

## Oral Presentations

### Free papers 1–3 | the impact of COVID 19

#### 0-1 CORDOTOMY IMPROVES PAIN IN PALLIATIVE CANCER PATIENTS RECEIVING CARE FROM A SPECIALIST CENTRE, AND CONTINUES TO REBUILD FOLLOWING TEMPORARY CLOSURE DUE TO THE COVID-19 PANDEMIC

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10.1136/spcare-2022-SCPSC.1

**Background** Percutaneous Cervical Cordotomy (PCC) is a procedure offered by specialist centres in the UK for management of unilateral, refractory, cancer pain. The Beatson West of Scotland Cancer Centre (BWOSCC) offers the procedure to eligible patients through the Interventional Cancer Pain Service (ICPS). Between March 2017 and August 2021, 36 patients were offered PCC with 32 completing the procedure. This study assesses whether PCC is effective in reducing patients' pain and analgesia requirements. Given the emergence of the COVID-19 pandemic, a secondary aim was to explore the effect that lockdown had on the ICPS.

**Method** Patients referred for PCC completed Brief Pain Inventories at multiple stages: referral, initial assessment, pre-op, discharge after procedure, 2 weeks and 6 weeks post op. The inventories used the numerical pain intensity scale to ascertain both the intensity of pain and interference with patients' lives. Analgesia including dose of Oral Morphine Equivalent (OME) and adjuvants was also recorded.

**Results** Data was collected from 32 patients who underwent PCC at BWOSCC. Average pain decreased from 6.4 on referral to 1.1 post procedure, and this effect continued at 2 and 6 week follow ups. OME dose decreased from 320 mg/day to 85 mg/day.

Since the emergence of COVID-19 & lockdown measures in the UK, referrals for the procedure decreased. Data also showed a reduced average life expectancy in patients referred from July 2020 compared to before March 2020 (4.5 months to 2.45 months).

**Discussion** PCC has a positive impact on patients' pain and use of analgesia, which continues at 2 and 6 week follow up. The pandemic may have affected timeliness of PCC for multiple reasons. These include delayed oncological diagnosis, delayed referral to Palliative Care, temporary closure of ICPS and difficulty in assessing patients' level of function and frailty in virtual clinics compared to face to face.

#### 0-2 LEVELS OF GRIEF, SUPPORT NEEDS AND RISK FACTORS AMONG PEOPLE BEREAVED DURING THE COVID-19 PANDEMIC: BASELINE RESULTS FROM A LONGITUDINAL UK ONLINE SURVEY

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10.1136/spcare-2022-SCPSC.2

**Background** The COVID-19 pandemic has had a detrimental impact on millions of people's experiences of bereavement.

Traumatic end-of-life experiences and disruptions to support networks increase chances of poor bereavement outcomes.

**Aim** To examine grief and support needs, and identify associated risk factors.

**Methods** Mixed-methods survey of people bereaved in the UK from March 2020-January 2021, disseminated via media, social media, national associations, community/charitable organisations. Practical and emotional support needs were assessed in 13 domains, and grief intensity using the Adult Attitude to Grief (AAG) scale, which calculates an overall index of vulnerability (IOV) (range 0–36).

**Results** 711 participants, mean age 49.5 (SD 12.9); 88.6% female; 95.3% white. Mean age of deceased 72.2 (SD 16.1); 58% died in hospital; 44% from COVID-19. Mean IOV was 20.41 (95% CI = 20.06 to 20.77), i.e. high vulnerability in grief overall. 28.2% exhibited extreme levels of vulnerability (i.e., IOV  $\geq$  24). In six support domains, all relating to psycho-emotional support, 50% to 60% of respondents reported high/fairly high levels of need. Increased levels of perceived support from health professionals led to significantly ( $P < 0.001$ ) lower levels of grief and support need (small/medium effect,  $P < 0.001$ ). Bereaved participants who were socially isolated/lonely experienced higher levels of grief and support needs than those who were not ( $P < 0.001$ ). Grief and support needs were much higher for close family members compared with other groups ( $P < 0.05$ ). Levels of grief and support needs were slightly higher for COVID deaths compared with non-COVID ( $P < 0.01$ ), although this was not significant in a mixed model.

**Conclusions** People bereaved during the pandemic experience high levels of grief and emotional support needs, with social isolation/loneliness and death of a close family member particular risk factors. Healthcare professionals' support is associated with better bereavement experiences.

#### 0-3 THE IMPACT ON STAFF OF PROVIDING NON-INVASIVE ADVANCED RESPIRATORY SUPPORT DURING THE COVID-19 PANDEMIC—A QUALITATIVE STUDY IN AN ACUTE HOSPITAL

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10.1136/spcare-2022-SCPSC.3

**Background** Non-invasive advanced respiratory support (NARS), such as CPAP or BiPap/NIV, is prevalent within modern practice and extensively used in the care of patients with COVID-19. Despite this there is little guidance on how best to care for patients dying whilst using, or having recently used, NARS. This study aimed to explore end of life practice around NARS and evaluate the impact this care had on staff.

**Methods** A qualitative study of 21 multidisciplinary team members (from palliative care, acute and respiratory medicine) drawing on a social constructionist perspective using thematic analysis of semi-structured interviews from a single acute UK NHS Trust.

Results practice around the provision of NARS to critically unwell COVID-19 patients was viewed as extremely challenging and most discussed the harmful impacts of this. Five distinct themes were developed: ill prepared and unsupported, actions of a moral dimension, loss of professional autonomy, duty and factors that may protect staff from harm.