



*VAD: Voluntary Assisted Dying

Abstract P-32 Figure 1 potential pathways following a VAD inquiry

pursue VAD and support caregivers and staff in their accompaniment of patients.

Conclusion Caregivers of cancer patients have a relatively good quality of life based on CQOLC score. This study also confirmed that quality of life of cancer patients' primary caregivers are greatly affected by different factor.

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DESCRIPTIVE STUDY ON THE QUALITY OF LIFE AMONG THE CAREGIVERS OF CANCER PATIENTS UNDERGOING OUT-PATIENT CHEMOTHERAPY IN CANCER CARE CENTER OF MEDICAL CENTER MANILA (MANILAMED)

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Introduction Caregivers of cancer patients experience risk for burden, poor quality of life (QOL), and burnout. Their burden and quality of life can be measured through the use of a multidimensional tool, Caregiver Quality-of- Life Index-Cancer (CQOLC). We determine the quality of life (QOL) of caregivers of cancer patients undergoing out-patient chemotherapy in Cancer Center of Manila Med.

Objective To assess the quality of life using Caregiver Quality of Life – Cancer (CQOLC) among caregivers of cancer patients on going out-patient chemotherapy in Cancer Care Center of Manila Med from July-September 2020.

Methods A total of 44 caregivers of cancer patients receiving outpatient chemotherapy completed the sociodemographic survey and Caregiver Quality of Life Index-Cancer (CQOLC) tool. Demographic profile were identified. Quality of life (QoL) was characterized and assessed using the CQOLC index tool (table 1).

Results/Analysis 44 respondents were included with mean age 40.61. Majority were female, young adults, and children of patients. Mean total CQOLC score was 84.70 ± 21.24 . Association between sociodemographic and quality of life impairments in each domain was determined, only domain with significant correlation was Burden in female groups (p-value 0.0169). Caregivers caring for non-metastatic cancer patients showed better quality of life with p-value of 0.0315 and 0.023, on the Disruptiveness and Burden domains respectively. Other characteristics and domains showed no significant differences (table 2).

Abstract P-33 Table 1 respondents (caregivers) and patients' demographic profile (n=44)

Respondents (Caregivers)	
Characteristics	No. (%)
Age Groups (year)	
Young adult (18–39)	25 (57)
Middle aged (40–59)	16 (36)
Elderly (≥60)	3 (7)
Gender	
Male	16 (36)
Female	28 (64)
Caregivers with Co-morbidities	
Yes	13(29.5)
No	31 (70.5)
Caregivers' Relationship to Patients	
Parent	21 (48)
Spouse	15 (34)
Sibling	2 (5)
Children	6 (13)
Cancer Patients	
Types of cancer of patient	
Breast cancer	18 (40)
Colo-rectal cancer	10 (23)
Lung cancer	2 (5)
Others	14 (32)
Cancer Stage	
Non-metastatic	28 (64)
Metastatic	16 (36)

Abstract P-33 Table 2 Comparison (mean \pm standard deviation) and correlation of CQOLC scores with respect to caregivers' and patients' characteristics

		Disruptiveness	Positive Adaptation	Financial Concerns	Burden
Gender	Male	12.06 \pm 5.35	23.06 \pm 4.30	5.00 \pm 2.99	20.81 \pm 8.14
	Female	12.75 \pm 6.94	24.28 \pm 3.29	6.57 \pm 3.65	26.57 \pm 6.93
	<i>p-value</i>	0.0739	0.3388	0.1507	0.0169
Age bracket	Young adult	15.91 \pm 5.81	23.61 \pm 3.61	6.65 \pm 3.59	25.91 \pm 6.84
	Middle aged	13.69 \pm 7.25	23.75 \pm 4.23	5.50 \pm 3.01	23.31 \pm 9.04
	Elderly	9.80 \pm 6.53	24.60 \pm 2.30	4.60 \pm 4.34	21.60 \pm 8.11
	<i>p-value</i>	0.1475	0.8666	0.3847	0.4143
Co-morbidities	Yes	12.31 \pm 7.30	24.08 \pm 3.04	6.00 \pm 4.56	23.31 \pm 17.24
	No	15.29 \pm 6.19	23.65 \pm 3.95	6.00 \pm 2.99	24.97 \pm 12.47
	<i>p-value</i>	0.1737	0.7269	1.0000	0.5267
Relationship with patient	Child	12.67 \pm 4.54	22.83 \pm 5.19	7.33 \pm 3.88	21.17 \pm 7.57
	Parent	16.52 \pm 6.13	23.14 \pm 3.61	6.24 \pm 3.40	26.24 \pm 6.53
	Sibling	13.00 \pm 14.14	25.50 \pm 0.71	3.50 \pm 4.95	22.50 \pm 4.95
	Spouse	12.33 \pm 6.73	24.80 \pm 3.28	5.47 \pm 3.36	23.60 \pm 9.68
	<i>p-value</i>	0.2489	0.4674	0.5122	0.4965
Cancer type	Breast	12.11 \pm 6.26	23.39 \pm 3.55	4.39 \pm 2.85	21.89 \pm 6.75
	Colorectal	15.80 \pm 6.99	24.90 \pm 3.29	6.90 \pm 3.25	27.60 \pm 8.92
	Lung	16.00 \pm 8.49	21.00 \pm 1.41	8.50 \pm 3.54	30.00 \pm 12.73
	Others	16.14 \pm 6.38	23.93 \pm 4.29	7.07 \pm 3.81	24.79 \pm 7.31
	<i>p-value</i>	0.3005	0.559	0.0686	0.206
Cancer stage	Metastatic	11.47 \pm 6.27	24.53 \pm 3.60	5.27 \pm 2.96	20.80 \pm 7.66
	Non-metastatic	15.93 \pm 6.33	23.38 \pm 3.72	6.38 \pm 3.70	26.38 \pm 7.31
	<i>p-value</i>	0.0315	0.3297	0.3192	0.023

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COMING OF AGE IN PALLIATIVE CARE: THE BURDEN AND BLESSING OF CARING FOR A PREMATURELY ILL PARENT

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Introduction Caring for a family member who is approaching the end of their life can be challenging. As primary caregivers, family members assist with physical/medical tasks, make financial/medical decisions, provide emotional support, and advocate within the healthcare system. Young carers face additional challenges in this role. This presentation explores the emotional and logistical challenges that young caregivers face in palliative care, as well as the resources and support that can make a difference in their ability to cope.

Highlights

- Unique challenges faced by young caregivers in palliative care.
- Limited time for skill development and navigating milestones.
- Risk of psychosocial outcomes and isolation from peers.
- Some experience posttraumatic growth despite challenges.
- Urgent need for tailored support services and interventions.

Methodology/Process Sisters Kelly and Karina will share their personal experiences caring for their palliative father. This will be combined with empirical research to explore the impact of

having a parent in palliative care on young caregivers and ways to support them.

Results/Outcomes The presentation indicates that being a young carer is associated with unique challenges. Young carers have less time to develop crucial care taking skills, have difficulty navigating important milestones, and often feel isolated from peers. Young people who care for their parents are also at greater risk of psychosocial outcomes including poorer psychological functioning and deteriorations in family dynamics and communication. However, some young carers experience positive aspects such as posttraumatic growth. While previous research indicates that psychosocial interventions for family members can attenuate negative outcomes, through personal experience the presenters highlight the limited availability of such care, and need for services which cater to the unique experience and challenges of young care givers.

Conclusion The presentation offers a thought-provoking perspective on the importance of supporting young caregivers through the palliative care process and the need for greater awareness and services for this vulnerable population. It also provides recommendations and resources for healthcare professionals in palliative care who support young caregivers in this context. Through a combination of personal narrative, research insights, and practical tips, this presentation will provide a rich and engaging exploration of the emotional landscape of caring for a prematurely ill parent.