## A TOOL TO ASSESS LAY CANCER CARERS' CHANGING NEEDS IN GENERAL PRACTICE

10.1136/bmjspcare-2011-000020.9

G K Mitchell<sup>1</sup>, A Girgis<sup>2,3</sup>, M Jiwa<sup>4</sup>, D Sibbritt<sup>2</sup>, L H Burridge<sup>1</sup> <sup>1</sup>The University of Queensland, Brisbane, Queensland, Australia; <sup>2</sup>The University of Newcastle, Newcastle, New South Wales, Australia; <sup>3</sup>Cancer Council of New South Wales, Newcastle, Australia; <sup>4</sup>Curtin University of Technology, Perth, Western Australia, Australia

## **ABSTRACT**

**Introduction/aims** No General Practitioner (GP)-based tools exist for managing the multidimensional needs of lay carers of people with advanced cancer. This project aims to test a tool for carers to self-identify their needs, and manage them routinely with their GP.

**Methods** A Needs Assessment Tool for Carers (NAT:C) was tested in a randomised controlled trial. Intervention carers assessed their level of concern for 33 items spanning several domains of need, and identified a maximum of three to discuss at the consultation. Carers completed then discussed the NAT:C with their GP at baseline and 3 months, and their needs on both occasions were compared.

**Results** At November 2010, 54 carers had completed the NAT:C at baseline and 30 at 3 months. A mean of 14.1 (SD 6.4) concerns were identified at baseline, and 10.8 (SD 5.8) at 3 months. At the baseline consultation, a mean of three (median one) required immediate attention and 3.5 (SD 6.3) at a later time. At the 3 month consultation these decreased to 2.1 (median 0) immediate concerns and 1.1 (SD 2.7) for later attention. Caregiver fatigue, and anxiety about unexpected patient problems were the most common immediate concerns at baseline. Caregiver fatigue, planning for the unexpected and carers' own health needs were the most common at 3 months. Carers started to express a need to plan for the future.

**Conclusion** Carers' focus of concern shifts from thinking about the patient's needs and onto their own needs and the future as the patient approaches death.