PALLIATIVE CARE SHOULD BE OFFERED TO MORE LIVER DISEASE PATIENTS EARLIER

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Introduction Alcoholic related liver disease (ArLD) deaths and hospital admissions continue to rise. Hospital admissions are associated with high risk of mortality in the admission and within the following two months, yet few liver disease patients have palliative care input.
Aims To describe, using national mortality and hospital admissions data the special features of people dying of liver disease aching their need for early palliative care input.
Methods People who died from liver diseases as underlying causes were identified from a linked Office for National Statistics (ONS) national mortality and hospital episode statistics (ONS-HES) dataset. Descriptive statistics of patient sociodemographics, place of death and aspects of their emergency admissions in the last year of life (EALoL) were generated.
Results 1 in 6.7 people who died from ArLD in 2020 were aged <44 years, 1 in 2.3 < 55. 61% of deaths were in males. There was 4.7 fold higher age standardised <75 mortality from ArLD in the most deprived decile compared to the least, 4.6 and 9.3 fold differences for Hepatitis B and C related deaths. Substance misuse was associated with these deprivation differences. 71% of ArLD patients died in hospital. 13% had no EALoL, 29% just one EALoL but 22% had >5, many for paracentesis. Acute decompensation, septicaemia and bleeds were among the commonest presentations. 25% died in a final admission of <3 days and 33.2% patients admitted to ITU during last admission.
Conclusions ArLD patients die young and are more likely to come from more deprived and marginalised groups with complex psychosocial problems. Many first emergency admissions are serious, often life-threatening.
Impact Palliative care should be involved early as patients may not survive an admission and to support parallel planning for discussions during recurrent admissions.

VALIDATION OF THE 4AT FOR DELIRIUM DETECTION IN PATIENTS RECEIVING PALLIATIVE CARE IN A HOSPICE INPATIENT SETTING

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Introduction Delirium is a serious neuropsychiatric syndrome, which is common amongst terminally ill patients. It often goes underdiagnosed and undertreated. Early detection may improve patient outcomes. The 4 'A's Test (4AT, www.the4AT.com) is a brief tool for delirium detection in routine clinical practice. It has been validated in 25 studies involving more than 5000 observations. The test is currently used in specialist palliative care units but has not been validated in this setting. The aim of the study was to determine the diagnostic accuracy of the 4AT against a reference standard in hospice inpatients.
Aims The aim of the study was to determine the diagnostic accuracy of the 4AT against a reference standard in hospice inpatients.
Methods Test validation study conducted in 2 hospice inpatient units in Scotland, UK. Participants underwent the 4AT and a reference standard, based on the diagnostic delirium criteria in the fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The assessments were conducted, in a randomized order, by pairs of independent raters, who were blinded to the results of the other assessment.
Results 148 individuals were recruited, including 14% (19/148) who required a legal proxy to consent on their behalf. 137 participants completed both assessments. Of these, 93% had cancer as their primary diagnosis. Mean age was 70.4 (SD 10.6) years and Karnofsky performance status scale was 44% (SD 14.9). 50% (69/137) of participants died during this hospice admission and 36% (49/137) were discharged home or to another care setting. The outcome was unknown for 14% (19/137). Three participants had an indeterminate diagnosis, so were excluded from analysis. Overall, 33% (44/134) had delirium according to the reference standard assessment. The 4AT had a sensitivity of 88% and a specificity of 94%.
Conclusions The 4AT is a short delirium detection tool, that can be used to detect delirium in patients receiving palliative care. Routine delirium screening using the 4AT on admission to a hospice service is recommended.

SPIRITUAL CARE – NEGLECTED THROUGH PROFESSIONAL PRACTICE OR TABOO? A FOCUS ON PALLIATIVE AND END-OF-LIFE CARE PRACTICE IN NURSING HOMES

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Introduction Spiritual Care is an abstract concept relating to the art of nursing and is often neglected or infrequently provided even though it is an essential component of palliative care. It is becoming increasingly common to live and die in nursing homes with spiritual needs being one of the most important dimensions of an older adults’ health.
Aims The purpose of this discussion paper is to explore the facilitators and barriers to delivering spiritual care, providing suggestions as to how spiritual needs can be addressed as part of end of life care practice within nursing homes.
Methods A literature search was carried out using Medline (ProQuest), Science Direct and EBSCOhost databases with the following keywords for filtering: spiritual care, spirituality, spiritual/existential distress, spiritual needs, spiritual transcendence, end-of-life care, palliative care, nursing homes, older adults and aged care. Peer reviewed articles which met the inclusion criteria were manually reviewed using a critical appraisal skills programme tool for relevance. Common themes were drawn from the literature.