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## EAPC Abstracts

### EAPC President's Welcome

Dear Colleagues, Dear friends,

On behalf of the EAPC Board of Directors, and as President, I am delighted to welcome you to our 11th EAPC World Research Congress Online, the first ever palliative care virtual Congress. Although not exactly as we had originally planned, this congress has been a long time in the planning, and it has been my honour to work with a dedicated group of colleagues, who have worked tirelessly to bring this programme to fruition. Without your valuable contributions through the submission of regular and late breaking abstracts, this would not have been possible.

As you will all know the congress was originally planned to take place in Palermo in May 2020. This was a great choice of venue for our Research Congress for many reasons. Palermo hosted the 7th EAPC World Congress in 2001 at the same venue. Reflecting on the programme from 2001, the hot topics of the day included: Controversies in ethics, Prognostication at the end of life, Ethics within Latin Europe, Controversies in therapeutics, End-of-life care decision-making and End-of-life care in children. All giving the impression that many of the issues remain the same. Unfortunately, a global pandemic prevented the congress going ahead in person as planned. For us all, in particular for the Local Organisers led and inspired by the Local Chair Sebastiano Mercadante this was and remains a great disappointment. We would all have enjoyed the great weather, the wonderful city, the good food and the warm Sicilian hospitality! My special thanks go to Sebastiano and his team, their role in the conference organisation was enormous! Mille grazie per tutto President's quello che avete fatto. Speriamo nel futuro! We look forward to hearing Sebastiano's piano recital during the online opening ceremony.

There are many other people to thank for helping to bring this online event to fruition. Our Scientific Committee and the two chairs Marie Fallon and Lieve van den Block, our debt of thanks for their hard work over many long hours. We would also like to thank our Conference Partner, BIBA GROUP and Alessia Milella for supporting us through difficult times. Of course, my personal thanks to EAPC Head Office, Julie, Cathy, Avril and Claudia for the logistics, organisation and managing all the other EAPC demands at the same time as bringing a world research congress online together. I would also like to give sincere thanks to Augusto Caraceni and Alice Gallivanone, European Association for Palliative Care Research Network who have worked tirelessly to bring the programme together and ensure that the congress goes ahead despite the circumstances.

So, I wish us all a wonderful Congress Online, combined with the hope that we will soon meet again personally

Professor Christoph Ostgathe  
President, European Association for Palliative Care

**Methods:** Analyses was performed using secondary data collected as part of standard practice using the interRAI Palliative Care assessment instrument. The sample included adults aged 60 years or older assessed (N= 29,934) between January and December, 2014. Change in symptoms of depression, measured using the interRAI Depression Rating Scale (DRS) over time was examined, including predictors of the development of depression.

**Results:** At baseline, symptoms of depression were observed in 11.9% of palliative homecare clients and this increased 13.2% at follow-up. Among clients who did not exhibit any symptoms of depression at baseline, 10.5% reported a higher DRS score indicating worsened symptoms from initial to follow-up assessments, with 3.9% experiencing probable depression. Among the PC clients showing some symptoms of depression (DRS score 1-2) at baseline, 40.6% showed an improvement by follow-up, while 10.3% reported a higher DRS score indicating worsened to probable depression.

PC clients reporting involvement in social activities experienced lower odds of depression symptoms of depression at follow-up suggesting a protective effect. Social connectedness showed no protective effects against symptoms of depression at follow-up for PC clients.

**Conclusions:** It is important for care providers to assess and follow-up when persons nearing end of life exhibit symptoms of depression. Healthcare providers and policymakers should prioritize an interdisciplinary team response to address both risk and protective factors in practice and integrate a focus on depression into routine clinical care activities.

**Abstract number: P01-284**

**Abstract type: Poster**

**Comparison of patients' receiving palliative home care and their caregivers' perceptions on palliative care problems and needs. A Greek pilot study**

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**Background/aims:** Caregivers are an important component of palliative care in home setting. Their perceptions on patients' problems and needs are crucial in providing optimal palliative care at home.

This pilot study **aims** to compare the perceptions of palliative home care cancer patients and caregivers on palliative care problems and needs for care.

**Methods:** During July 2015–August 2016, a convenience sample of 30 cancer patients and their caregivers (response rate 54.5%) was recruited from a palliative home care service. The Greek translated Problems and Needs in Palliative Care short version (PNPC-sv) was used (Cronbach's  $\alpha$ : .83–.89): the 66 items 3 point Likert type scale is divided into 2 domains (Problems in Palliative Care (PP) & Need for Professional Assistance(NP)). Each domain includes eight areas: Daily Living (DL), Physical Symptoms (PS), Autonomy (A), Social (SI), Psychological (PI), Spiritual (Spl) and Financial Issues (FI), and Need for Information (NI). Both patients and caregivers completed the PNPC-sv on the same day at two different times: on admission and one month later. The statistical significance level was set at 0.05.

**Results:** Most patients were female (56.7%) with a breast cancer (26.7%) diagnosis. Their caregivers were mostly male (53.3%), either partners (56.7%) or children (33.3%). No statistically significant differences were found between patients' and partners' perceptions for most of the PNPC-sv components. At baseline, statistical significant differences were found only on NP for PI ( $z=-2.4$ ,  $p=.01$ ) and NI ( $z=-1.9$ ,  $p=.01$ ). Caregivers responded that patients needed more professional help for PI ( $1.4 \pm .7$  vs  $1.1 \pm .7$ ) and NI ( $1.0 \pm .9$  vs  $.7 \pm .1$ ) than patients themselves. One month later caregivers reported that patients experienced more PS ( $.7 \pm .4$  vs  $.5 \pm .3$ ,  $z=2.7$ ,  $p=.01$ ), but less SI ( $.4 \pm .4$  vs  $.5 \pm .5$ ,  $z=-2.1$ ,  $p=.03$ ) and less FI ( $.9 \pm .6$  vs  $1.0 \pm .6$ ,  $z=-2.3$ ,  $p=.01$ ) than patients.

**Conclusions:** It is encouraging that overall caregivers' perceptions were in agreement with patients' ones. Further research is needed to better explore the differences between caregivers and patients perceptions.

**Abstract number: P01-286**

**Abstract type: Poster**

**Perception of oral cavity problems in advanced cancer patients and elderly people aged 85 years and older**

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**Background/aims:** The results of the previous study, based on semi-structured interviews aimed at comparing perceptions and attitudes toward the end of life in patients with incurable cancer and elderly people aged 85 years and older, showed that regardless of the reason for the limitation of lifespan, perceptions, and attitudes towards the end of life are mainly similar. Interestingly, complaints about the oral cavity were made only by several individuals from both groups.

We sought to check if the less attention from the respondents to the symptoms/complaints of the oral cavity is caused by the "poor" format of the semi-structured interview, which was not focused on the problems of the oral cavity.

**Methods:** 50 cancer patients aged 20 to 75 years undergoing comprehensive palliative care (care), and 43 elderly people aged 85 years and older were included in the new survey. The questionnaire consisted of two parts. In the first part, patients had to choose one of the alternative answers to specific questions related to oral problems. The second part of the questionnaire has to be filled out by the researcher/dentist after examining the oral cavity of the survey participants.

**Results:** Based on the results of processing the obtained data, it was concluded that the status registered by the dentist was more severe and serious compared with what was noted by patients and the elderly.

**Conclusions:** This confirms that the semi-structured format of the interview in the previous study (without special attention to complaints about the oral cavity) cannot be an unambiguous reason that the complaints of the oral cavity are not emphasized in the complaints of patients and elderly people. At the same time, it must be taken into the consideration that the conditions and pathologies of the oral cavity registered by the dentist during the study are subject to improvement and treatment, and accordingly, their proper management has the potential to improve the quality of life for both cancer patients and elderly people.

**Abstract number: P01-289**

**Abstract type: Poster**

**Correlation of pain with anxiety, depression and post-traumatic stress disorder (PTSD) in 1017 cancer patients. A prospective cross-sectional study from 2010-2018**

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**Background/aims:** Prevalence of depression, anxiety, and post-traumatic stress disorder (PTSD) were described to be high in oncological, haematological, and palliative-care settings. Psychiatric comorbidities are often associated with pain, but the prevalence of these disorders and their correlation with pain were not investigated thoroughly in this patient group so far. Here, we aim to evaluate anxiety, depression, distress and PTSD symptoms in cancer patients and determine a possible correlation with pain perception.