Aim To investigate European Society of Cardiology (ESC) Guidelines’ ‘typical’ and ‘less typical’, and ‘non-ESC’ symptoms associated with heart failure, and ESC typical and less typical symptoms regarding setting, age, and sex.

Methods A mixed-method systematic review and narrative synthesis. Systematic search was carried out in six electronic databases. Quality was assessed using Joanna Briggs Institute (JBI) critical appraisal checklists. Symptoms were grouped into typical and less typical, and non-guidelines symptoms. Differences in typical and less typical symptoms were investigated in hospital versus community settings, <65 versus ≥65 years old age, and men versus women.

Results 37 papers (26 quantitative, 8 qualitative and 3 mixed-method research) were included. 62% of participants were male. Mean age was 66 (48–82). Participants in 36 studies reported at least one of 6 typical, whereas less typical (n=10) and non-Guidelines n=37 symptoms were observed in 35 and 37 studies, respectively. Most observed symptoms of each group were: Breathlessness (typical-78%, n=3659); cough (less typical-48%, n=3450); and lack of energy (non-ESC-69%, n=1758). Less typical symptoms (cough, wheezing, palpitation, and dizziness) were different between hospital and community-dwelling cohorts. Typical symptoms (orthopnoea, paroxysmal nocturnal dyspnoea, and swelling) were higher in cohorts ≥65 years old age. Due to the paucity of women’s perspectives in studies, there was little information available to compare the symptom experiences of men and women.

Conclusion A comprehensive individual symptom assessment will be required to provide more focused and person-centred care. Thus, clinical management guidelines should include the full spectrum of symptoms in different phases of heart failure (especially, palliative and end of life care).

PROSPERO-ID:CRD42020185786

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Poster Presentations

Poster Nos 1–4: Bereavement

1 MEDICAL EXAMINERS AND ATTENDING PRACTITIONERS COLLABORATE TO IMPROVE OVERALL END-OF-LIFE CARE AND SUPPORT FOR BEREAVED PERSONS: A SNAPSHOT OF THE MARGARET CENTRE EXPERIENCE

Ebun Abarshi, Bairavi Manoharan, Sean Bourke, Sally Goodward, Alan Watson. Whipps Cross Hospital London

10.1136/spcare-2023-PCC.21

Background In 2021/22, 1 in 4 of all Whipps Cross hospital deaths occurred on the Margaret Centre (MC), an 11-bedded specialist palliative care unit in London. The centre provides specialist services to Waltham Forest and its environs, through healthy collaborations at various levels. Medical examiners (MEs) routinely support qualifying attending practitioners (QAPs), to improve the quality and accuracy of the medical cause of death certification. In addition, MEs engage with the bereaved, to ensure greater safeguards for the public.

Aim To showcase ME-QAP relationship on a specialist palliative care inpatient unit.

Method Mixed-method approach, comprising retrospective extrapolation of all deaths from 1st April to 31st May 2022, and qualitative analysis of relevant data (convenience sampling).
**Results 2021/22 ME vs. QAP cohort:**

<table>
<thead>
<tr>
<th>MEs</th>
<th>QAPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 males, 2 females</td>
<td>1 males, 4 females</td>
</tr>
<tr>
<td>3 General Practitioners</td>
<td>1 Trust Palliative Medicine consultant</td>
</tr>
<tr>
<td>1 Gastroenterology consultant</td>
<td>1 Clinical Fellow</td>
</tr>
<tr>
<td>1 Emergency Department consultant</td>
<td>1 Senior House Officer</td>
</tr>
<tr>
<td>1 retired Practitioner</td>
<td>1 GP trainee</td>
</tr>
<tr>
<td>1 Full-time ME Officer</td>
<td>1 Foundation doctors</td>
</tr>
<tr>
<td>Week-day, 1 PA</td>
<td>Week-day, 9am - 5pm</td>
</tr>
</tbody>
</table>

Total expected deaths = 54; scrutinised by MEs (85%).

All deaths on MC:

- **Age**
  - Males 22 (41%)
  - Length of stay on MEs: 0–22 days

- **Reason for admission**
  - End-of-life Care 43
  - Symptom control 10
  - Outlier 1

- **Bereaved relatives**
  - Scrutinised in retrospect and real-time (46)
  - Monday – 22%; Tuesday – 46%; Wednesday – 9%; Thursday – 17%; Friday – 6%

- **Not-scrutinised (8)**
  - Weekend (62%)
  - [Other reasons: Outlier (25%); Family pressures (25%); Direct coronial referral (12%)]

  - **Coronial decisions (6)**
    - Port-mortem (50%), Advice (33%), Inquest (17%)
    - MC QAP response to scrutiny of ‘expected deaths’
      - ‘Is it necessary’
      - ‘Sometimes laborious’
      - ‘A valuable process’ – after witnessing the first successful body donation to LAO
      - ‘On-call service is desirable’

- **Conclusion**
  - Pre-emptive and preparatory scrutiny of deaths is valued by all, and appears to have reduced complaints somewhat. Research is required to evaluate Trust-wide acceptability of the practice.

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**NARRATIVES OF COVID: LOSS, DYING, DEATH AND GRIEF DURING COVID-19**

Sharon Mallon, Erica Borgstrom. The Open University

10.1136/spcare-2023-PCC.22

**Introduction**

The COVID-19 pandemic has impacted people’s personal and professional lives, with many people experiencing various forms of loss including bereavement. The Open University (OU) is a large organisation with many students and staff impacted by the pandemic. The Open Thanatology group at the university noted a gap within the institution to collect the experience of death and loss during the first year of the pandemic through narrative writing.

**Methods**

People were invited to submit a narrative of up to 1,500 words to the editors by early March 2021. The editors worked with authors to refine each contribution and self-published the collection in September 2021.

**Results**

Over 30 authors contributed with a range of materials from personal essays, reflections on frontline work or research, and poetry. Topics included: loss during COVID-19; impossible choices and restricted presence during COVID-19; death and dying during the pandemic; death as a result of COVID-19; grief, loss and funerals during COVID-19; other experiences of grief during COVID-19. Contributors commented that the process was therapeutic and that it recognised and honoured their experiences. For some it was their first-time publishing. It captures a ‘moment in time’ and the difficulties people faced.

**Conclusion**

Publishing the Narratives of Covid book has been a useful way of bringing people together within the Open University and connecting with and sharing people’s experiences of death, loss and grief during the pandemic. Subsequent events at libraries have broadened the conversations beyond the university. Since the book is available as a free download, it has been used in education, research, reading groups, and public engagement.

**Book reference**