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Radiotherapy completed and patient discharged home on hydromorphone and gabapentin.

Discussion Given the timing, and despite normal renal and liver function, we believe the oxycodone/naloxone to oxycodone switch contributed to the severity of opioid toxicity in this case. Other possible factors include infection and titration of pregabalin.

When repeated naloxone doses are required for toxicity, a continuous intravenous infusion often necessitates transfer to an acute hospital and may be avoided by administering a CSCI of naloxone. To the best of the authors' knowledge, this is the first case report of naloxone administered via CSCI for opioid toxicity.

Conclusion When switching preparations of oxycodone, specific patient factors and intra- and inter-patient variability should be considered and patients monitored carefully. CSCIs of naloxone for opioid toxicity should be considered if intravenous administration is not feasible.

Posters 87 – 89 | psychosocial

87 HOPE, COMFORT AND QUALITY OF LIFE OF PALLIATIVE PATIENTS: CORRELATION TO THE PLACE OF CARE

Ana Querido, Carlos Antonio Laranjeira. *cTecCare; Polytechnic of Leiria*

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Background Maintaining hope has been referred to as a way to endure suffering among people living with a life-limiting disease. Reports about comfort and well-being in palliative care have indicated that hope is an indicator of the quality of life (QoL) and the quality of dying. This study aimed to characterise hope, comfort and QoL of palliative patients, and correlate these variables to the place of care.

Methods A cross-sectional observational study was conducted to test the hypothesis that hope is positively correlated to comfort and QoL and that patients in palliative care units had higher levels of hope, comfort, and QoL than other settings. Participants were recruited from daycare hospital, palliative care units and community palliative care in Portugal. Patients answered the Portuguese versions of Herth Hope Index, McGill Quality of Life Questionnaire and Hospice Comfort Questionnaire, a VAS for pain, two-item screening for depression and socio-demographic information. All ethical procedures were considered according to the Helsinki declaration.

Results A total of 205 palliative patients participated in the study (mean age 64.5, range 28–89). Most patients were diagnosed with metastatic cancer (85.4%). Palliative care patients in the sample experienced good level of hope, comfort and QoL. A strong correlation was noted between hope and QoL (0.65; $p < 0.001$) and hope and comfort (0.58; $p < 0.001$). QoL of patients attending daycare unit were higher compared to other settings ($p < 0.05$). Patients experienced higher comfort at home ($p < 0.05$). There were no differences in hope regarding the place of care.

Conclusions Palliative patients reported good levels of hope, comfort and QoL. As hope is dynamic and correlated to comfort and QoL, hope fostering interventions should be implemented in palliative care settings to increase the QoL and quality of death. Further research should address the causative relations among these variables.

88 EXPLORING CONFIDENCE OF PALLIATIVE CARE PROFESSIONALS IN THE IDENTIFICATION AND ASSESSMENT OF MENTAL HEALTH PROBLEMS AND RISK

Alistair Duncan, Lauri Simkiss. *Birmingham St Mary's Hospice, University Hospital of North Tees, West Midlands Collaboration Actioning Research in End of life and Supportive care (WMCARES)*

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Background Patients with life-limiting illnesses seen in palliative care commonly experience mental health problems and suicidal ideation. Mental health problems have a significant impact on quality of life emphasising the importance of assessment and psychological support in holistic palliative care. Practitioner confidence influences competence. This study assessed the confidence levels of palliative care professionals, across the West Midlands, in identifying and managing mental health problems and suicide risk.

Methods A cross-sectional survey comprising 16 points was disseminated via a regional research distribution list to palliative care professionals across the West Midlands. The survey was available online for 2 months and comprised of a variety of closed and open-ended questions (some with partial pre-coding), including Likert scales. Qualitative data was analysed thematically.

Results Responses were received from 154 professionals evenly spread across hospital, community and hospice settings. The aspect of assessment respondents felt most confident in was being able to differentiate a mental health problem from an appropriate response to illness (54.5%); least confident in completing a suicide risk assessment (34.4%). Confidence appeared to be greater in counsellors, psychologists and social workers. Other factors that increased confidence included 10 or more years experience in palliative care and experience in a mental health setting. Challenges highlighted included difficulties in accessing specialist psychiatric support; lack of experience or training (further training desired in 95%). Suggested training topics included communicating with, and optimising clinical assessment of, patients with mental health problems.

Conclusions Further training is strongly desired and should be incorporated into induction processes, curricula and education events. Team members with greater experience are well placed to support fellow team members in care for patients with mental health needs. Creating links with local mental health services, and further research focussed on the experiences of our patients are key priorities.

89 SO WHEN A WOMAN BECOMES ILL, THE TOTAL STRUCTURE OF THE FAMILY IS AFFECTED, THEY CAN'T DO ANYTHING, SO THE KIDS STUDIES WILL BE AFFECTED, HUSBAND'S WORK IS AFFECTED – VOICES FROM THE COMMUNITY ON WOMEN WITH BREAST CANCER IN LMIC; A QUALITATIVE FOCUS GROUP

Sunitha Daniel, Chitra Venkateswaran, Charu Singh, Ann Hutchinson, Miriam J Johnson. *National Health Mission, General hospital Ernakulam, Kochi, India, Believers Church Medical College, Thiruvalla, Kerala, India, Amrita Institute of Medical Sciences, Amrita University, Kochi, India, Wolfson Palliative Care Research Centre, University of H*

10.1136/spcare-2021-PCC.107

Background Psychological symptoms are common in women with breast cancer and profoundly affect their role in the