Aims We will host a conversation with two members of the public about their recent experience of working with researchers to develop a research project and apply for research funding.

Methods We recently worked with two patient and public involvement (PPI) members on two research proposals focused on financial insecurity for people living with terminal illness. Neither have previously been involved in the development of a research project, but both were able to provide invaluable insight through their own experiences. One co-applicant is living with a terminal cancer and has experienced ongoing issues with the Department for Work and Pensions related to her application for the financial benefits she is entitled to. The other co-applicant is a carer of her mother-in-law who has dementia. During the pandemic, her mother-in-law was moved to a care home. It was up to the co-applicant to find and understand possible funding options, as many sources of support (such as the citizens advice bureau) were not open.

Results During this conversation, we will cover topics such as: (1) their experiences (2) why they agreed to get involved in the research proposals (3) how they felt about the process (4) their expectations of being a PPI research partner. We will use the NIHR framework to structure this conversation, to discuss PPI involvement throughout the research cycle from the identification of priorities through to monitoring and evaluating.

Conclusions This conversation will enable us to understand why, how, and when members of the public decide to get involved in research.

Impact This conversation will offer a reflection moment for all conference attendees to consider their own use of PPI and how they could better support them in the future.

REFERENCE
information needs. Better understanding of caregiver perspectives about AH in the dying can potentially help healthcare professionals to identify information needs to improve support for caregivers.

Aims To examine caregivers’ beliefs, experiences and information needs about AH use in people dying with advanced cancer.

Methods Questionnaire study of caregivers for people with advanced cancer, who were participants in a research study which was evaluating hydration status, and its association with symptoms, in advanced cancer. Caregivers were recruited from three UK study sites, consisting of two hospices and one hospital palliative care inpatient unit.

Results Fifty-two caregivers participated. Most participants were female (N=38, 73.1%) and aged between 50–59 (N=12, 23.1%) and 60–69 (N=13, 25%). Most participants (N=33, 63.5%) said they were not aware of the term ‘artificial hydration’, Most (N=35, 67.3%) believed that AH represented good care for the patient, with the majority stating that AH improved thirst (N=33, 63.5%) and dry mouth (N=30, 57.7%). Most participants did not believe AH affected prognosis, with 11 (21.2%) stating that AH prolonged life and 8 (15.4%) indicated that prognosis would be shorter without AH. Most expected AH to be available for patients in hospitals (N=42, 80.8%), hospice (N=43, 82.7%), nursing home (N=37, 71.2%) and home (N=31, 59.6%) settings. Most participants believed patients had the right to demand AH (N=39, 75%) or refuse (N=48, 92.3%) AH in the dying phase.

Conclusions Our study provides information about caregivers’ views and expectations of the use of AH in dying cancer patients. Further work should explore how healthcare professionals can better identify and address unmet information needs of caregivers, concerning the use of AH in the dying.

Impact Understanding caregivers expectations about hydration assessment and management in advanced cancer can inform development of resources and communication strategies to provide practical support to caregivers.

**Methods** We conducted an observational study of people with advanced cancer in three centres (two hospices and one hospital palliative care inpatient unit). We used an advance consent methodology to conduct hydration assessments participants with advanced cancer who were dying. We recorded hydration status (via BIA Impedance index: Height – H2/Resistance – R), symptoms, physical signs, and quality-of-life assessments.

**Results** One hundred and twenty-five people participated (males n=74 (59.2%), females, n=51 (40.8%)). We repeated assessments in 18 (14.4%) participants when they were dying. Hydration status (H2/R) of dying patients was not significantly different compared to baseline assessments (n= 18, M= 49.55, SD= 16.00 vs. M= 50.96, SD= 12.13; t(17)= 0.636, p = 0.53). Backward linear regression demonstrated that ‘more hydration’ (increased H2/R) was associated with oedema (Beta= -0.514, p<0.001) and increased pain (Beta = 0.156, p=0.039). ‘Less hydration’ (reduced H2/R) was associated with female gender (Beta = -0.371, p<0.001), increased anxiety (Beta = -0.135, <0.001), increased physical signs (combination of dry mouth, dry axilla, sunken eyes – Beta = -0.204, p<0.001), and increased breathlessness (Beta = -0.180, p<0.014).

**Conclusions** Hydration status was associated with physical signs and symptoms in advanced cancer. No significant difference in hydration status was observable in dying patients compared to baseline. Further studies can use the outcomes of this work to develop and validate hydration assessment methods to improve personalised management and communication with patients and caregivers.

**Impact** Hydration status in advanced cancer is associated with clinical outcomes, which provides the possibility for researchers and clinicians to develop personalised approaches for clinical management, and communication, to improve hydration management in palliative care. This study highlights the potential to use bioimpedance for non-invasive hydration assessment in palliative care, demonstrating possibilities in research and clinical practice.

**Abstracts**

5 NON-INVASIVE TECHNOLOGY TO ASSESS HYDRATION STATUS IN ADVANCED CANCER TO EXPLORE RELATIONSHIPS BETWEEN FLUID-STATUS AND SYMPTOMS AT THE END-OF-LIFE: AN OBSERVATIONAL STUDY USING BIOELECTRICAL IMPEDANCE ANALYSIS

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**Introduction**

The role of hydration in causing or alleviating suffering in advanced cancer is poorly understood. Bioelectrical impedance analysis (BIA) is an accurate validated method of assessing hydration status. Previous BIA research demonstrates significant relationships with hydration status, symptoms, and survival in advanced cancer. Further work is needed to study these associations in the dying.

**Aims** To evaluate hydration and its relationship with clinical symptoms in dying cancer patients.

6 THE EXPERIENCE OF FAMILY CARERS FOR PEOPLE WITH A MODERATE TO ADVANCED DEMENTIA WITHIN A DOMESTIC HOME SETTING: A SYSTEMATIC REVIEW

Charles James, Catherine Walshe, Caroline Swarbrick. International Observatory on End of Life Care (IOELC)

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**Introduction**

Caring for someone with moderate to advanced dementia can be burdensome and time consuming. Understanding the nature and impact of such family caregiving at home is important to plan effective care, especially towards the end of life. Synthesising existing research will allow greater insight into this experience.

**Aims** To understand the experiences of family carers of people living with moderate to advanced dementia in a domestic home setting.

**Methods** Systematically constructed review of qualitative research using a narrative synthesis approach. Databases (MEDLINE, CINAHL, EMBASE, PsychINFO, Web of Science and Academic Search Complete) were systematically searched from 1984 onwards, combining concepts of family carers, moderate and advanced dementia, and care within a domestic setting.