

option for the patient but seem utterly overwhelming to the informal carer.

Conclusions The ‘drive to discharge’ causes a burden to the informal carer, which is exacerbated by a focus on patient-centeredness rather than the patient/carer intersection.

Impact This piece of work has significant importance for both older people living with frailty who are at the end of life but also their informal carers. It highlights causes of inequity and injustice during the discharge process at the end of life, and suggests how policy and practice could use relational ethics to improve outcomes and experiences through care planning and carer support.

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HEALTH-RELATED QUALITY OF LIFE IN ADULTS LIVING WITH EHLERS-DANLOS SYNDROME: A SYSTEMATIC REVIEW AND META-ANALYSIS INVOLVING 8251 PATIENTS

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Introduction Ehlers-Danlos Syndrome (EDS) is a serious chronic condition that leads to diminished quality of life and psychological problems. The current study systematically reviewed the existing literature on EDS patients' health-related quality of life (HRQoL) and evaluated the relationship between them.

Aims The purpose of this study is to perform a systematic review of the existing literature on health-related quality of life (HRQoL) in EDS patient populations and to corroborate the association among observed variables.

Methods Four electronic databases were used to identify papers on HRQOL in adults with EDS (Scopus, Medline (by Pubmed), Epistemonikos, and Web of Science). A random-effects meta-analysis was also performed on the 36-item Short Form Survey (SF-36) measure.

Results We contained 37 studies that fulfilled the inclusion criteria. According to the SF-36 meta-analysis, EDS patients and the general population had significant differences in all HRQoL components ($p < 0.01$). In EDS patients, the Physical Component Summary (35.34/100) was more seriously impacted than the Mental Component Summary (45.21/100) in these patients.

Conclusions Individuals with EDS have significantly lower HRQoL in all aspects compared to the general population,

with the physical component of wellbeing being the most pronounced disparity. Future research should look into the impact of different patient characteristics, evaluate the complications of EDS and their effects on wellbeing, and develop multiple intervention strategies to improve HRQoL.

Impact Due to the reduced HRQoL encountered by people with EDS, assessing QoL is critical for improving care for those suffering from this lifelong disorder.

The evidence can be used to improve treatment implementation, such as using a specific instrument based on patient experience, evaluating EDS complications, and creating different non-pharmacological strategies to ameliorate difficulties related to EDS.

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WALK AND TALK BEREAVEMENT SUPPORT: PILOTING AN INNOVATIVE SERVICE AT MARIE CURIE NORTHERN IRELAND

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Introduction At the advent of COVID-19 the bereavement support service in Belfast Hospice had to quickly adapt to new ways of working to ensure continued service provision, with counsellors transitioning to video-link platforms and telephone to facilitate client sessions.

However, counsellors reported challenges building a rapport with clients online, and had concerns that the client's grief was compounded by loneliness and social isolation.

In response, the Marie Curie walk and talk bereavement support project, in partnership with the National Trust, was proposed as an innovative solution. Taking traditional counselling sessions outdoors meant the counsellors could maintain adherence to COVID-19 guidance, while supporting the mental health and wellbeing of bereaved clients.

Furthermore, nature therapy has been shown to enhance both physical and mental health, reducing symptoms of depression. Whilst there are studies that demonstrate the benefit of nature therapy for mental health outcomes, research is limited in bereavement care.

Aims Supporting the mental health and wellbeing of bereaved clients.

Methods A pilot Walk and Talk bereavement therapy brings together the skilful, compassionate counselling work of Marie Curie staff and volunteers in beautiful, restorative National Trust spaces. We plan to conduct semi-structured interviews with service users to explore their experience of walk and talk therapy.

Results To date, the feedback received has been overwhelmingly positive, this is based on informal verbal feedback gathered by counsellors at the end of each session.

Conclusions Despite the physical distancing barriers faced during COVID-19, staff and volunteers were able to overcome these challenges through innovation, creativity, and flexibility, to provide person-centred, compassionate bereavement care and support

Impact Work is ongoing, but we hope to continue to develop the walk and talk bereavement service with the National Trust, to support the mental and physical health and wellbeing of people affected by dying, death and bereavement.