

Abstracts of the 9th World Research Congress of the European Association for Palliative Care (EAPC)

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sessions of FAM-TCI and two to four weeks later). Three study hypotheses regarding positive outcomes of psychological distress, caregiving burden and perceived support were tested using repeated measures ANOVA.

Results: In total 26 FCGs were included in the preliminary analysis of phase I. FCGs receiving the intervention evidenced significant improvements in perceived support ($P < .001$) and depression symptoms ($P < .05$). However, the results of appraisal of caregiving were not statistically significant. Large effect sizes favouring the intervention were found for perceived support and other effect sizes calculated ranged from medium to small.

Conclusion: These preliminary results support that the FAM-TCI is an effective intervention for home-based FCGs where a family member has advanced cancer and two out of three study hypotheses were confirmed.

Abstract number: P167

Abstract type: Poster

Losing a Parent to Cancer as a Teenager: Comparison of Self-reported Family Cohesion in Cancer-bereaved and Non-bereaved Youth

Birgisdóttir, Dröfn¹, Bylund Grenklo, Tove^{2,3,4}, Nyberg, Tommy², Kreicbergs, Ulrika⁵, Steineck, Gunnar^{2,6}, Fürst, Carl Johan¹

¹Institute for Palliative Care, Lund University, Lund, Sweden, ²Division of Clinical Cancer Epidemiology, Department of Oncology and Pathology, Karolinska Institute, Stockholm, Sweden, ³Department of Women's and Children's Health, Karolinska Institute, Stockholm, Sweden, ⁴Department of Health and Caring Sciences, Linnaeus University, Växjö, Sweden, ⁵Palliative Research Centre, Ersta Sköndal University College and Ersta Hospital, Stockholm, Sweden, ⁶Department of Oncology, Sahlgrenska Academy at University of Gothenburg, Gothenburg, Sweden

Background/aims: Family cohesion plays a role in children's and teenagers' wellbeing after the death of a parent. However, little is documented about how it changes over time or the relationship between bereavement and family cohesion as reported by youths themselves. This study aims to investigate the level of family cohesion during childhood, teenage years and in young adulthood, as reported by youths that lost a parent to cancer in their teenage years compared to their non-bereaved peers.

Methods: In this nationwide population-based study, 622 (73%) youths (aged 19-26) filled in a questionnaire 6-9 years after losing a parent to cancer during teenage (ages 13-16) and 330 (78%) non-bereaved peers from a matched random sample. Associations were assessed using multivariate logistic regression with various combinations of confounder variables.

Results: Few reported poor family cohesion during childhood, with insignificant difference between the groups. Regarding the teenage years, both groups had a higher proportion of those reporting poor family cohesion. However, the cancer-bereaved youth were more likely to report poor family cohesion compared to their non-bereaved peers (adj. OR:2.1, 95%CI:1.4-3.2). Looking more closely at the cohesion trajectory in the bereaved youth, the highest proportion of poor family cohesion occurred during the teenage years, after the loss. At the time of the survey, both groups had a lower proportion of poor family cohesion. However, the cancer-bereaved youth were again more likely to report poor family cohesion compared to the non-bereaved youth (adj. OR:1.6, 95%CI:1.0-2.5).

Conclusion: Compared to their non-bereaved peers, cancer-bereaved youth are at higher risk of reporting poor family cohesion during their teenage years, especially after the loss of a parent. Although some of the families seem to re-unite as the time passes, cancer-bereaved youth are still, 6-9 years after the loss, more likely to report poor family cohesion.

Abstract number: P168

Abstract type: Poster

Caregiver Burden: Inside and Out Palliative Care Units

Lourenço, Tânia^{1,2}, Abreu-Figueiredo, Rita^{1,2}, Sá, Luís³, Araújo, Licínia⁴, Espírito-Santo, Teresa⁴

¹Universidade Católica Portuguesa - Instituto de Ciências da Saúde, Lisboa, Portugal, ²Nursing Department, Escola Superior de Enfermagem São José de Cluny, Funchal, Portugal, ³Nursing Department, Universidade Católica Portuguesa - Instituto de Ciências da Saúde, Oporto, Portugal, ⁴Palliative Department, SESARAM, EPE, Funchal, Portugal

Background: The research conducted so far does not allow us to conclude that the caregiver burden is higher when the patient is in the palliative care units or at home, even with contradictory data.

Aims: To identify the prevalence of caregiver's burden and to compare it in inpatients and outpatients.

Methods: Cross sectional descriptive and analytical study about caregivers of palliative patients, combining quantitative and qualitative approaches. This abstract is a part of an ongoing larger research about caregivers. The sample includes 130 family caregivers of patients receiving palliative care at home or in the Madeira Palliative Care Unit. Data collection has been conducted from April 2014 to April 2015 through structured questionnaire with open and closed questions about context of caregiver's profile and Zarit Burden Interview (validated for palliative portuguese caregivers.) Data analysis are being processed with the

SPSS 20 and content analysis. The study was approved by the ethic committee of the Madeira Health Service.

Results: This study is still under development therefore we will present at the conference the final results. Trough the preliminary data we found high prevalence of caregiver's burden and there seems to be no difference between the burden on caregivers inpatients and outpatients. The variable "admitted patient" does not seem to contribute to a lower level of caregiver's burden. However, other variables such as social and financial support, caregiver's age, and global health perceived by caregivers seems to have a high impact on it.

Conclusions: The caregiver's burden is currently one of the admission criteria in palliative care units. The preliminary data from this study shows that inpatient caregiver's do not have a fewer burden, so health professionals should continue to intervene by supporting the caregiver in this process, taking into account other variables that contribute to this phenomenon.

Abstract number: P169

Abstract type: Poster

Key Messages from a Metasynthesis of Qualitative Research to Honor the Voices of Bereaved Family Caregivers

Holtlander, Lorraine^{1,2}, Baxter, Sharon³, Mills, Kelly⁴, Bocking, Sarah¹, Duggleby, Wendy⁵, Peacock, Shelley¹, Duncan, Vicky⁶, Hudson, Peter⁷, Cooper, Dan⁸, Dadgostari, Tina⁹, Ogunkorode, Agatha¹

¹College of Nursing, University of Saskatchewan, Saskatoon, Canada, ²Health Sciences, University of Witwatersrand, Johannesburg, South Africa, ³Canadian Hospice Palliative Care Association, Ottawa, Canada, ⁴Educational Psychology, University of Saskatchewan, Saskatoon, Canada, ⁵Faculty of Nursing, University of Alberta, Edmonton, Canada, ⁶Health Sciences Library, University of Saskatchewan, Saskatoon, Canada, ⁷University of Melbourne, Melbourne, Australia, ⁸Palliative Care Services, Regina Qu'Appelle Health Region, Regina, Canada, ⁹Clinical Psychology, University of Saskatchewan, Saskatoon, Canada

Aim and background: Bereavement can be extremely challenging for people who were family caregivers of a palliative care patient. Up to 25% of them will face complicated grief or debilitating symptoms such as depression and anxiety, especially if they had a difficult caregiving experience. Even though palliative care guidelines identify the importance of support for family, extending into bereavement, very little is known about their experiences or how to support them. The aim of the research was to

- a) complete a metasynthesis of qualitative research with bereaved family caregivers,

- b) identify a set of key messages, and
- c) produce a series of videos as interventions for bereaved caregivers.

Method: By applying Sandelowski and Barroso's approach, a metasummary and a metasynthesis of qualitative research with bereaved caregivers were completed by an interdisciplinary team of international researchers, clinicians, policy-makers, and community members. A set of key messages and recommendations from the findings was developed and formed the basis of a series of videos that feature participants who were bereaved caregivers.

Results: A model of the findings from qualitative research was developed, describing the factors that impact a continuum of experiences ranging from feeling traumatized to experiencing personal growth. Key messages from the metasynthesis include the need to:

- a) consider the entire caregiving trajectory,
- b) respect the diversity of caregivers' experiences, and
- c) acknowledge that each person needs different kinds of support.

The videos that were developed with bereaved caregivers integrate these messages and were found to be very helpful and meaningful in focus-group evaluation.

Conclusion: Addressing the needs of caregivers during bereavement requires taking a person-centred approach that respects diversity and unique experiences. Evidence-based video interventions with and for bereaved caregivers encourage knowledge mobilization.

Education research

Abstract number: P171

Abstract type: Poster

End of Life Care Educational Programme on the Intensive Care Unit Increases Staff Confidence

Sidon, Lauren, Bailes, Ian, Gruber, Pascale, Prescott, Nicole, Gilroy, Jo-Anne, Pattison, Natalie, Gull, Keetje, Droney, Joanne

Royal Marsden NHS Foundation Trust, London, United Kingdom

Background: Studies have demonstrated that end of life care (EoLC) on the intensive care unit (ICU) is not always optimal. Whilst staff recognise the need for compassionate EoLC, they are not always confident in managing terminally ill patients.

Aim: To compare staff attitudes and confidence around EoLC on ICU in a tertiary cancer hospital, before and after the implementation of a specific targeted educational programme.