

Conclusions Analysis of national and local data demonstrates the need for and quality of PC for lung cancer patients.

Impact Commissioners and providers should note: increasing females and >75 years patients, variation in final admission PCT input and need for early PC (1-year survival).

52 LET'S TALK ABOUT GRIEF: BUILDING A THEORETICAL FRAMEWORK FOR GRIEF COUNSELLING WITH SYSTEMATIC LITERATURE REVIEW

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10.1136/spcare-2023-MCRC.51

Introduction Grief is an inherent phenomenon of life. Every human being will experience it at a given moment in their life. In literature, it is defined as a normative, natural and healthy process, which results from the loss of an affective bond. Grief Counselling is a therapeutic method of intervention in healthy grief, to support the bereaved in adapting to loss and facilitating harmonious adjustment to the new reality. This therapy accelerates the grief process, thus preventing the onset of Prolonged Grief Disorder or mental illness.

Aims This study aims to build a theoretical framework with a focus on the concepts of Normal Grief and Grief Counselling through two systematic literature reviews.

Methods In the first, on Normal Grief, we found 95 articles published between 2017 and 2021, in the Scopus, Eric, and PubMed databases. Eight met all eligibility criteria. The second systematic review, on Grief Counselling, identified 228 articles published between 2017 and 2021, in the same databases and WoS, and selected 12.

Results The literature defines Normal Grief as a normative process that takes place after a life-changing event to adjust to the new reality, characterized by a set of different symptoms (physical, cognitive, emotional, behavioral, and spiritual). The response to these symptoms, if adaptive, indicates normal grief. Grief Counselling is a specialized therapeutic intervention carried out by professionals in the social, human and health sciences, whose objective is to improve the adaptive strategies of the bereaved person to adjust to the new reality and prevent grief complications.

Conclusions Normal Grief is a universal life experience that affects children, young people, and adults, and implies cultural and transversal diversity in personal and professional relationships.

Impact The bereaved benefit from Grief Counseling for the prevention of grief pathologies, improvement of adaptive capacity, personal and social development, and aiming for the normativity of the new reality

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53 WHAT ARE THE EXPERIENCES AND SUPPORT NEEDS OF DISTRICT NURSES CARING FOR TERMINALLY ILL PEOPLE WITH DELIRIUM AT HOME? A QUALITATIVE STUDY

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10.1136/spcare-2023-MCRC.52

Introduction Delirium is a serious neuropsychiatric syndrome. It is common amongst terminally ill people in the community, with studies reporting a point prevalence of 4–12% on initial palliative care assessment, rising to 44% towards the end of life. District nurses play an essential role in supporting terminally ill people to remain at home.

Aims To explore how delirium is assessed and managed by district nurses, and identify the support they need to do this well.

Methods Semi-structured interviews were conducted via Microsoft Teams with 12 district nurses in Scotland, UK. Data was analyzed using a framework approach.

Results Overarching themes were challenges in delirium detection; uncertainty regarding delirium management, and education and support needs. Time constraints on home visits, limited knowledge about patients, reliance on family carers, and the fluctuating intensity of delirium symptoms contributed to complexity in detecting and managing delirium. District nurses were unsure about the value of delirium detection tools and used delirium terminology inconsistently. They were familiar with non-pharmacological strategies, but uncertainties remained regarding pharmacological management of distressing hyperactive delirium symptoms, developing towards the end of life. When terminally ill patients deteriorated acutely with delirium, organizational difficulties were reported, with challenges accessing timely advisory and practical support from other health and social care professionals. District nurses identified educational needs concerning delirium identification and management.

Conclusions Caring for terminally ill people with delirium in the community is challenging. Educational interventions are necessary to develop district nurses' confidence in supporting these patients. Specialist palliative care services are required to provide more responsive advice and support.

Impact District nurses identified training needs as:

- developing expertise in delirium identification,
- determining the underlying cause, and
- management of distressing hyperactive symptoms, developing towards the end of life.

More delirium research needs to involve community-based terminally ill patients, their families and carers – research priorities may explore:

- Targeted delirium screening and detection tool use,
- non-pharmacological strategies in both delirium prevention and management, and
- pharmacological management of distressing delirium symptoms, towards the end of life.