

P-86

NEUROMODULATION AS A NOVEL TREATMENT FOR ANXIETY IN BREATHLESSNESS DUE TO ADVANCED CHRONIC RESPIRATORY DISEASE: WHAT DO POTENTIAL RESEARCH PARTICIPANTS TELL US?

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Background Anxiety is common in patients who experience breathlessness due to advanced chronic respiratory disease. 1 in 3 patients with COPD will have significant anxiety, as will 21% of patients with interstitial lung disease, and this increases as symptom burden worsens. This is associated with poor health outcomes for patients, including higher frequency of exacerbations and hospitalisations. Neuromodulation using cranial electrotherapy stimulation (CES) reduces anxiety in patients with generalised anxiety disorder, however has not been investigated in patients with anxiety related to breathlessness. We aimed to explore patients' views on the potential use of neuromodulation through Patient and Public Involvement (PPI) work, to guide development of a pilot study of this novel intervention.

Methods We invited patients attending outpatient and day therapy services at LOROS Hospice with advanced chronic respiratory disease to give their opinions on CES generally and on the design of a study to evaluate it as a treatment for anxiety in breathlessness. Presentations were also given to a panel of hospice PPI research consultees.

Results 9 patients agreed to a conversation with a member of the LOROS Research Team, and most self-identified as experiencing anxiety to varying degrees. Two-thirds of patients agreed they would be interested in participating in a study involving neuromodulation. One patient was unsure, and two patients would not participate due to fears around electrical current and 'machine-burden'. Common questions from patients included mechanism of action, sensation of using the device, and whether there would be any improvement in their breathlessness. PPI panellists agreed that neuromodulation is an acceptable intervention and an important area for research.

Conclusion This PPI work supports the development of a pilot study using neuromodulation to manage anxiety in patients who experience breathlessness due to advanced chronic respiratory disease.

P-87

EVALUATING TELEPHONE PSYCHOLOGICAL THERAPY WITHIN A SPECIALIST PALLIATIVE CARE TEAM DURING THE COVID19 PANDEMIC

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Background The emergence of the Covid19 pandemic in March 2019 necessitated the move from entirely face to face Clinical Psychology provision within the Coventry Specialist Palliative Care team (SPCT), to virtual consultations only. Swift adaption of service provision was essential in a rapidly changing situation and in the best interests of a vulnerable patient population. Virtual approaches were initially via telephone, incorporating videoconferencing platforms once safe systems were established. During this time, virtual psychological therapy became treatment as usual. Research on remote working is sparse but largely encouraging (Markowitz et al,

2021; Lenfernick, Meyerbroker & Boelen, 2020; Morland et al, 2020). This is a small-scale qualitative evaluation of service users experience of using telephone support during the pandemic.

Method Five participants were selected for inclusion. Inclusion criteria comprised all patients who were well enough and who had received telephone psychological intervention during this timeframe. Consent was gained by a trainee psychologist, via telephone. This was to ensure that participants could talk freely about the psychologist that they had worked with. Questions included: what went well; what went less well; what approach patients would choose given a choice; speed of response time considerations on choice; impact on therapeutic rapport; and future suggestions.

Results All respondents reported that they found telephone support helpful. Participants felt it did not impact upon therapeutic rapport. Benefits include ease of access to psychologist and shorter wait time. Suggestions were made for future blended approaches, incorporating virtual and face to face options.

Conclusion The sample size is small; however, this is an ongoing challenge within palliative populations given complex and unstable physical health. This is a promising start in understanding how virtual approaches can better support psychological provision in the SPCT. Benefits include shorter wait time. Future evaluation of videoconferencing and mixed approaches is recommended.

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Posters 88–119 | service development

P-88

PREDICTORS OF DIGITAL SUPPORT SERVICES USE BY INFORMAL CAREGIVERS: A CROSS-SECTIONAL SURVEY

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Background Digital support services solutions may provide informal caregivers with remote access to information and training about care and caring-related issues. However, there is limited specific data on how factors such as demographics, socioeconomic resources and the caregiving context may influence caregivers' use of the Internet to access digital support services.

Objective The aim of this study is to identify associations between informal caregiver's characteristics and the use of the Internet to access digital support services in two countries: Italy and Sweden.

Methods A sample of 663 respondents participated in the survey by completing the online questionnaire. Respondents were