Poster Nos 85–89: Psychosocial

THE PREVALENCE AND IMPACT OF CHRONIC BREATHLESSNESS IN AN OLDER, FRAIL POPULATION IN PRIMARY CARE

Helene Elliott-Button, Miriam Johnson, Alan Rigby, Joseph Clark. Hull York Medical School, University of Hull

Background Chronic breathlessness is a debilitating symptom with major adverse impact on those involved. Little is known about prevalence and impact of breathlessness in community-dwelling older, frail adults.

Methods Mixed-methods study. Cross-sectional survey of 249 adults at risk of severe frailty (living in own homes; ≥65 years, eFrailty Index >0.36) to determine i) prevalence (self-reported breathlessness most days/month), ii) impact of chronic breathlessness (questions about mental health, activities, care from healthcare practitioners (HCPs), and iii) associated clinical factors. Qualitative interviews explored psychological impact and experiences of breathlessness care in primary care for: patients (n=20), carers (n=5), and HCPs (n=10). Quantitative analysis used descriptive and inferential statistics (odds ratios); qualitative data were subjected to thematic analysis. Findings were synthesised using modified Critical Interpretative Synthesis.

Results 99/249 (40%) participants (median age 80 years, 61% women) reported chronic breathlessness. Breathlessness was associated with worse psychological outcomes: higher odds of anxiety (OR 2.2; 95%CI 1.29–3.85), family anxiety (OR 2.0; 95%CI 1.20–3.41), and depression (OR 1.9; 95%CI 1.12–3.39) (measured on Integrated Palliative care Outcome Scale), and poorer quality of life (QoL): higher odds of significant problems with usual activities (OR 1.78; 95%CI 1.06–2.96) (measured on EQ-5D-5L). People with chronic breathlessness give up activities because of their breathlessness which they conflate with underlying disease. Breathlessness is ‘one of many’ symptoms and in context of ‘one appointment, one problem’, is not recognised as therapeutic target by patients or HCPs, remaining invisible and unmanaged. HCPs can feel helpless and do not routinely ask about impact of breathlessness.

Conclusions Over one-third of older, frail adults live with chronic breathlessness with major detrimental impact. Lack of routine assessment in primary care means they may not access evidence-based symptom-targeted interventions. Systematic identification, assessment, and management in primary care may help improve psychological health, QoL, and overall wellbeing.

Abstracts
To date, research has demonstrated the high rates of caregiver burden, anxiety and depression but offers little evidence of how best to ameliorate these issues. The aim of this study was to identify the psychological needs of caregivers of PWD at EOL.

**Method** A systematic review adhering to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines and narrative synthesis were conducted. Population: adult (aged >18 years) informal caregivers of a formally-diagnosed PWD. Inclusion: English-language studies of psychological needs of caregivers of PWD at EOL. The electronic databases searched were APA PsychINFO, Ovid AMED, CINAHL by EBSCO, Cochrane Database, Ovid EMBASE, Ovid EMCARE and Ovid MEDLINE.

**Results** Eleven studies met the inclusion criteria; ten qualitative studies and one mixed-methods study. These studies captured the experiences of 356 caregivers. Data extraction identified 80 findings and data synthesis resulted in 22 categories of psychological needs. A narrative synthesis found six key themes: i) relationship-orientated psychological needs; ii) support needs; iii) information needs to support psychological wellbeing; iv) care of the caregiver and the need to maintain caregiver wellbeing; v) the need for role recognition and an identity outside of the caregiving role; and vi) psychological security.

**Conclusion(s)** Elucidating the psychological needs of caregivers of PWD at EOL is the first-step in being able to improve the quality of life of caregivers of PWD by identifying targets for the help and support they need when providing care for PWD at EOL. Future research should focus on interventions that might address these needs.

---

**WHAT ARE THE PSYCHOLOGICAL NEEDS OF CAREGIVERS OF PEOPLE WITH DEMENTIA AT THE END OF LIFE?**

Juliette Lewis, Dylan Harris. Cardiff University

**Background** The WHO recognises dementia as a global health priority. The incidence and prevalence of dementia is increasing exponentially and neither health nor social care services are able to meet the needs of people with dementia (PWD) at the end of life (EOL) without the help of informal caregivers.

**Method** A retrospective case note review of 200 patients who were referred to or attended the Phyllis Tuckwell Hospice. Inclusion: English-language studies of psychological needs of caregivers of PWD at EOL. The electronic databases searched were APA PsychINFO, Ovid AMED, CINAHL by EBSCO, Cochrane Database, Ovid EMBASE, Ovid EMCARE and Ovid MEDLINE.

**Results** Eleven studies met the inclusion criteria; ten qualitative studies and one mixed-methods study. These studies captured the experiences of 356 caregivers. Data extraction identified 80 findings and data synthesis resulted in 22 categories of psychological needs. A narrative synthesis found six key themes: i) relationship-orientated psychological needs; ii) support needs; iii) information needs to support psychological wellbeing; iv) care of the caregiver and the need to maintain caregiver wellbeing; v) the need for role recognition and an identity outside of the caregiving role; and vi) psychological security.

**Conclusion(s)** Elucidating the psychological needs of caregivers of PWD at EOL is the first-step in being able to improve the quality of life of caregivers of PWD by identifying targets for the help and support they need when providing care for PWD at EOL. Future research should focus on interventions that might address these needs.

---

**THE PROVISION OF CULTURALLY APPROPRIATE PALLIATIVE CARE AT A LARGE TEACHING HOSPITAL IN THE UK**

Michael Walsh, Nipuna Gunawardena, Ei Shwe Sin Oo, Sughra Alawi, Shaney Barratt, Huzaifa Adamali, Natacha Lovell. North Bristol NHS Trust

**Background** Palliative care is a holistic approach aiming to improve quality of life of those with life-limiting illness and their caregivers. Care should be individualised in line with what is important to the patient/family. To meet these needs an understanding of the cultural preferences of an individual is essential. Despite this, results from a national audit show that less than a third of families feel we meet these needs an understanding of the cultural preferences of an individual is essential. Despite this, results from a national audit show that less than a third of families feel we meet these needs.

**Aims** A service evaluation of current practice in a large teaching hospital in the UK, to determine whether the cultural needs of patients were assessed during their final admission to hospital.

**Method** A retrospective case note review of 200 patients who died between August-October 2021 in a large teaching hospital in the UK. We examined whether discussions had been had with the patient or family regarding cultural requirements. Frequencies/percentages were reported for categorical variables and chi-square statistics calculated to explore the relationship between variables and any discussion.

**Results** 104 (52%) were male, median age 82. Demographic characteristics were not routinely recorded. Ethnicity was