improvement (25%) of emotional state and self-esteem for all the patients.

Conclusions: Emotional distress management can be a useful tool focused on individual psychological needs, for improving quality of life and palliative care services.
Teledermeneer Communication in Home-based Palliative Care. Mapping the Experiences of those Involved

Abstract number: P1022
Abstract type: Poster

Teledermeneer Communication in Home-based Palliative Care. Mapping the Experiences of those Involved

van Gorp J.L.P.1, van Selm M.2, van Leusen R.3, Vissers R.4,5
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RQ: How do participants in the practice of home-based palliative care (i.e. patients, informal caregivers, general practitioners, and members of the specialist palliative care team) experience the mediation of interpersonal communication by a multinodal teledermeneer-application, primarily used for weekly video calling with the specialist palliative care team? 

Theory: This article will focus on the specific application of teledermeneer in the practice of home-based palliative care. In general, the idea is that teledermeneer technologies will offer new possibilities to transfer hospital expertise to the patient’s home instead of transferring patients to the hospital. However, new teledermeneer applications also transform current communication in the practice of home-based palliative care by amplifying certain elements (e.g. verbal) but reducing others (e.g. physical contact). This transformation will result either in a more ideal form of well-informed, understandable, hopeful, sensitive, and open communication or in a rather technologized and medicalized communication which obstructs rather than assists the illness.

Methodology: An ethnographic study has been designed, in which we will collect data by conducting semi-structured interviews with patients, informal caregivers, general practitioners, and members of the specialist consultation team for palliative care and observing those involved while participating in videoconferences between home and hospital. A pilot study, including four patients, their informal caregivers, a general practitioner, and the consultation team, starts in November.

Results: The results of this pilot study will be presented.

Conclusion: We will describe the central dimensions of teledermeneer experiences of palliative patients, informal and formal caregivers, general practitioners and medical specialists. We will discuss these dimensions in terms of maintaining, elaborating or modifying interpersonal communication in a home-based palliative care setting.

Abstract number: P1024
Abstract type: Poster

Emotional Response to Visual Stimulus: Comparing Palliative Care Units of Runcorn (UK) and Granada (Spain)

Montoya R.1, Schmidt Ris J., Gomez-Chica A.1, Campos-Caldemmer C.2, Martin C.3, Garcia-Cam M.P.1
1University of Granada, Nursing, Granada, Spain, 2Bara General Hospital, Bara, Spain, 3University of Granada, Granada, Spain

Background: Palliative care in the UK and Spain, differ quantitatively and qualitatively. These differences are due to the different level of palliative care development in both countries, as well as to different sociological aspects. These differences could influence emotional responses of palliative patients to daily stimuli.

Aim: Show the differences in emotional response among terminally ill patients in Runcorn (UK) and Granada (Spain) to a standardized visual stimulus.

Methods: A sample of 60 terminally ill patients (24 UK and 36 Spain) was chosen among palliative care units in both countries. We included 20 patients only if they could be rated according to the Self Assessment Manikin (SAM) in the following dimensions: Valence (Pleasant-Unpleasant) Arousal (Alertness-Attentiveness) Dominance (emotional control). T
dimensional range was divided into 5 conditions, according to the International Affective Picture System (IAPS). These were excluded. Age (M=60.7±15.6 years), 41.7% of them were UK and 36.7% were Spain. It was chosen among palliative care among terminally ill patients in Runcorn (UK) and Granada (Spain).

Results: The results show that UK patients react more strongly to daily stimuli than UK patients, although English patients rated more extremely non-daily stimuli. According to the reviewed studies, Spanish response to stimulus is associated with emotional control and diagnosis. Spanish patients, UK patients show a higher level of emotional control which could be related to clinical diagnosis and prognosis awareness in each country.

Abstract number: P1026
Abstract type: Poster

Overcoming Barriers to Research in Venous Thromboembolism in the Palliative Care Setting: Introducing the Thrombosis Research in Advanced Disease (TRAD) Alliance

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1Cardiff University, Newport, United Kingdom, 2Cardiff UCLan, United Kingdom, 3HYMS, Hull, United Kingdom, 4HYMS, York, United Kingdom

Introduction: Thrombosis is one of the leading causes of death and morbidity in people with cancer. Overcoming research barriers to research in Venous Thromboembolism (VTE) care is essential to improve current research in a representative population but the recruitment of such patients is fraught with practical, ethical and institutional barriers.

Methods: The Thrombosis Research in Advanced Disease (TRAD) Alliance has been developed to address some of these problems and is a joint venture between Cardiff, UCLan and Hull York Medschool to School, developed in partnership with Lifeblood: the Thrombosis Charity. Its aim is to develop a European wide Alliance between palliative and clinical care willing to contribute to the recruitment of patients into VTE studies within the palliative care environment as well as provide a forum for learning and dissemination of best practice.

Results: To date 92 TRAD Allies from 7 countries have registered. Core funding has been secured to develop and run clinical research and two funded studies are currently open to recruitment. A further four projects are underway or awaiting funding.

Conclusion: The management of cancer associated VTE in palliative care is under researched. The TRAD Alliance provides an opportunity for clinicians to address these issues on a pan Europe basis and through collaboration and a shared vision will achieve its aims.

Abstract number: P1027
Abstract type: Poster

Hand-held Dynamometry: Reliable Enough for Research?

Stone C.A.1, Nolan B.1, Turner M.1, Johnson W.2, Lussier D.3, Green B.4, Ryfijn M.1, Peckel D.1, McIlli J.1, Robinson J.3, Dankel G.5, Jack D.1, Bita I.H.2, Foggett K.I
1Cardiff University, Newport, United Kingdom, 2Cardiff UCLan, United Kingdom, 3HYMS, Hull, United Kingdom, 4HYMS, York, United Kingdom

Introduction: Hand-held dynamometry (HHD) has been shown to be reliable when used to measure lower limb muscle strength in elderly fallers and hospitalised older persons, but less reliable in healthy, strong individuals. The aim of this study is to assess reliability of HHD when used to measure quadriceps strength in patients with advanced cancer recruited to a study of risk factors for falling.

Methods: Reliability was tested on consecutive recruits to the falls risk study subject. Subjects were seated, hips and knees at 900, HHD placed 10cm distal to tibial tuberosity, was asked to straighten the leg with maximal force over 4 seconds against the resistance of tester. Best of 3 recorded.

Test-retest reliability: 30 patients had repeat testing by the same researcher on the right (R) leg, after a one hour interval.

Inter-rater reliability: 15 patients had repeat testing by 2 researchers on R leg after a one hour interval. Analysis: subject mean of three tests calculated and Kendall’s correlation coefficient calculated. If differences unrelated to mean, measurement error(ME) and 95% range of agreement (ROA) Otherwise, geometric standard deviation (GSD) and 95% limits calculated from log transformed data. Intraclass correlation (ICC) coefficients were calculated.

Results: Test-retest reliability: Mean age 60±12.5 years, 18/32 male. Mean R leg strength 25.49±7.9lbs, Kendall’s tau=0.33, p=0.01. GSD=1.1295% limits for the mean value calculated from GSD are 20.3±11.8lbs. ICC=0.49.

Inter-rater reliability: Mean age 69.7±6.9 years, 7/15 male. Mean R leg strength 28.7±9.7lbs. Kendall’s tau=0.18, p=0.3. ME=3.7±10.9lbs, 95% range=7±4lbs true value for 95% subjects whose actual measurement was equal to the mean value would lie between 21.49- 36.31. ICC<0.93.

Conclusions: Although proportion of total variance due to measurement error is low, magnitude of measurement error is high, precluding use of HHD as a reliable method of quadriceps strength testing in patients with advanced cancer.

Abstract number: P1028
Abstract type: Poster

The Financial Costs of Involvement Patient and Caregivers in Research in Palliative Care - Who Pays? Findings from the Cancer Experiences Collaborative (CECo)

Dyson N.J.1, Turner M.1, Johnston W.2, Lussier D.3, Green B.4, Ryfijn M.1, Peckel D.1, McIlli J.1, Robinson J.3, Dankel G.5, Jack D.1, Bita I.H.2, Foggett K.I
1Cardiff University, Newport, United Kingdom, 2Cardiff UCLan, United Kingdom, 3HYMS, Hull, United Kingdom, 4HYMS, York, United Kingdom

Introduction: Overcoming Barriers to Research in Venous Thromboembolism in the Palliative Care Setting: Introducing the Thrombosis Research in Advanced Disease (TRAD) Alliance

Stone C.A.1, Nolan B.1, Turner M.1, Johnson W.2, Lussier D.3, Green B.4, Ryfijn M.1, Peckel D.1, McIlli J.1, Robinson J.3, Dankel G.5, Jack D.1, Bita I.H.2, Foggett K.I
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Background: There is growing demand to involve patients (referred to as users) in decision making in health service delivery. Researchers are now being asked to seek users’ opinions in relation to research design. In the UK this is often a pre-requisite when applying for research funding to government or charitable bodies. The Cancer Experiences Collaborative (CECo) set up and funded a research partner group in 2007. Twelve group members meet on a monthly basis principally to comment upon research proposals and to develop their own research.

The users are trained in research appraisal skills. However, there are costs associated with this process.

Research aim: To establish the cost of user involvement in developing research proposals.

Study design: Costs were collected over a year which included training, presenting at conferences, travel, parking, time (according to UK guidelines from JANET), food and lunch. No costs were attributed for their time preparing for the two hour meeting.

Results: The average costs incurred for the last year were €6,396. These break down to: training €1,481; conferences €1,148; travel €360; parking €163; time €2,599 and lunch €699. The group met 11 times, with the average cost of a meeting being €581. On average one researcher consulted the group at each meeting for one hour. The true cost of each consultation was €291. The full cost of one consultation was paid by a researcher who had already received funding for their study; CECo paid for the other consultations.

Conclusion: The impact of user involvement in developing research proposals is high and CECo should continue to fund user involvement in research. On average each meeting was consulted by 4.7 people and cost €722. CECo should continue to fund user involvement in developing research needs to be identified to maintain high quality consultation.
Abstract number: P1029
Abstract type: Poster
Achieving Feasible Trial Design in Delirium Therapeutics Evaluation in Palliative Care

Aeon M.1, Draper R.1, Caplan G.2, Mark H.1, Shelby-James T.M.3, Rotweil D.1, Lawlor P.1, Sandersen C.1, Plummer J.1, Ekbom N.1

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Background: Delirium is prevalent in the palliative care setting and is associated with distressing symptoms and poor prognosis. Research in delirium therapeutics pose significant challenges; understanding strategies in trial design will facilitate research.

Results: A randomised multi-site double blind parallel arm placebo controlled phase III study to compare the effect ofloxacin and calamine cream to placebo in managing delirium is underway. 100 patients will be enrolled.

Conclusion: The study is exploring specific target symptom relief and includes systematic evaluation of toxicity, in particular the need for new measures of delirium.

Abstract number: P1030
Abstract type: Poster
Palliative Care Patients' Attitudes to Participating in Research Trials

Evaluamur I.1, Fleming I.1, Henson L.1, Thorn P.1

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Aims: There is reluctance to conduct research in the palliative care population, despite evidence based medicine being the gold standard of clinical practice. The aim of this study was to assess patients’ views on participating in research trials and the degree to which they consider taking part in research if the trial would help others but would unlikely help themselves. 68% would be willing to participate in trials that may cause an inconvenience but would unlikely to change their underlying disease. A larger proportion would be willing to participate in trials that involved simple interventions, such as a questionnaire (76%), than in trials that involved complicated tests or multiple trips to hospital (18%).

Conclusion: This is the first study to explore patients’ views and attitudes on research participation and highlights the need for innovation in the way that research is conducted in palliative care and identifies knowledge gaps, leading to development of innovative research protocols to fill these gaps.

Abstract number: P1031
Abstract type: Poster
Observing End of Life for Research Purposes: The Findings of a Pilot Study to Involve Professional and Lay People in Key Aspects of Research Design

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Aim: The study is exploring specific target symptom relief and includes systematic evaluation of toxicity, in particular the need for new measures of delirium.

Results: Interviews were audio-taped, transcribed verbatim and analysed thematically to highlight the challenges, barriers, and lessons for success.

Conclusion: The study is exploring specific target symptom relief and includes systematic evaluation of toxicity, in particular the need for new measures of delirium.

Abstract number: P1032
Abstract type: Poster
Variety or Consensus? A Novel Approach to Elicit Palliative Care Research Questions

Baunvang B.H.1, Lingkvist O.2,2,1, First C.1,1, Lundh Hagg C.2,2,1, Sandersen C.2,2,1, Sauter S.3,4, Thielman C.2,2,1, on behalf of OPCARE9

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OPCARE9 is an EU 7th framework project with the aim of optimizing care of patients with cancer in the last days of life. The project consists of 9 participating countries including 7 in Europe, Argentina, and New Zealand. The goals of OPCARE9 are to systematize existing knowledge and identify knowledge gaps, leading to development of innovative research protocols to fill these gaps.

Methodologies used include systematic literature reviews and Delphi panels.

The Swedish team coordinates the international collaborative work package focused on pharmacology and the multidisciplinary alleviation of suffering. As reported elsewhere, a scoping exercise was conducted to identify a variety of new pharmacological caregiving activities (NPCAs) carried out in palliative care facilities during the last days of life. Nearly 1000 NPCA statements were generated from 16 facilities in the 9 OPCARE9 countries. In a second phase, we contacted 53 senior researchers, internationally active within the fields. The aim of this phase was to compile research questions from different disciplinary perspectives, using the generated list of NPCA statements. Alphabeticized lists of the full data set of generated NPCAs were sent out, requesting that the researchers briefly browse the lists and generate three research questions that quickly come to mind from their disciplinary perspective. Responses were received from 32 researchers, who together generated over 150 research questions, from the perspectives of palliative medicine, nursing, occupational therapy, psychology, sociology, anthropology, IT-sciences, medical history, art, psychology, complementary- and alternative therapies, informatics, etc. In the final phase, we will discuss how the knowledge generated from these exercises can benefit palliative care research and practice. We will add these topics to the research questions that come to mind to achieve variety rather than consensus, contrasting this approach with that of a traditional Delphi panel.

Results: We will consider the five components of RE-AIM: · Adoption - the extent to which the DCP was taken up in various parts of the settings · Effectiveness - improvements or adverse effects of the DCP · Adoption - the extent to which the DCP was taken up in various parts of the settings · Effectiveness - improvements or adverse effects of the DCP · Adoption - the extent to which the DCP was taken up in various parts of the settings · Effectiveness - improvements or adverse effects of the DCP · Adoption - the extent to which the DCP was taken up in various parts of the settings · Effectiveness - improvements or adverse effects of the DCP · Adoption - the extent to which the DCP was taken up in various parts of the settings · Effectiveness - improvements or adverse effects of the DCP · Adoption - the extent to which the DCP was taken up in various parts of the settings · Effectiveness - improvements or adverse effects of the DCP

Poster sessions

Poster Sessions (Friday)
Results: Data generated from this feasibility study will guide the development of a further, larger definitive multi-centre trial. This trial is the first step in a process that would define the clinical utility of SPARC.

Macmillan Cancer Support

Abstract number: P1036
Abstract type: Poster

A Randomised Comparative Trial of Recruitment Approach in a Population-based Post-bereavement Survey Using the VOICES-SF Questionnaire

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Aim: Population-based post-bereavement surveys have played an important role in palliative care research. VOICES-SF is the only way to collect data on a complete population who have died. Changes in data protection legislation have led to changes in responses to questionnaire changes, and to reductions in response rates. Response rates are particularly low in studies where respondents are asked to request a questionnaire (opt in group), rather than being sent one to return if they wish. Research ethics committees differ in whether they consider the latter appropriate in bereavement surveys. The aim of this study is to investigate potentially sensitive areas and where the purpose is to draw conclusions about the population from which the sample is drawn.

Conclusions: The revision improved the performance of the original PaP score, at the same time and data interpretation. As a simple tool for survival prediction in terminally ill cancer patients. This study was funded by Istituto Oncologico Romagnolo.

Abstract number: P1035
Abstract type: Poster

Feasibility Study of the Sheffield Profile for Assessment and Referral for Care (SPARC): A Holistic Needs Questionnaire

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Aim: Previous studies suggest that cancer and non-cancer patients have needs that are not being fully met at the moment. SPARC is a multidimensional holistic screening tool which provides a profile of needs (i.e. physical, psychological, social, spiritual) to identify patients who may benefit from additional supportive or palliative care, regardless of diagnosis or stage of disease. Its aim is to identify patients who could benefit from additional supportive or palliative care.

Method(s): A feasibility study (randomised controlled trial) was carried out in two areas in Southern England. The sample was stratified by cause of death, cause of death and, and randomly assigned to two groups. At least six months after the death, the first group received the questionnaire with a formal letter of invitation (single poster group) and the second group were issued with a letter of invitation and a response slip to request the questionnaire (opt in group). Both groups were also given the option to complete the questionnaire online. Two reminders were sent.

Results: Data collection finished in November 2010. Full results will be presented at the conference.

Conclusions: The 2008 Department of Health End of Life Care Strategy in England made the development and implementation of a national programme of surveys of bereaved relatives a key priority in relation to the development of quality and outcome measures. The trial findings have important implications for the design and development, and data collection finishes in November 2010. Full results will be presented at the conference.

Funder: The Department of Health

Abstract number: P1037
Abstract type: Poster

Survival Prediction for Terminally Ill Cancer Patients: Revision of Palliative Prognostic Score with Incorporation of Delirium

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Background: The validated Palliative Prognostic (PaP) score predicts survival in terminally ill cancer patients and is calculated on the basis of dyspnoea, Karnofsky Performance Status, clinical prediction of survival, total white blood count and lymphocyte rate. Although the impact of delirium is well known, it was not included in the original PaP score. We aimed to incorporate information on delirium into this score and to evaluate the effect of this modification in a retrospective series of 361 terminally-ill patients.

Methods: The main endpoint was overall survival. We used the ‘validation by calibration’ approach proposed by van Houwelingen et al. which was adapted by Miceli et al. to obtain a score revision with inclusion of a new variable. A new model is fitted including the original score as covariates; the model parameter estimates are then used to calculate the partial score for the new variable and the revised cutoffs to define the prognostic categories.

Results: The prognostic contribution of delirium was confirmed as statistically significant (p = 0.001) and the variable was incorporated into the PaP score (D-PaP score) accordingly. With such a revision, 30-day survival in the three risk groups was 8.3%, 50% and 9% vs 87%, 51% and 16% obtained using the original PaP score. PaP and D-PaP score classifications were in accordance in 292 patients (80.9%). Seventeen (4.7%) patients were switched to a group with a less favorable prognosis and 52 (14.4%) were switched to a more favorable prognostic group. The overall prognostic performance of the revised score was better than that obtained with the original one.

Conclusions: The revision improved the performance of the original PaP score, at the same time and data interpretation. As a simple tool for survival prediction in terminally ill cancer patients. This study was funded by Istituto Oncologico Romagnolo.

Abstract number: P1038
Abstract type: Poster

Collaborating with Users - A Successful Strategy to Involve ‘Hard to Reach’ Groups in Palliative Care Research

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Aim: Hard to reach groups in research studies include minority communities and women; consequently this study aimed to provide a successful strategy to engage their involvement throughout the whole research process.

Design and method: Asian women are an example of “silent users” of palliative support so their collaboration and engagement was central to this research. This was achieved using an Asian link worker as co-researcher and an Asian women’s group, as a research advisory group, to identify potential participants and to culturally guide the research process and data interpretation. As a simple tool for survival prediction in terminally ill cancer patients. This study was funded by Istituto Oncologico Romagnolo.

Results: The adopted strategies were successful in engaging Asian women, in achieving a rich sample and in gaining a culturally sensitive dataset allowing research to inform research design and data interpretation. In terms of the research process several implications were raised. Achieving culturally sensitive research requires an understanding that researcher control and formalised research processes are alien to many people. Methods therefore need to be carefully considered. For example, for a focus group to be culturally sensitive time needs to be given to socialisation and hospitality. It is not for participants to talk to each other and change direction, making recording interactions problematic for the untrained. Similarly individual interviews may be interpreted differently to that anticipated for example a second person being present. Consent procedures may cause anxiety as a particular form of negotiated consent ensured that control and voice remain the participant's.

Conclusion: Accessing minority groups is facilitated by a co-researcher with a language and culture shared with participants in the study when this is different to that of the main researcher. The use of the Asian women, as both an advisory and ‘user’ group in an area where specific user representatives is small, is innovative and an example of best practice.
Introducing the Patient Experience Thematic Group: Marie Curie Centre for Palliative Care Research, at the Wales Cancer Trials Unit

Methodological Challenges in Evaluating the Cost-effectiveness of Service Redesign to Provide a Dual Role of Research and Care: A Palliative Care Research Nurse's Experience

Methodology in Evaluating Clinical Outcomes in Palliative Care: The Evolving Profession of Palliative Care

Data from two primary care trusts (PCTs) in England have been used to estimate the impact of the Delivering Choice Programme (DCP) interventions on place of death and relative costs of care in two local health economies in England. The DCP aims to provide patients with local services to enable palliative care patients to be cared for in the place of their choosing. Experts in service redesign work with local care providers of care to redesign services to enable end-of-life patients to be cared for and die where they choose. Changes are implemented across the local health economies, without local control groups. It is therefore difficult to assess the cost-effectiveness of the DCP. A difference in difference (DiD) analysis of interventions aimed has been adopted, whereby a non-DCP health economy with similar characteristics to the intervention group is used as a comparison group. The DiD approach has been used to make an approximation to a randomised controlled trial (RCT) where an RCT is not feasible. This study is unique in the scope of economic and policy changes affect both sites, attributing any observed difference between outcomes to interventions at the test site. This study is unique in the broad economic and policy changes affect both sites, attributing any observed difference between outcomes to interventions at the test site. This study is unique in the broad economic and policy changes affect both sites, attributing any observed difference between outcomes to interventions at the test site.

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Breakthrough pain (BTP), a transient exacerbation of pain in patients with chronic pain receiving long-term opioid therapy, and five to six episodes can vary among individuals, with onset of pain ranging from a few minutes to 15 minutes and duration of pain ranging from several minutes to hours. The onset of analgesia with traditional short-acting opioids (approx. 30–45 minutes) may be inadequate for many patients suffering from breakthrough pain. Recent advances in drug delivery technology have allowed for development of novel formulations of fentanyl that have PK profiles more consistent with the time course of BTP episodes &c, as a result, these therapeutics may be more appropriate for the treatment of patients with BTP receiving long-term opioid therapy. 2 formulations which have been developed for the treatment of BTP are Fentanyl Buccal Tablet (FBT) & INFS (intranasal fentanyl spray). Both are approved for treatment in patients with cancer and/or non-cancer pain. Within separate studies, formulations have been bioavailable, reach maximum or near maximum concentration rapidly, & exhibit a decline from peak concentration that is characteristic of fentanyl. These shared pharmacokinetic characteristics result in mean drug exposure profiles that mimic an average BTP episode. In clinical studies, these formulations have also shown onset of pain relief within 5–15 minutes & duration of relief up to 2 hours. There are pharmacokinetic differences which differentiate the formulations from one another. Given the substantial variability of BTE experienced by each patient, these pharmacokinetic differences may provide useful information for physicians. No studies have been performed to directly compare the pharmacokinetics of these novel formulations of fentanyl. This review will describe the known pharmacokinetic profiles of FBT & INFS, from separate studies, to show the key differentiating characteristics of each medication.
experienced in producing good quality results that have a beneficial effect on patient care. Though many guidelines exist to guide health care practitioners in care for people at the end of life, there is a paucity of good evidence on which to base this guidance. However, there is recognition of the need to do good studies in different areas, and there is enthusiasm from patients to take part.

A research thematic group on end of life research methodology has been formed, within an established cancer trials unit, of experts in conducting research in difficult areas, health economists, researchers, ethicists, and primary care. It has already identified the areas that need clarification to enable quality studies to progress. Work has started on overcoming the consent and ethical barriers and as the group develops will produce guidance on suitable methodology and outcome measures.

As well as developing the groups own research protocols, the group is open to reviewing and giving advice on other groups and looks to develop sustainable collaboration with interested parties.

Abstract number: P1047
Abstract type: Poster

Knowledge Synthesis for Supportive and Palliative Care: 7 Years' Experience from the National Health Service in UK

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Background: The UK’s NHS runs an online collection of clinical literature and other resources called NHS Evidence. One of the themes is the Specialist Collection for Supportive and Palliative Care.

Aims: To review the work on knowledge synthesis for supportive and palliative care professionals, conducted from 2004 to the present. Specific objectives were: to provide a history of the project’s achievements, limitations and milestones; to produce an analysis of the results of the Annual Evidence Updates published, together with reflection on methods used; and to identify lessons which could assist future knowledge synthesis for professionals in this field.

Methods:
1) Analysis of archive documents, project notes, online resources, annual updates and staff meetings, to produce a summary history including a detailed timeline.
2) Commission a review of the results of the 14 Annual Evidence Updates in supportive and palliative care which were conducted, detailing document types, content, citation and evidence included resources.

Results: This online portal has aimed to be a gateway for health professionals. One of the themes is the Specialist Collection for Supportive and Palliative Care. The email discussion forum has 360 subscribers. The specialist collection has 7,309 resources. The collection of clinical literature and other resources is comprehensive. This online portal has aimed to be a gateway to evidence for health professionals. The collection of clinical literature and other resources is comprehensive. Knowledge synthesis for palliative care has demonstrated over the past 7 years the role for an online research portal.

Conclusion: The development of the Specialist Collection for Supportive and Palliative Care has demonstrated over the past 7 years the role for an online research portal. The collection of clinical literature and other resources is comprehensive. Knowledge synthesis for palliative care has demonstrated over the past 7 years the role for an online research portal.

Abstract number: P1049
Abstract type: Poster

User Involvement: Enhancing Research Design

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Aims: This paper aims to share learning from bringing a range of stakeholders (service providers) and older people together in order to develop a high quality research proposal to be submitted for open competition, peer-reviewed funding.

Methods: Researchers at Lancaster University UK were commissioned by a local Primary Care Trust (PCT) to develop a research proposal focused on the transfer of information between care settings when older people resident in care homes are admitted unexpectedly to hospital and then subsequently discharged back to care homes. In order to develop the proposal a half-day workshop was held, to which key individuals were invited. The workshop consisted of a short introduction followed by two facilitated group discussion sessions. Feedback from each group discussion was shared with the other participants.

Results: Eighteen people participated in the workshop; they included care home and hospital managers, commissioners, educators, researchers and service users. The workshop generated discussion about how information is currently transferred between care settings, and the barriers to effective transfer of information. Participants shared examples of documents currently in use. Suggestions were also made about how to focus the research. Some of the workshop outputs were developed to work on the proposal over the following months. The proposal was submitted to the funding body and an outcome was awaited.

Conclusion: The process of fostering collaboration between different service providers (care homes, hospitals, primary care and carers) was effective in generating discussion about how information is currently transferred between care settings, and the barriers to effective transfer of information. Participants shared examples of documents currently in use. Suggestions were also made about how to focus the research. Some of the workshop outputs were developed to work on the proposal over the following months. The proposal was submitted to the funding body and an outcome was awaited.

Abstract number: P1050
Abstract type: Poster

Cancer Fatigue: Does Forearm Muscle Mass and Handgrip Correlate with Fatigue Severity?

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Introduction: A “catastrophe” fatigue theory has muscle exhaustion and ATP depletion as the main mechanism which would correlate with muscle mass and fatigue severity. It is also possible that a “general” or “central governor” controls muscle activity and that the human body functions as a complex system during exercise until a central brake prevents loss of homeostasis. A “central governor” fatigue theory places the fatigue mechanism in the subconscious brain which ensures homeostasis and protects muscle from damage. The governor “set point” may be altered by illness. Bioelectrical impedance (BIA) estimates of muscle mass are validated against MRI measured muscle mass. The main electron conductor with BIA is muscle. Muscle mass is inversely related to impedance (Z) and directly related to the muscle area, which is shorter LOS means the-end-of-life care oriented in PCU.

The main electron conductor with BIA is muscle. Muscle mass is inversely related to impedance (Z) and directly related to the muscle area, which is shorter LOS means the-end-of-life care oriented in PCU. It means that patient have little possibility of some activity. If so, shorter LOS we have, then we have a beneficial effect on patient care. Though many guidelines exist to guide health care practitioners in care for people at the end of life, there is a paucity of good evidence on which to base this guidance. However, there is recognition of the need to do good studies in different areas, and there is enthusiasm from patients to take part.

A research thematic group on end of life research methodology has been formed, within an established cancer trials unit, of experts in conducting research in difficult areas, health economists, researchers, ethicists, and primary care. It has already identified the areas that need clarification to enable quality studies to progress. Work has started on overcoming the consent and ethical barriers and as the group develops will produce guidance on suitable methodology and outcome measures.

As well as developing the groups own research protocols, the group is open to reviewing and giving advice on other groups and looks to develop sustainable collaboration with interested parties.

Results: This online portal has aimed to be a gateway to evidence for health professionals. The collection of clinical literature and other resources is comprehensive. Knowledge synthesis for palliative care has demonstrated over the past 7 years the role for an online research portal. The collection of clinical literature and other resources is comprehensive. Knowledge synthesis for palliative care has demonstrated over the past 7 years the role for an online research portal.

Conclusion: The development of the Specialist Collection for Supportive and Palliative Care has demonstrated over the past 7 years the role for an online research portal. The collection of clinical literature and other resources is comprehensive. Knowledge synthesis for palliative care has demonstrated over the past 7 years the role for an online research portal.

Abstract number: P1051
Abstract type: Poster

Symptoms Predicting Survival in Patients with Advanced Cancer: A Systematic Review

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Aim: To systematically review the literature regarding symptoms predicting survival in patients with advanced cancer.

Design: Medline, Embase, Cochrane and Cinahl databases were systematically searched from 1966 to January 2010 to identify all English or Dutch language articles analyzing associations between potential prognostic symptoms and actual survival time. The articles were reviewed for inclusion criteria and relevant data were extracted by two independent researchers. The prevalence reporting of symptoms was evaluated in the three stages of palliative care: disease-directed palliation, symptom-oriented palliation and palliation in the terminal stage. The quality of reporting of studies was critically appraised according to the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement.

Results: The search identified 2198 published papers. Thirty-two papers satisfied all criteria and were finally included. Univariable analysis was performed and 65% of the articles evaluating these symptoms. This corresponds mostly with data from patients in the stage of symptom-oriented palliation. Amongst patients in the stage of disease-directed palliation, symptoms associated with survival are very diffuse. Data from palliation in terminal stage are scarce. Sub-items of criteria "variables" and "statistical methods" of the STROBE
Abstract number: P1052
Abstract type: Poster

Predictive Signs and Symptoms in Patients with Advanced Cancer

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Aim: Health care professionals do not always recognize signs or symptoms that are associated with survival in patients with advanced cancer.

Methods: A retrospective cohort research was performed for a period of 18 months, July 2008 - December 2009, from the regional Palliative Care Consultation Team Middle Netherlands (PTMN). This is a nationwide palliative care service operating on a national registration computerized system and includes the estimation of life expectancy. Information on date of death is mostly obtained through the consulting professionals and the hospital administration system.

Results: Preliminary results based on a time period of 18 months (N=448) show a healthcare literature which consists of 55.2% male patients, a median age of 67.0 year and mainly patients in a homecare setting 85.5%. In this group with a historical background of patients diagnosed with cancer 29.0%, lung cancer 25.7% or hematological cancer 12.6%. Median survival was 4.9 days. Estimation of survival was mostly too optimistic (p<0.001). Significant signs and symptoms predicting survival are: red oral ulcer (p:0.001), dysphagia (p:0.001), dyspnea (p:0.001), drowsiness (p:0.001), agitation (p:0.001), constipation (p:0.0013) and ascites (p:0.001). Final analysis of the 18 months period will be presented.

Conclusion: Most symptoms are in accordance with literature concerning predictive signs and symptoms in advanced cancer. Reduced oral intake and ascites, which are less obvious, are also significant. In addition this study shows a gap between the estimated life expectancy by the consulting professionals and the hospital administration system.

Abstract number: P1053
Abstract type: Poster

Spirituality: An Expression of Inner Strength

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Aim: We prospectively interviewed 42 ACAP-Cancer patients and their caregivers (1:1) to assess their Meaning of life/Inner Strength. We analyzed the data using a qualitative focus on the nature of the dyad’s meaning of life/Inner Strength.

Methods: To describe the domain involved in the expression of Meaning of life, Inner Strength in ACAP and their caregivers in the palliative care setting.

Results: The ACAP’s median age (range) was 53y (21-85), 61% female, and the caregivers’ median age (range) was 52y (21-83), 67% female. 74% were white, 18% African American and 8% Hispanic. 88% were Christians, 4% Jewish and 4% Agnostic. All participants considered themselves spiritual and religious persons. They considered that spirituality was a source of strength and comfort to cope with their distress. ACAP expressed their inner strength/meaning of life in terms of the Divine [through praying, hope, faith, communication with God] in 76%; in terms of their own Value as a human beings in 17%; and in terms of their Relationships the others (family members, friends, and partners) in 7%. Caregivers expressed their inner strength and meaning of life in terms of their relationship with the Divine in 62%, in terms of their own Value as a person in 10%, and in terms of their Relationships with family members, friends, and nature and music in 26%.

Conclusion: Significant number of ACAP and their caregivers consider themselves spiritual personalities. The nature of spirituality in terms of persons’ Inner strength and meaning of life is multimodal as evidenced of the different domains expressed for these dyads. Further research is needed.

Abstract number: P1054
Abstract type: Poster

The Presence and Severity of Side Effects of Strong Opioids

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Aim: The study assesses the prevalence and severity of side effects of strong opioids and features suggestive of opioid-induced hyperalgesia. Patients are recruited who have a history of cancer or non-cancer pain or substance misuse.

Methods and study design: This is a prospective observational study. Initial results are presented. The frequency of the side effects associated with strong opioids (dry mouth, myoclonus, hallucinations, nausea and vomiting) has been recorded using a 4 to 4 Likert scale. Constipation has been assessed using a validated score. Semi-structured interviews with patients who have previously been opioid toxic were also carried out.

Results: 50 patients who are prescribed strong opioids for cancer and non-cancer pain have been included. 54% are female; median age is 54.7 years. Dry mouth in the opioid group shows a gap between the estimated life expectancy by the consulting professional and actual survival of the patients. The author(s) indicate no potential conflicts of interest.

Abstract number: P1055
Abstract type: Poster

Thrombophrophylaxis in Palliative Care Patients with Cancer: A Multicenter Prospective Cross-sectional Analysis of Current Practice in Palliative Care Units

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Aim: To describe the domain involved in the expression of Meaning of life, Inner Strength in ACAP and their caregivers in the palliative care setting.

Methods: We have monitored use, indication and contraindications to thromboprophylaxis in 134 patients hospitalized in 21 palliative care units in Austria in a prospective, cross-sectional study.

Results: Cancer was present in 86 % of patients. Forty-seven percent of patients were on low molecular weight heparin on the day of the study for primary or secondary thromboembolism. Thromboprophylaxis had been withdrawn in 18% of patients upon admission. Use of thromboprophylaxis was similar in cancer patients and in non-cancer patients (49% vs. 42%).

Conclusions: Eighty-seven percent of patients with contraindications were significantly more prevalent in the group without thromboprophylaxis compared to the prophylaxis group (34% vs. 19% p< 0.05). Significantly more bedridden cancer patients had contraindication for thromboprophylaxis compared to cancer patients (35% vs 14%; p=0.01). Low performance status was by far the most frequent contraindication for thromboprophylaxis (89%). Twenty-nine percent of all bedridden cancer patients did not receive prophylaxis despite an established indication for thromboprophylaxis.

Abstract number: P1056
Abstract type: Poster

Breathlessness in Patients with Advanced Disease: Do Caregiver Ratings Agree with Patient Ratings?

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Aim: To assess agreement between patient and caregiver ratings of breathlessness.

Methods: A cross-sectional survey of caregivers and their patients in four palliative care services in London. This includes the Borg scale and POS. Participants were recruited from two hospitals in South London. Inclusion criteria: patients who are 18 years or older and their nominated caregivers. Recruitment took eighteen months. Inter-class co-efficient (ICC), weighted kappa’s and standardized differences were used to estimate agreement between breathlessness ratings.

Results: 51 HF and 50 LC caregivers were recruited (91% patient/carer dyads). Most caregivers were spouses (72%), female (80%) and lived with the patient (80%). Severity of patient breathlessness was reported as ‘moderate’ in both carer groups. Caregiver breathlessness ratings showed moderate levels of agreement with patients’ ratings on POS (ICC=0.51, 0.6 in LC dyads) and the Borg (ICC=0.49 in HF dyads) (95% CI=0.24-0.68) and 0.53 (95% CI=0.28-0.71) in LC dyads. LC carers tended to overestimate breathlessness.
Abstract number: P1057
Abstract type: Poster
Assessment of Self-efficacy, Anxiety, Symptoms Distress, and Quality of Life in Cancer Patients Treated with Radiotherapy
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Research aims: Cancer treatments aim to cure, prolong and maintain quality of life. The present study evaluates prospectively disease and treatment related symptoms, self-efficacy, anxiety and quality of life. This is important, in light of different patterns of older undergoing external beam radiotherapy (RT) and examines the relationship of patients’ self-efficacy with used therapies, at the baseline and at the end of the treatment.

Study design & methods: The sample consisted of 90 patients aged 65 years or older. Self-efficacy was assessed using the General Perceived Self-Efficacy (GSE), QoL was evaluated using the LASSA questionnaire, anxiety was measured with the Anxiety subscale of the Anxiety Depression and Impairment (HAD) scale, while symptoms were assessed using the MD Anderson Symptom Inventory (MDASI).

Results: At post-treatment, self-efficacy was reduced (28.86±4.62), anxiety scores were lowered (9.01±0.63) and symptoms were more frequent (3.24±2.6). At post-treatment, self-efficacy was related with gender (p=0.03), age and education (p=0.002). Also there were significant correlations between self-efficacy anxiety (r=0.353, p=0.0005), quality of life (r=0.253, p=0.017), and symptoms (r=0.234, p=0.028).

Conclusion: Patient-related and disease-related factors may help healthcare workers to identify patients at risk for somatic and psychosocial problems after treatment and to plan appropriate interventions.

Abstract number: P1058
Abstract type: Poster
How Does a Breathlessness Management Programme with a Multidisciplinary Team Affect Informal Carers of Patients with Advanced Cancer? A Qualitative Study
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Introduction: In a qualitative study, analysed by interpretative phenomenological analysis (IPA), we report the outcomes of a non pharmaceutical, physical therapy led, breathlessness management programme in a group of 9 patients with intrathoracic malignancy (lung cancer or malignant pleural mesothelioma).

Methods: Consecutive patients completing the programme were invited to be interviewed (semi- structured interview). The interviews were transcribed and analysed by IPA. Interviews were continued until a saturation of themes was observed.

Results: 9 patients were interviewed
6 major themes of the effects of the programme emerged from the interviews:
1) The experience of the programme
Accepting a need for help, the hope and uncertainty about benefit, the format and individualisation of the programme
2) The role of health professionals
Accepting a need for help, the hope and uncertainty about benefit, the format and individualisation of the programme and the role of the patient in the process
3) Changes in coping achieved
Breathing control, approaching activities, pacing, action when breathless and the benefit of a plan
4) Difficulties encountered
Problems with techniques in certain circumstances, difficulty changing habits, not using all techniques, self-harming
5) Global impact of the programme
Help with adjustment and acceptance of condition in general and symptoms in particular. Regain control and confidence, ability to complete tasks
6) The future
Thoughts and feelings about finishing the programme, the need for ongoing help, facing the uncertainties of the future.

Conclusion: Non pharmacological breathlessness programmes offer a wide range of benefits to different people, who each may benefit from different elements of it.

Abstract number: P1059
Abstract type: Poster
Transfusion in Palliative Care Patients. What Is the Value of PudMed?
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Aims: Cancer is a very well known cause of disorders that eventually will need a transfusion as a part of the treatment. As transfusion is one of the most striking subjects patient and relative. However, in some cases literature must be consulted as an aid to clarify some aspects that can help in the decision of transfuse and manage patient. We performed a review of the literature compiled in PubMed database to know the amount and purpose of this available information.

Methods: The PubMed search was performed from June 1966 to June 2010. Searching strategy to cover a maximum of articles was performed using the following combination of terms: “Palliative Care” AND “Cancer” AND “Palliat*”. Exclusion criteria were: a) Not English language; b) Pathology other than cancer; c) Transfusion as a part of active treatment with chemotherapy, radiotherapy or radioactive elements, surgical procedure, endoscopy, embolization or laser therapy; d) Not palliative patients; and e) Others (radiology techniques, cancer evolution, and miscellaneous). Purpose of the articles was divided (according to the main aspect studied) into: a) Clinical; b) Ethical; c) Organization; and d) Mixed.

Results: With the search proposed a total of 132 articles were found. Only 23 articles (13,2%) were finally selected for theinvestigation of their purpose. Among these articles, 12 (52,2%) regarding clinical subjects; 6 (26,1%) organization ones; 4 (17,4%) ethical aspects; and 1 (4,3%) mixed aspects.

Conclusion: Palliative care in cancer is a subject that eventually will need a transfusion as a part of the treatment. As transfusion is one of the most striking subjects patient and relative. However, in some cases literature must be consulted as an aid to clarify some aspects that can help in the decision of transfuse and manage patient.

Abstract number: P1060
Abstract type: Poster
Living with Breathlessness - Experiences of Informal Carers of Patients with Breathlessness in Advanced Cancer or COPD
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Background: Breathlessness is known to be a frequent symptom at the end of life which is distressing to witness. There is little research on its impact on informal carers and the experiences of carers of breathless patients. This is essential for planning adequate support for them.

Aims: To describe the experiences of carers of breathless patients and explore the factors helping them to cope.

Methods: Analysis of data which have been collected within a prospective longitudinal study. Breathless patients with advanced cancer or COPD stages 3 and 4, and their carers were recruited from hospital and home care services in Munich, Germany. At monthly intervals over six months or until the patient’s death, completed questionnaires with open questions. The free-text answers were analysed following central categories of “qualitative content analysis” as described by Mayring.

Results: Answers from 55 carers (29 women, 26 men) were available (response rate 74.5%). Analysis revealed that carers had difficult experiences such as suffering with the patient, fear of the future, feeling burdened, helpless and dealing with changes in the patient’s personality. However, positive experiences including deepening of relationships were also described. Important resources that helped the carers to cope were social support and keeping up own interests. Most carers did not wish additional support. Those who did mentioned help with housekeeping, information, home nursing care and financial support.

Conclusion: Professionals should be aware of the suffering and helplessness, the recent experiences of carers of breathless patients. They should aim to support carers to keep up own interests. The development of validated questionnaires incorporating positive aspects of caring, more longitudinal studies into the impact of caring for breathless patients and support to medical staff and interventions to support carers are important areas for future research.

Abstract number: P1061
Abstract type: Poster
Physical Symptom Burden at the End of Life in Different Places of Death in Germany
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Research aims: Information on physical symptom burden of terminally ill patients in different care settings, independent of the type of disease, is scarce. The aim of the study was to identify the physical symptom burden, at the end of life in Germany. We further wanted to investigate differences in the perceived burden for various care settings.

Study design and methods: The cross-sectional survey was based on a random sample of 5000 inhabitants of Rhineland-Palatinate that had died between 25 May and 24 August 2008. Relatives of these randomly drawn deceased persons were interviewed by means of a written survey. In bivariate analyses, we determined whether patients dying in different places had different patterns of physical symptom burden.

Results: 883 questionnaires were delivered and 1378 completed, leading to a response rate of 36.0%. People suffered from severe weakness (85.2%), appetite loss (73.6%), tiredness (71.9%), dyspnea (40.3%), pain (40.2%), constipation (20.6%), nausea (18.2%), problems with wound/decubitus care (16.5%) and vomiting (11.8%). Pain and problems with wound/decubitus care were significantly associated with place of death. Vomiting and dyspnea were most frequent in hospitals, constipation in palliative care units, and weakness, appetite loss, tiredness and problems with wound/decubitus care in nursing homes.

Conclusions: Our investigation revealed evidence for high physical symptom burden, but also positive dying in different places of death. This finding holds for all kinds of diseases, not only for cancer patients. Our investigation shows that care of patients at home, if possible, should not be restricted to the comparatively small group of cancer patients in specialized facilities, but be available for all in- and outpatients at the end of life.

Acknowledgments: This study was financially supported by Fresenius Kabi Germany GmbH and the German Pharmaceutical Industry Association (BPPI).
Impact of Targeted Therapy on Quality of Life in Patients with Metastatic Renal Cell Carcinoma and ECOG PS ≥2

Fernández O., Farràs C., Planas J., Ortiz P., Modà S., Sarasedas E., Dengra J., Riera M., Ruiz A.I.
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Abstract number: P1064
Abstract type: Poster

The Use of Psychotropic Drugs in a Palliative Care Setting

Research aim: To analyze the evolution of psychotropic prescriptions (prevalence and profile) in a Palliative Care Setting (PCS) comparing three periods (2002, 2006 and 2009).

Study design and methods: Cross-sectional observational study performed in a PCS. A psychiatric program was implemented in 2003. The study comprised three periods: 2002, 2006 and 2009. Analyzed psychotropic drugs were: benzodiazepines (BZD), antipsychotics (AP) and antidepressants (AD).

Data collected included a profile of psychotropic treatments prescribed in admitted patients. It was based in intention to treat analysis.

Results: 840 admitted patients were analyzed. The percentage of patients with psychotropic treatment increased mainly from 2002 (82.2%) to 2009 (90.2%) (p=0.006). Mean number of psychotropic drugs per patient increased from 2002 (1.66) to 2006 (2.16) (p=0.003) and to 2009 (2.35) (p=0.001). BZD: 72.6% of patients were prescribed. AP: 28.1% in 2002, 37.2% in 2006 (p=0.029), 84.0% in 2009 (p=0.001); lorazepam and midafoxazol were the most prescribed. AD: 21.1% in 2002, 26.1% in 2003, 37.2% in 2006 (p=0.007) and 40.0% in 2009 (p=0.001); mirtazapine, citalopram and escitalopram were the most prescribed and other new drugs prescription was significant (duloxetine).

Conclusions: Psychotropic drug prescription increased and the profile changed. More specific alternatives with less adverse effects, adjuvant treatment of PS and psychiatric administration routes might have contributed to it. Further studies would be performed to analyze their effectiveness and correlation with other symptom relief.

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were no wound issues in this cohort but a number of patients each described 1-5 areas of concern, with a median of 3 symptoms per patient. Pain was the most common symptom, followed by dyspnoea and appetite disturbance.

Patients were seen in the inpatient setting 70%, of whom 69% was palliative, 17% curative, and 9% terminal. Of the patients, 8% had SCC tonsil, 8% undifferentiated nasopharyngeal carcinoma, and 2% other head and neck cancer types. The median age at diagnosis was 54.0±12.7 years, and there were no differences between sites in age (mean ±SD, 54.0±12.7 vs 61.6 ±12.6 years), gender (female 7 vs 6; male 7 vs 10), treatment (BMI 18.8±2.8, percent triceps skinfold (%TSF) 35.8±17, percent arm muscle circumference (%AMC) 75.5±4.1). The mean life span after gear changing was only 18.5±4.0 days. Malaise and nausea were improved just after gear changing. Conclusion: Gear changing in cancer patients produced transient symptomatic improvement, supporting the need for nutritional management used was suitable for the metabolic dynamics in such patients. In addition to clinical findings, change in TTR over time was a helpful objective indicator for gear changing.

Funding for this study was provided by Fujita Health University School of Medicine.

Abstract number: P1068
Abstract type: Poster

An Assessment and Comparison of Palliative Care Needs of Patients with Head and Neck Cancer at Two Cancer Centres

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Aim: Retrospective audit of 40 patient notes to identify palliative care needs of patients with malignant head and neck disease at two cancer centres. Methods: We retrospectively reviewed the notes of 40 consecutive patients referred from the head and neck teams to palliative care services at Royal Marsden and Mount Vernon NHS Foundation Trusts. We collected demographic data (age, gender, diagnosis), studied of different treatments and documented symptom prevalence (specifically pain, mucositis, wound issues, nutrition, nausea and vomiting, constipation and diarrhoea and psychological distress). Results: There were no differences between sites in age (mean ±SD, 54.0±12.7 vs 61.6±12.6 years), gender (female 7 vs 6; male 7 vs 10) or diagnoses (total: SCC tongue 41%, SCC tonsil 8%, undifferentiated nasopharyngeal ca 8%, SCC RE/BE 5%, SCC maxillary 5%, SCC larynx 5%, SCC other 5%), 95% of patients had received radiotherapy, 73% chemotherapy and 43% surgery. The aim of treatment was curative in 30%, palliative in 30% and curative and palliative 30%. Of the symptoms above, patients each described 1-5 areas of concern, with a median of 3 symptoms per patient. Pain was the most common symptom, followed by dyspnoea and appetite disturbance. Results: There were no wound issues in this cohort but a number of patients each described 1-5 areas of concern, with a median of 3 symptoms per patient. Pain was the most common symptom, followed by dyspnoea and appetite disturbance. Conclusion: Symptoms in this group of patients are complex, with a significant number of combinations presenting. The majority of patients (36/40) have a median time of follow up was 16 days. 34 doses were used and the positive response was achieved in 62%. Laxation after the first dose before 24 hours was reported in 8%, 3 patients received treatment after the first 24h without response. Adverse events were reported in 7 patients (4 showed abdominal pain and 2 diarrhea). Treatment was discontinued on patients' side effects.

Conclusion: Our data show similar response rate that previously published. Response is achieved in the majority of cases (86%) within the first 24 hours showing an acceptable tolerance profile (75%) suggesting a better selection of patients must be pursued.

Abstract number: P1070
Abstract type: Poster

Does Mirtazapine Improve Quality of Life and Symptoms in Advanced Cancer?

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Introduction: Anorexia, anxiety, fatigue, insomnia, nausea, weight loss, and reduced quality of life are common in advanced cancer. We assessed the benefit of mirtazapine on symptom control and quality of life in advanced cancer patients, with focus secondary on anxiety, anorexia, depression, fatigue, insomnia and nausea in individuals with advanced cancer.

Method: Cancer patients entered the study if quality of life (QOL) scores on the EORTC QLQ-C30 Likert Scale (1-7) were 5 or less, or if they were randomized or not about radiotherapy complications in palliative care.

Results: Eight articles were found only six of them used for cohort analysis, curative 1%, terminal 99%, interventional study. The usual complications were: Fatigue, subcutaneous fibrosis and psychological needs, which affects the QOL of patients, and endocrine and radiodermatitis. The studies showed the improvement of physical and psychological aspects after exercises, and the orientation to patients, especially because exercises help to prevent ulcers.

Conclusion: The role of Physiotherapy is to prevent fatigue and skin problems, educating family and patients. Exercises during treatment of radiotherapy and after the same can avoid fatigue and wounds (decubitus ulcers) especially when patients are in palliative care when the fatigue is more frequent, and patients have the skin more fragile and usually prefer to lay instead doing activities.

Abstract number: P1072
Abstract type: Poster

Modafinil: How is it Being Used in Palliative Care

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Introduction: Fatigue, sleepiness and depression are among the most disabling symptoms for palliative care patients and are simultaneously the most difficult to control. Modafinil is a relatively new psychostimulant with a better safety profile compared to other drugs in this group, however information about its use in the context of palliative care is still limited.

Research aim: To characterize the use of modafinil in a palliative care patient at a tertiary care hospital in a private hospital, between 1st September 2009 and 30th September 2010.

Method and design: Retrospective and systematic review of all the clinical inpatients records with a prescription of modafinil in the defined period. Relevant data was collected and analyzed at quantitative and descriptive level.

Main results: There were 54 episodes of hospitalization with a prescription of modafinil, corresponding to 1/6 of total episodes. The majority median response score was 4.6 (2.1-6.0) and 100% of patients had an improvement in their QOL. A significant number dropped out the first week, mainly due to sedation.

Discussion: Modafinil improve QOL and marginally improved insomnia and anxiety. Modafinil appears to be tolerated less well in advanced cancer then other populations. Conclusion: Modafinil did not improve quality of life and marginally improved anxiety and insomnia in advanced cancer.
of patients had metastatic cancer disease and the average age was 70 years. The main reasons for initiating modafinil were fatigue (42.6%), sleepiness (25.9%) and poor concentration (11.3%). The maximum daily dose was 200 mg in 90% of cases. It took a median of 5 days to initiate and the median treatment duration was 27.8% (22.8% of patients were discharged on modafinil but another 27.8% suspended treatment due to inefficiency). The two other main motivators for suspension were worrying of general condition (18.5%) and manifestations of agitation/confusion (16.7%).

Conclusion: The main reason for prescribing modafinil was fatigue. Although a significant number of patients were discharged on modafinil there was a similar number that discontinued treatment for inefficiency. These findings suggest the need for a prospective, observational study of the management of fatigue and the use of modafinil.

Abstract number: P1073
Abstract type: Poster

Should Palliative Care Expand to Include the Identification and Referral of Legal Problems?
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Patients with life-threatening illness worry about: Who will inherit my property when I die or who will take care of my children? These worries involve a legal issue. Not all problems facing hospice patients are resolved with pain control and symptom management. Some patients experience a violation of their legal rights or autonomy due to their illness. Legal problems can be difficult to resolve and unresolved problems negatively affect peace of mind and quality of life.

How do patients access justice and legal assistance when they are bedbound at home? Would access to justice & legal assistance improve quality of life for patients?

Aims: Assessment of the impact of legal capacity-building.

Method: Evaluation of a one-year pilot study looking at the impact of legal workshops at hospices. External evaluation of observable workshops on such topics as: Inheritance & Property, the new Children’s Act, State financial help (social grants), school fees, debt management, health issues in the context of the SA Constitution, the Bill of Rights & National Health Act. Topics are also: Disclosure of HIV status, stigma, & patients’ rights. Evaluation to also focus on whether facilitators used information from Legal Aspects of Palliative Care and less used this practical resource book was developed as a collaboration between palliative care practitioners and legal experts to guide those working in this area.

Results: Assessment of workshop by legal capacity-building. External evaluation of workshops by legal capacity-building.

Abstract number: P1074
Abstract type: Poster

Palliative Sedation: A Means to Care for the Palliative Patient - The Portuguese Reality
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Aim: To know: How and when the practice of palliative sedation in portuguese palliative care units? Methods: This study is simple, descriptive, quantitative and retrospective. The target population is characterised by patients admitted to inpatient palliative care units (n = 761) in 2008.

Results: The essential structure of the phenomenon in this study reveals that: - 9.3% of the population underwent this procedure; - Sedation occurred on average 11 days after hospitalisation, with an average length of 67.2 hours with a median of 50.2; - The reason that conditioned the practice of sedation was mainly psychological distress (81.7%) followed by emergencies and secondary gain (17.8%); - 27.8% of the cases were discharged on modafinil but another 27.8% suspended treatment due to inefficiency. The two other main motivators for suspension were worrying of general condition (18.5%) and manifestations of agitation/confusion (16.7%).

Conclusion: The main reason for prescribing modafinil was fatigue. Although a significant number of patients were discharged on modafinil there was a similar number that discontinued treatment for inefficiency. These findings suggest the need for a prospective, observational study of the management of fatigue and the use of modafinil.

Abstract number: P1075
Abstract type: Poster

Comparative Analysis of Home versus Hospital Care of Patients in Advanced Stages of the Illness
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Research aims: Study the differences in symptom intensity and emotional distress in advanced cancer patients treated in a Palliative Care Inpatient Service (PCIS) of a hospital compared with patients treated at home by a Home Palliative Care Team (HPCT).

Study design and methods: Prospective observational study of a cohort of advanced cancer patients referred consecutively from the hospital’s acute oncology ward to PCIS and HPCT, respectively, for 6 months with a three-month follow-up period. For evaluation we used: the Edmonton Symptom Assessment System (ESAS) for symptoms; and the Hospital Anxiety and Depression (HAD) scale. Statistical analysis was performed with SPSS: in the case of normal or sufficient sample size (n>30) parametric tests were used, while for insufficient sample size, nonparametric tests were used with a significant level of 0.05.

Results: A total of 60 patients were studied: 137 cared for by HPCT and 37 by PCIS. Three hundred and twelve (312) and 68 ESAS were performed in the HPCT and PCIS groups, respectively; average: pain 3.72 vs 2.40 (>0.05); tiredness 5.8 vs 5.1 (>0.05); nausea 1.2 vs 1 (>0.05); depression 3.5 vs 3.7 (>0.05); anxiety 2.8 vs 2.1 (>0.05); drowsiness 2.6 vs 3.9 (>0.002); appetite 4.7 vs 4.5 (>0.05); wellbeing 3.1 vs 1.5 (0.012); shortness of breath 2.7 vs 2.8 (>0.05); insomnia 2.8 vs 2.2 (>0.05). Mean anxiety of the HAD scale was assessed >247 times in the HPCT group and 39 in PCIS group: anxiety 6.43 (CL 5.7-7.1) vs 6.45 (CL 4.2-8.6) p>0.05; depression 8.97 (CL 7.9-9.9) vs 7.3 (CL 6.9-12.4) p>0.05. The 37 patients in the PCIS group died within the follow-up period, with an average stay of 17.5 days compared to 8 days in HPCT correspondence to 104 who died at home (p>0.006).

Conclusion: Advanced cancer patients treated in their own home usually did not experience physical symptoms or emotional distress of greater intensity than patients cared for at a hospital PCIS. (CL-confidence interval)

Abstract number: P1076
Abstract type: Poster

A Retrospective Chart Review of Agitation in Terminal Cancer Patients
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Aim: Agitation is frequently observed in terminal cancer patients. It occurs suddenly and fluctuates quickly. The aim of this study was to understand its features.

Methods: We conducted a retrospective chart review to collect all medical records of terminal cancer patients who died in Osaka University Hospital from January 1st to December 31st, 2008. We assessed agitation according to the item 9 (psychomotor activity) of the Memorial Delirium Assessment Scale. Multiple comparisons and Fisher's Least Significant Difference test were used to compare the agitation and non-agitation groups.

Results: One hundred fifteen patients (64 males and 51 females) were enrolled in this study. The mean age was 88.8±13.3 years old. The primary tumor sites were hematological origin 28, lung 14 and breast 14. Agitation was observed in 49 patients (42%). It occurred within 1 day of death in 30 patients (61%). The causes of agitation include pain (4.1%), sleep disturbances (7.7%), infection (3.4%), and psychomotor agitation (14%). The significant risk factors were male gender, history of smoking, lung cancer and diabetes mellitus.

Conclusion: We should raise awareness regarding terminal cancer patients with risk factor of agitation.

Abstract number: P1077
Abstract type: Poster

Prospective Evaluation of the Frequency and Treatment of RLS on a Palliative Care Unit
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Introduction: Common medical problems are often associated with abnormalities of sleep. Patients with chronic medical disorders often have frequent episodes of sleep and lessen their capacity to take care of healthy individuals, and this poor sleep may wound the subjective symptoms of the disorder. Complaints due to insomnia are common symptoms in cancer and neurology units. The frequency of RLS in patients suffering from malignant diseases reaches from 20-40%. Since there are no data published related to the frequency of the restless legs syndrome (RLS) in patients in endstage malignant diseases, we aimed to document the frequency and treatment options of RLS on a palliative care unit.

Methods: Since January 2010 we have prospectively examined patients in our palliative care unit after the RLS diagnostic criteria of the consensus conference of the National Institute of Health.

Results: Until now (October 2010) we have examined 212 patients in our palliative care unit. 94.1% with malignant diseases and 5.9% with non-malignant diseases. 3.1% of this patients fulfilled the diagnostic criteria for RLS. Two patients received have been treated with transdermal rotigotine and in the other patient symptoms resolved upon switching from fentanyl patch to levomethadone. Symptoms were effectively treated in only one day in two patients. However, one patient treated with rotigotine needed additional palliative sedation since symptoms of gastrointestinal side effects were evoking.

Conclusion: RLS might not be a common cause of sleep disturbance in patients on a palliative care unit. However, patients who fulfill diagnostic criteria for RLS should be treated effectively with rotigotine. The reason for the low frequency of RLS might be treatment with opioids in a significant number of patients in advanced stages of their diseases.
for the treatment of opioid-induced constipation in
the first peripheral micro-opioid-receptor antagonist
Methylnaltrexone finally relieved the UR.

12th Congress of the European Association for Palliative Care, Lisbon, Portugal, 18–21 May 2011

Thromboembolic Disease in Far-advanced Cancer In-patients: Incidence, Complications, Primary Thrombolysis and Patients’ Outcome

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Aims: To determine the frequency of thromboembolic events (TEE) in far-advanced cancer pts admitted in our unit and their associated complications and mortality. Secondary aims are to assess the thromboprophylaxis (TP) used during admission, and the patients’ information and acceptance of TP (heparin sc).

Material & methods: Descriptive prospective study enrolling far-advanced cancer pts admitted in our palliative care unit. We recorded socio-demographic data. Risk factors for TED, cause of admission, and the existence of any TEA during admission and until 15 days after discharge. We also recorded the use and side effects of TP during the study. Semi-structured interviews to the pts assessing knowledge and effects of TP during the study. Semi-structured searches of scientific articles from 2001 to 2010 at

Opinion

Primary Thromboprophylaxis and Patients’ Thromboembolic Disease in Far-advanced

Abstract number: P1079

Abstract type: Poster

Methylnaltrexone Used in Opioid-induced Urinary Retention: 2 Cases Report

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Case: Male, 54; no previous diseases.


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September 2008: Esophagogastroduodenal Junction cancer with liver, lung and retroperitoneum metastases. A palliative QT* since April 2010. He died in July 2010. Principal symptom: Pain. Patient needed frequent irrigation of the bladder, changing of the urinary bag. Both patients discontinued medication every time opioid dosage increased because UR and constipation developed and after bladder or bladder organ pathology were involved in the UR. Urinary catheter was offered; both patients refused it. Methylnaltrexone was prescribed and UR disappeared. The April 2008: the FDA approved methylnaltrexone as the first peripheral micro-opioid-receptor antagonist for the treatment of opioid-induced constipation in advanced-illness patients receiving palliative care and for whom other laxative therapies failed to achieve adequate results. Methylnaltrexone’s mechanism of action suggests it could be beneficial for other

Peripheral, opioid-induced adverse effects, such as nausea, vomiting, UR, pruritus or postoperative ileus. Conclusion: UR is a peripheral opioid-induced adverse effect with important complications. Maybe we underestimated the real frequency in our patient because those presenting with retention often have a prior history of urological disorders or risk factors for retention of drugs (such as opioids, anticholinergics), constipation, diabetes mellitus, etc. Methylnaltrexone as relief for this symptom could be beneficial and there is the need for further studies along this line. Urinary retention: Palliative Care Support Team/PSCT; Chemotherapy; QT.

Abstract number: P1080

Withdrawn

Interventional Techniques in Palliative Care

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Introduction and goals: Invasive interventions (II) are necessary to provide palliative care to patients with advanced disease. The goal of this study was to describe II in patients of our palliative care unit (PCU).

Methods and results: A retrospective review was done on the charts of all patients admitted in the PCU since its foundation in May 2008 until November 2009. Mann-Whitney U-test was used to explore the association between variables. Results: A total of 785 patients admitted in the PCU were followed. 45 underwent II (5.8%) 3 III procedures of 2 patients were done. Survival rate was 78.1% males and 86.5% females. Median age 67,66 years (38,88). Thirty eight (84.4%) are oncologic patients. Six are no oncologic (13,6%)

Data of technique, results, immediate and late complications are shown in poster. Time from application to IT application: Median of 4,6 days(1-13 days). Thirty patients (66,6%): Discharge after improvement . Twelve (26,6%) died in hospital . Five (11,1%) died in less than 4 days from the IT. 20 patients (57%) have died after the discharge. Survival rate from the IT: 89 days (69-180). Ten patients (24,4%) have died at home (in PCU(26,92%): 7 at hospice (26,92%), 1 in Urgencias (3,84%) and 1 patient in other hospital (3,84%)

There is no significant difference between Barbil (p=0,23),PPS (p=0,62) and MMSE (p=0,71) and likelihood of discharge or exuit in hospital. There is significant difference between PapScore and likelihood of discharge or exuit in hospital (p=0,040).

Conclusions:

1. The IT allows to solve the claim that causes discharge in PCU in 66,6% of patients.

2. Time of delay is 4 days.

3. Most complications are minor (26%).

4. Survival rate is near 3 months and 40% died at home.

5. Patients discharge at home had a low PapScore compared with died in hospital what supports the usefulness of Papscore in clinical decisions.

Abstract number: P1085

Abstract type: Poster

The Electrogastrogram and Blood Markers in Patients with Advanced Cancer

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Objectives: Electrogastrography (EGG) is a technique used to record gastric myoelectrical activity (CGA). Our aim is to investigate the following:

(i) the prevalent patterns of GMA
(ii) the most frequent gastrointestinal symptoms reported on the dyspepsia symptom severity index (DSSI)
(iii) EGG diagnosis and correlations with gastroenterological symptoms
(iv) the role of inflammatory markers

Methods: An EGG was performed 10 min preprandial and 10 min postprandial an ingestion of 500 ml water. EGG measurements were recorded by electrodes positioned externally on the abdominal wall and the biologic signal was recorded. C-reactive protein (CRP), Albumin and Neutrophils were included at baseline.

Result: There were 53 patients enrolled, median age 60 years, range (18 – 82 years). EGG diagnoses: Mixed Dysrhythmia (n=25), Tachygastria (n=15), Bradygastria

Poster sessions

Poster sessions
Background: Restless legs syndrome (RLS) is the most common movement disorder and it is associated to iron deficiency. Prevalence of RLS estimates 2–5% of general population in Japan and we sometimes encounter the problem of RLS in patients as well as end-stage renal failure patients. But unfortunately it is not still underrecognized and undertreated by clinicians and RLS is made wrong diagnosis as mood disorder.

Aim: To examine RLS of palliative care cancer patients who received hospital palliative care support service.

Methods: Retrospective reviews of cancer patients with RLS consulted by palliative care support service in Osaka National Hospital from November 2009 to October 2010 and examined about background, symptoms, laboratory data, treatment for RLS.

Results: RLS are 3 cases among 202 cancer patients consulted by palliative care team (1.5%). Male/female ratio is 1/2. Primary site of cancer was 50% of thorax, 18.2% of uterus and all are advanced disease clinically. All patients take ongoing chemotherapy with repeated mood suppression. 2 cases take anticonvulsant and Fe supplement after diagnosed RLS and restless legs got better and patients could sleep comfortably. One patient died 3 weeks later of progression of primary disease and 2 patients continue chemotherapy in palliative care unit.

Conclusion: Understanding and awareness of RLS among clinicians is needed to manage symptoms as sleep disturbance in palliative care for cancer patients.

Abstract number: P1090
Abstract type: Poster

Indications and Benefits of Blood Transusions in a Hospice Setting

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Aims: Blood transfusions are increasingly used to relieve symptoms such as fatigue and shortness of breath in the hospice setting. Few studies have looked into the benefits of blood transfusion in palliative care. The aim of this study is to look at the indications and benefits of blood transfusions administered in hospice care.

Methods: Retrospective analysis was done on clinical notes of patients who received a blood transfusion in the hospice between 1 January and 31 July 2010. Results: Between 1 January and 31 July 2010, there were 55 blood transfusion episodes in 43 patients.

Notes were unavailable for 1 patient, therefore data was collected on 54 transfusion episodes. The mean pre-transfusion haemoglobin was 8.2 (range 4.2–9.7) g/dL. The main symptoms for transfusion were: fatigue (23), dyspnoea (14), weakness (4), lassitude (2), nausea (2) and low arterial saturations (2). 22 out of 25 (88%) episodes were done for low haemoglobin alone.

The effect of transfusion on symptoms was assessed in 26 out of 25 (92%) episodes. In 26 transfusion episodes, there was symptomatic benefit in 14 episodes. The symptoms which improved were fatigue (7), general well-being (7), breathlessness (2) and nausea (1). There was no improvement in symptoms in 12 episodes.
Out of the 43 patients, 15 (34.9%) died within 2 weeks, none of whom had any improvement in symptoms following transfusion.

**Conclusion:** A significant proportion of transfusion episodes were done for low haemoglobin alone. The indication for transfusions in the palliative care setting should be focused on symptoms. Assessment of symptomatic benefits following transfusion can be improved. Where assessed, symptoms which improved most frequently were fatigue and general well-being.

Death occurred within 2 weeks for 15 episodes, calling to question the appropriateness of transfusion. If it was difficult to distinguish whether the symptoms were due to anaemia or part of the dying process, a trial of transfusion was probably warranted.

**Abstract number:** P1091

**Abstract type:** Poster

**Parenteral Nutrition as Symptom Control - a Case Report**

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**Aim:** The role of continuous parenteral nutrition in patients with an incurable disease is controversial.

**Method:** Case report.

**Results:** In our patient (male, 82 yrs.) pancreatic cancer was firstly diagnosed in March 2009. After endoscopic retrograde cholangiopancreatography (ERCP) and stentimplantation, 3 cycles of gemcitabine and oxaliplatin were administered. Chemotherapeutic treatment was limited by occurrence of hepatic abscesses after ERCP. Peritoneal carcinosis has never been shown in computerized tomography. At time of admission at our palliative care department in August 2009, the patient presented generalized edema, ascites, weakness and anorexia. Weight was 70 kilograms (kg). Laboratory parameters showed increased inflammation parameters, decreased prealbumin, albumin and cholinesterase. After port-a-cath implantation parenteral antibiotic treatment and parenteral nutrition with a three-chamber-bag was started. Human-albumin was added for 2 weeks and spironolactone was administered. Once, an ascites puncture was performed. A mini-mental-state-examination indicated 21 points so that antidepressive treatment was started. All these measures lead to an improvement of the above mentioned laboratory parameters, a weight loss of 14 kg, reduction of ascites and edema and increased mobility. The patient was discharged after 19 days and stayed at home with parenteral nutrition and continuous antibiotic treatment until his death in December 2009. No episodes of fewer, edema or ascites occurred after discharge.

**Conclusion:** In the absence of peritoneal carcinosis, the genesis of ascites and generalized edema might be caused due the inflammatory state and subsequent capillary leak syndrome due to hepatic abscesses on the one side and malnutrition and subsequent protein deficiency, probably hindered by dementia, on the other side. Continuous parenteral nutrition and antibiotic treatment resulted in an adequate persisting symptom control in our patient.

**Abstract number:** P1092

**Abstract type:** Poster

**Physiotherapy Approaches in Pressure Ulcer in Palliative Care (Review Article)**

*Chaves A.¹, Lilia L.¹, Pimenta P.², Silva P.², Lima R.², Fernandes F.³, Molinaro M.²*

¹Federal Institute of Science and Technology of Rio de Janeiro, Rio de Janeiro, Brazil; ²Federal Institute of Science and Technology of Rio de Janeiro and National Cancer Institute of Brazil, Professor and Physiotherapist, Rio de Janeiro, Brazil

The pressure ulcer is a localized lesion in the skin and / or in tissue or underlying structure, usually over a bony prominence, resulting from pressure alone or pressure combined with friction and / or shear, and unfortunately, is very common in developing countries. This study was made by students of Physiotherapy to learn more about pressure ulcers and help patients in Palliative Care.

**Objective:** The aim of this study is to review the role of Physiotherapy to prevent and helps in pressure ulcers in Palliative Care.

**Method:** Systematic published review articles in the databases and BIREME-SCIELO using the keywords pressure ulcers, physiotherapy and palliative care. Inclusion criteria were: epidemiological study in humans has been published in English, Spanish or Portuguese and have been published from 2000 to 2010. Exclusion criteria were: excluded studies in which the use palliative care was integrated with drugs.

**Results:** Laser, TENS (transcutaneous electrical nerve stimulation) and micro-current were techniques found literature to improve the pressure ulcer and pains caused by it. It was seen that some low-power lasers are widely used as therapeutic techniques, in order to combat pain conditions and promoting acceleration in the healing process. The articles showed that TENS is used for pain control, since the micro-current, due to its proximity to the biological chain, performs work at the cellular level. The physiotherapists can improve the quality of life and help patients to avoid ulcers with exercises.

**Conclusion:** Physical therapy has some techniques that can improve palliative care, both in symptoms and quality of life, and this new field, many remains to be explored and further research should be conducted.

**Abstract number:** P1093

**Abstract type:** Poster

**Physiotherapy Approaches in Management of Dyspnea in Palliative Care**

*Molinaro M.², Fernandes F.³*

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Dyspnea is multifactorial, with physical and psychological factors associated, and a frequent symptom in Palliative Care, in advanced stages of malignant and non-malignant diseases. The aim of this study is to review approaches of Physiotherapy to help the interdisciplinary team in management of dyspnea, and after this review, create a physiotherapy program with non-pharmacological managements of dyspnea with patients of a Palliative Care Unit.

**Method:** Literature review of Pubmed and Lilacs, with the publication date from 10 years. Keywords used: palliative care, neoplasm, physiotherapy and dyspnea. Languages selected for the research: Portuguese, English, Spanish and French. The criterias of inclusion were: original articles, interventionally studies, and reviews that were related to cancer patients in palliative care.

**Results:** This strategy obtained 7 abstracts which were read, and the 7 obeyed the criterias of selection. All the articles were in English language. 4 articles were reviewed. No article approached children or adolescents. The non-pharmacological interventions were: breathing retraining, relaxation techniques, activity pacing and psychosocial support, techniques of daily living, non-invasive positive pressure ventilation, traditional physiotherapy techniques, walking aids, acupuncture, fan and neuroelectrical muscle stimulation.

**Conclusion:** It was noticed that non-pharmacological strategies improve quality of life of cancer patients in palliative care, and the physiotherapist can help the interdisciplinary team to minimize dyspnea, using these techniques. After this review, a protocol about non-pharmacological management of dyspnea (as breathing retraining, relaxation techniques and non-invasive positive pressure ventilation) has been studied to be used by physiotherapists of this Institute.

**Abstract number:** P1094

**Abstract type:** Poster

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*Chaves A.², Lilia L.¹, Pimenta P.², Silva P.², Lima R.², Fernandes F.³, Molinaro M.²*

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**Conclusion:** Physical therapy has some techniques that can improve palliative care, both in symptoms and quality of life, and this new field, many remains to be explored and further research should be conducted.

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*Molinaro M.², Fernandes F.³*

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