languages at https://www.eventure-online.com/eventure/www.pharos.nl/ingesprek

The films show multiple perspectives and therefore every family member, including the patient can identify. Watching the films in a migrant gathering or information meeting, in a family setting, or possibly together with a care provider, provides a good opening for a conversation about the needs, fears, and wishes of a patient. The films can be viewed as a whole, or in fragments (of just a few minutes), e.g. the fragment about disclosure or about pain relief.

**Results** We see that the films are conversation starters for both migrants and care providers. People are informed about supportive care and realize they can make choices.

**Conclusions** Pharos wants these films to be seen by many more people and ‘spreads the word’. We would love to show the films at the congress, provide translation in English on the spot, and discuss their usefulness with the public.

**OP47 EXPERIENCES, KNOWLEDGE AND ATTITUDES OF INFORMAL CAREGIVERS REGARDING ADVANCE CARE PLANNING. A SYSTEMATIC REVIEW AND META SYNTHESIS OF QUALITATIVE STUDIES**

1K Silies*, 2R Schnakenberg, 3H Langner, 5I Köpke. 1University of Luebeck, Luebeck, Germany; 2Carl von Ossietzky University Oldenburg, Oldenburg, Germany; 3Martin-Luther-University Halle-Wittenberg, Halle (Saale), Germany

**Background** Advance Care Planning (ACP) is a communication process about a person’s treatment and care in case of physical or mental deterioration, when the person is unable to express these wishes. Trained health professionals act as facilitators and relatives may be involved. The aim of our review is to explore the experiences and attitudes of informal caregivers, and their knowledge regarding ACP.

**Methods** A systematic literature search was conducted (participants: informal caregivers, intervention: advance care planning; databases: MEDLINE, PsycoloQ, CINAHL, Cochrane Library). Eligible studies were assessed by two independent reviewers. Quality appraisal was conducted using the Critical Appraisal Skills Programme (CASP) checklists. Thematic synthesis was applied for qualitative studies. Results from quantitative studies were associated to the meta categories of the thematic synthesis.

**Results** 41 studies met the inclusion criteria, of which 37 qualitative studies were included in the thematic synthesis. Major themes found were: “ACP-structures”, “Roles and Relationships”, “Perceptions of ACP”, “Caregivers’ Knowledge”, “Attitudes”. Barriers to and facilitators for ACP from the patients’ or proxy’s point of view were described following the structure of the major themes. The importance of caregivers’ role perceptions and the mutual influence of ACP and family relationships were highlighted.

**Conclusion** It is widely accepted, that ACP interventions have to take caregivers’ points of view into account. Our review provides a rich description of caregivers’ experiences, knowledge, attitudes, and needs regarding ACP. The results will support the development of patient- and family-centred ACP interventions and of instruments that measure effects of these interventions in caregivers.

**OP48 PLANNING AHEAD WITH HEALTHCARE: PROXIES’ NEEDS AND EXPERTS’ RECOMMENDATIONS TO SUPPORT ADVANCE CARE PLANNING IN SWITZERLAND**

1F Bosio*, 2I Kazzig-Roduner, 3D Dreniak, 4R Jox, 5T Krones. 1Lausanne University Hospital, Lausanne, Switzerland; 2Zurich university hospital, Zurich, Switzerland

**Background** When there is no advance care planning (ACP), relatives feel uncomfortable and ambivalent when deciding on behalf of someone who has lost decision-making capacity. The aim of this study was to understand proxies’ needs and gather experts’ views on how to improve ACP in Switzerland.

**Methods** We conducted 20 interviews with proxies and four with experts in the three linguistic regions of Switzerland.

**Results** Half of the proxies were not familiar with ACP and spoke about living wills, testaments, and financial and organizational challenges of daily care. Only four people had the opportunity to advance decisions about healthcare with their kin when s/he was diagnosed with a neurocognitive disease. Most interviewees became proxies by the circumstances and did not discuss their role further with the patient or other relatives. For most people, ACP was made difficult by caregivers not being explicit about disease progression and potential complications and proxies’ role in future decision-making. When patients were very sick but still competent, professionals tended to exclude proxies albeit decisions had huge impact not only on the patient but also on their families. Communication and coordination with professionals and money are major concerns for most interviewees, in particular parents of disabled children. Experts’ views are consistent with interviewees’ experiences.

**Conclusions** Recommendations to improve ACP in Switzerland include increasing awareness in both professionals and the public, improving communication and coordination between professionals, patients and their proxies, better supporting relatives in their most urgent needs, and broaching ACP when discussing ongoing care plans.

**OP49 WELLBEING OF FAMILY CARERS OF PEOPLE WHO DIED OF CANCER: PRELIMINARY RESULTS OF THE ACTION ADVANCED CARE PLANNING (ACP) TRIAL**

1J Vanderbogaerde*, 2A de Vleminck, 3J Cohen, 4VN Verkissen, 5L Lapeire, 6F Ingravallo, 7S Payne, 8A Wilcock, 9J Seymour, 10MC Kars, 11U Lunder, 12CA Christensen, 13M Grønvold, 14JAC Rieijens, 15A van der Heide, 16I Delliens. 1Vrije Universiteit Brussel, Brussels, Belgium; 2Ghent University, Ghent, Belgium; 3University of Bologna, Bologna, Italy; 4Lancaster University, Lancaster, UK; 5Nottingham University Hospitals NHS Trust, Nottingham, UK; 6University of Nottingham, Nottingham, UK; 7University Medical Center Utrecht, Utrecht, Netherlands; 8University Clinic for Respiratory and Allergic Diseases, Golnik, Slovenia; 9University of Copenhagen, Copenhagen, Denmark; 10Erasmus MC, Rotterdam, Netherlands

**Background** Previous studies showed that family carers (FCs) who engaged in formal ACP had fewer adverse outcomes in wellbeing compared with FCs who did not. The ACTION trial is the first multicentre randomized controlled trial of ACP in six European countries. This study will report on the effect of ACP on the wellbeing of bereaved FCs.

**Methods** 451 questionnaires were sent to bereaved FCs 3 months after the patient participating in the trial had died; 163 were returned (response rate: 36.1%); N control= 93, N
intervention=70). Wellbeing was measured with the Hospital Anxiety and Depression Scale (HADS) and Impact Event Scale (IES).

Results

No significant differences were found in wellbeing of FCs between groups. The mean scores for the HADS show no significant differences between groups for anxiety (mean score control 7.09 vs. mean score intervention 8.29) and depression (mean score control 6.72 vs. mean score intervention 7.17).

No significant differences are found between groups in the mean scores for the IES. Intrusion had a mean score of 21.27 for control vs. 21.38 for intervention; Avoidance had a mean score of 10.34 for control vs. 12.72 for intervention.

Conclusion

Despite previous evidence about improved outcomes for wellbeing in FCs in ACP programs, our ACP intervention did not show differences between groups. Possibly the non-response or cultural discrepancies between the different countries have a part in this. More research is needed to explain what mechanisms are present.

This study is supported by a grant from the FWO (nr. G034717N).

OP50

INFLUENCING FACTORS ON ENGAGEMENT IN ADVANCE CARE PLANNING (ACP) FROM THE CAREGIVER’S PERSPECTIVE

S Herzog, M Koch, C Seifart. Philippus-University Marburg, Marburg, Germany

Background

One important aspect of successful ACP is the engagement of caregivers during the process. However, sometimes the engagement of patients and their caregivers in ACP is known to be difficult. Therefore barriers and facilitators of participation in ACP from the caregiver’s point of view are explored.

Methods

12 relatives (caregivers) of palliative-oncologic patients were questioned in guideline-based interviews. 5 caregivers were children and 7 were spouses of patients. The analysis was conducted by Qualitative Content Analysis by Ma Recruiting patients yring. Two code trees were built: one pos-

OP52

TO WHAT EXTENT DO ONLINE RESOURCES MEET THE NEEDS OF SUBSTITUTE DECISION-MAKERS IN AUSTRALIA? PART 2

M Sellars*, 1Tran, 1Notte, 1White, 3Sinclair, 4D Fetherstonhaugh, 5K Detering. 1Austin Health, MELBOURNE, Australia; 2Australian Centre of Health Law Research, Queensland University of Technology, Queensland, Australia; 3Rural Clinical School of Western Australia, University of Western Australia, Albany, Western Australia, Australia; 4Australian Centre for Evidence Based Aged Care, La Trobe University, Melbourne, Victoria, Australia; 5Faculty of Medicine, Dentistry and Health Science, University of Melbourne, Melbourne, Victoria, Australia

Abstracts

10.1136/spcare-2019-ACPICONGRESSABS.S0

Background

Advance Care Planning (ACP) may prepare relatives of frail older patients for future decision-making.

Objective

To investigate (1) how bereaved relatives of frail older patients experience ACP conversations and (2) whether ACP has an effect on relatives’ preparation for decision-making and on their levels of anxiety and depression.

Design: Cluster randomised controlled trial.

Setting: Residential care homes in the Netherlands.

Subjects: Bereaved relatives of care home residents and community-dwelling frail older patients.

Methods

We randomised 16 residential care homes to either the intervention group, where participants (frail older patients) were offered facilitated ACP, or the control group (n=201), where they received ‘care as usual’. If participants died, we approached relatives for an interview. We asked relatives who had attended ACP conversations for their experience with ACP (open-ended questions). Furthermore, we compared relatives’ preparation levels for decision-making and levels of anxiety and depression (HADS) between groups. This trial was registered (NTR4454).

Results

We conducted interviews with 39/51 (76%) bereaved relatives (intervention group: n=20, control group: n=19). Relatives appreciated the ACP conversations. A few considered ACP redundant since they were already aware of the patient’s preferences. Nine of 10 relatives in the intervention group felt adequately prepared for decision-making as compared to five of 11 relatives in the control group (p=.03). Relatives’ levels of anxiety and depression did not differ significantly between groups.

Conclusions

In our study, bereaved relatives of frail older patients appreciated ACP. ACP positively affected preparedness for decision-making. It did not significantly affect levels of anxiety or depression.