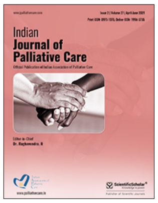
ScientificScholar®
Knowledge is power
Publisher of Scientific Journals

https://jpalliativecare.com/

Indian Journal of Palliative Care



Oral Abstracts

Winner of Special Appreciation – Dr. Pranab Kumar Basu

A Boon Bereavement Companionship

Pranab Kumar Basu[1]

[1]Volunteer In Palliative Care, Psychologist, Death Doula Cancer Counsellor.
E-mail: pranabkumarbasu1@gmail.com

Introduction: Palliative care does not have a full stop at the demise of a patient. The case steps into the domain of bereaved persons to continue care. I, being in bereavement, can feel the pain.

Aim: Persons in bereavement yearn for support and company that palliative care can provide. We are in frequent touch to listen to their feeling of emotions, anxiety, uncertainty and loneliness. Sharing heals pain and how to adapt oneself to a new situation is unique to every individual. Palliative care plays a key role in caring, motivating, and pacifying the mental agony of the bereaved person with the aid of compassion, empathy and unconditional love, trying to bring the person to a normal life. One has to rekindle one's willpower and positivity lying dormant.

Methods: We, the PEARL group, organised a unique program inviting ten persons of all ages in bereavement with the intention of sharing their stories positively and bonding among them is the sweet consequence of a friendly relationship so that they are relieved.

Conclusion: We are born, and eventually we die – a reality of life. Acceptance is the keyword that Palliative Care teaches us. Grief is everlasting; a bereaved person hankers after companionship, which will be a boon to them. The two persons actually replace some of the isolation with a sense of bonding. This is the domain of palliative care to be revisited. Only healthy grieving is the way to adjust for the well-being of the bereaved persons.

1st Prize Winner – Shubha Pai

Sleep Quality and Coping Styles in Nurses Working in a Tertiary Cancer Hospital

Kaduhole Shubha Pai[1], Praveen Kumar Kodisharapu[1], Praneeth Suvvari[1]

[1]Department of Pain and Palliative Care, Basavatarakam Indo-American Cancer Hospital and Research Institute, Hyderabad, Telangana, India.
E-mail: shubhapaioff@gmail.com, drprawin78@gmail.com, praneethsuv@gmail.com

Introduction: Providing nursing care is an extremely challenging job which may lead to serious effects on sleep quality, thus leading to lower work productivity and reduced job satisfaction. Thus, it becomes increasingly important to adopt effective and adaptive coping strategies to deal with such stressors. Through this study, we hope to gain better insight. into the challenges faced by nurses working in a cancer setting to initiate appropriate interventions to improve work satisfaction and efficiency among them.

Aim: This study aimed to assess the sleep quality of nurses and the coping styles employed by them to deal with the stressors at the workplace.

Methods: This cross-sectional study included (n = 59) nurses working across different ward settings and intensive care units in a tertiary cancer hospital. The sleep quality was assessed using the Pittsburgh Sleep Quality Index, while brief COPE was used to assess the coping styles.

Results: The results indicated that the majority of the nurses (61%) had poor sleep quality. However, most nurses employed problem focused coping (63%) compared to emotion focused (22%) and avoidant coping (15%). A thematic analysis of the responses resulted in the emergence of four major themes causing stress, which include low work-life balance, work overload, interpersonal relations and career growth.

Conclusion: Poor sleep quality among nurses can be attributed to several reasons mostly pertaining to work stress. Thus, it becomes increasingly important to address these issues and provide adequate support on an institutional level to improve their psychological well-being.

2nd Prize Winner – Priya Thomas

Palliative Care Needs, Symptom Concerns and Caregiver Burden in Chronic Neurological Disorders

Priya Treesa Thomas[1], Gargi S. Kumar[1], Seena Vengalil[1], A. Nalini[1]

[1]Department of Psychiatric Social Work, National Institute of Mental Health and Neurosciences, Bengaluru, Karnataka, India.
E-mail: priyathomasat@gmail.com

Introduction: Patients with chronic, progressive neurodegenerative disorders experience distressing symptoms and have changing needs associated with the illness progression. Neuropalliative care is emerging as a subspecialty that addresses the felt needs of this population.

Aim: This study aimed to describe palliative care needs, symptom concerns and caregiver burden among patients with chronic neurological disorders.

Methods: Patients with chronic neurological disorders identified to require long-term care support and palliative care by the treating neurologist were referred to the dedicated interdisciplinary, neuro palliative care clinic in a tertiary care Neuropsychiatry in Southern India. The participants were enrolled during the period from January to December 2022. Participants were enrolled on the study if they consented to take part and if the functionality, as assessed by the Barthel Index was below 15. They were assessed at the time of intake into the service on sociodemographic and pro forma, semi-structured palliative care needs assessment schedule, and Integrated Palliative care Outcome Scale (IPOS), and the caregivers were assessed on caregiver burden (Zarit Burden Inventory). The data were analysed using descriptive statistics for quantitative variables, and quantitative content analysis was used to analyse the expressed needs of the participants.

Results: A total of 799 participants were enrolled during the study period, with more men (510; 63. 8%). Motor neuron disease (414; 51.9%) was the most commonly referred to, followed by advanced dementia and movement disorders. Primary caregivers for the majority of participants were either spouses (62%) for adults and parents (19.8%) for children. Reasons for referrals included communication and psychosocial support, complex symptom management and symptom-based caregiving support. Participants had high symptom burden, and moderate caregiver burden was reported at the time of assessment. A content analysis of the needs elicited at the intake was dominated by the need for accurate and sensitive communication of information, medical and nursing care symptom management, psychosocial support for distress symptoms and support for instituting long-term care as the disease progresses.

Conclusion: While there is an understanding that patients with advancing neurodegenerative disorders require specialised palliative and supportive care integrated into routine neurological care, this paper, for the 1st time, presents the profile and needs of this group.

3rd Prize Winner – Pratyasa Padhi

Assessment of Symptom Burden and Quality of Life in Patients of Primary Brain Tumour, Attending a Tertiary Cancer Care Centre

Pratyasa Padhi[1,2], Vinod Kumar [3]

[1]Department of Palliative Medicine, Bagchi-Karunashraya Palliative Care Center, Bhubaneswar, Odisha, [2]Bangalore Hospice Trust, Bengaluru, Karnataka, [3]All India Institute of Medical Sciences, New Delhi, Delhi, India.
E-mail: drvinodkr912@gmail.compratyasa.padhi@karunashraya.org

Introduction: Primary brain tumours usually have unpredictable disease trajectories and are associated with a huge symptom load. They affect the lifestyle of patients significantly, causing deterioration in quality of life.

Aim: This study aimed to assess symptom burden and quality of life in patients with primary brain tumours attending a tertiary cancer care centre.

Methods: This was a prospective observational study using the European Organisation for Research and Treatment of Cancer Quality of Life questionnaire, core-30 and European Organisation for Research and Treatment of Cancer, Brain Neoplasm-20 questionnaires in patients of Primary Brain Tumours, attending a tertiary cancer care centre.

Results: One hundred patients with radiological or histopathology diagnosis of primary brain tumour were included in the study. Seizures (38%), followed by headache (18%) and loss of consciousness (13%), were among the most common presenting symptoms. There was a significant difference in global health status score between the first visit and third visit, that is, at 3 months ($P = 0.03$). Patients' social functioning improved significantly ($P = 0.002$) from baseline when evaluated on follow-up at 3 months. On symptom scales, the most burdensome symptom at first visit was fatigue, followed by insomnia, loss of appetite, pain, nausea and vomiting. The brain tumour-specific summary score improved significantly from baseline to 1 month, as well as 3 months, though the latter was not statistically significant.

Conclusion: The study gives insight into the high symptom burden in Primary Brain Tumour patients, making palliative care an important aspect of their management.

Keywords: Primary brain tumour, Symptom burden, Quality of life.

ORAL PAPER PRESENTATION

1. Dr. Surendra Pingoliya

A Comparative Analysis of Psychological Distress and its Impact on Quality of Life on Primary Care Givers and their Patients Suffering from Advanced Cancer

Ashwin Mathur[1], Yogendra Singhal[1], Gaurav Sharma[1], Surendra Kumar Pingoliya[1]

[1]Department of Palliative Medicine, Institute - Sawai Man Singh Medical College, Jaipur, Rajasthan, India.
E-mail: drskpingoliya@gmail.com

Introduction: Patients suffering from advanced cancer suffer from various debilitating symptoms, causing functional impairment during the disease course and mainly during the last stages of their life. Home care of patients suffering from cancer is predominantly demanding, thus causing an immense burden on the caregiver. The present study was conducted to assess the level of psychological distress and social functioning in cancer patients and to evaluate the relation of these parameters with the quality of life experienced by both patients and caregivers.

Aim: This study aimed to assess the disease-related psychological distress and quality of life between primary caregivers and patients suffering from advanced cancer.

Methods: The study was conducted on 100 caregivers of 100 patients who were diagnosed with advanced cancer. Psychological distress in patients and caregivers was assessed using the Hospital Anxiety and Depression Scale (HADS), and the effect of psychological distress on quality of life was evaluated using the World Health Organization Quality-of-Life (WHOQOL) – BREF criteria. Data were collected from the responses to the questionnaire comprising three different sections: demographic variables, HADS questionnaire and WHOQOL for both patients and their caregivers.

Results: We observed that caregivers were found to be more anxious and patients were more depressed, with no significant difference ($P > 0.05$) observed between patients and caregivers statistically in relation to HADS scoring parameters. Low health and social relationship scores were seen in patients, with a statistically significant difference ($P < 0.05$) from caregivers in relation to physical health and social relationships.

Conclusion: Adequate palliative care and social support were to reduce the burden of disease on caregivers and their patients suffering from advanced cancer.

2. Dr. Mami Parija

A Project to Create a Model of Palliative Care Delivery with Trained Supported Volunteers in Sundergarh District of Odisha State

Mami Parija[1], Sumita Mohanty[1], Namrata Rath[1], Sanju Patel[1], Umesh Patel[1]

[1]Amrit Dhara Palliative Care Trust, Bhubaneswar, Odisha, India.
E-mail: mami96@gmail.com

Introduction: Palliative care (PC) is an integral component of cancer management, and increasing evidence supports the need for PC in a majority of cancer patients. Patients referred for or seeking PC facilities in Odisha are constrained due to geographic locations and inadequate information. Sundergarh, is a district in the western part of Odisha with a majority tribal population with no access to PC service. It is observed that volunteers from Non-Governmental Organisations and Community Health Workers under district hospitals working at the interiors and ground levels of rural Odisha are committed to taking care of cancer patients, but they lack comprehensive basic aspects related to PC delivery and carry out their functions and activities in silos without proper coordination and integration. This proposed study project will try to create and demonstrate that trained and supported volunteers can play a significant role in delivering PC service in remote parts of the state.

Aim: This study aimed to study the effectiveness of volunteer referrals for providing PC service in Sundergarh, Odisha, by Amrit Dhara PC Centre and make PC delivery accessible in remote areas of Odisha.

Methodology: Volunteers trained in PC are to provide referrals of cancer patients to Amrit Dhara PC centre. Volunteers were to identify and do referrals of patients who need PC and to coordinate teleconsultation and assessment by palliative physicians. Medical assistance, as advised by physicians to be delivered by local healthcare workers (nurses/Anganwadi workers) with the support of volunteers and psychosocial assistance by volunteers. Outcome measures were the number of patients, socioeconomic profile, disease prognosis, nature of symptoms, assessment and symptom relief.

Conclusion: Since this is a pilot study, we will assess the feasibility for 18–20 patients based on convenient sampling. Results will be presented during the conference.

3. Vasudha Kothapallia

Exploring the Concerns of Informal Caregivers Caring for Individuals with Cancer: A Scoping Review

Vasudha Kothapallia[1], B. Lena Ashok[2], C. Priya Thomas[3]

[1]Karunashraya Bangalore Hospice Trust, Bengaluru, Karnataka,
[2]Department of Social and Health Innovation, Prasanna School of Public Health, MAHE, Manipal, [3]Department of Psychiatric Social Work, National Institute of Mental Health and Neurological Sciences, Bengaluru, Karnataka, India.
E-mail: vasudakothapalli@gmail.com

Background: Caregiving can be very challenging and difficult. We aimed to map the evidence available on the concerns of informal caregivers caring for cancer patientss in India through a scoping review.

Aim: This review aims to map the breadth of literature available on the concerns of informal caregivers caring for cancer patients in India.

Methods: We used the Arksey and O'Malley framework for scoping reviews. Six electronic databases were searched from inception till date (March 2023). We included qualitative, quantitative and mixed-method studies conducted in India for this review. The screening process and data abstraction were conducted by two independent reviewers with a senior reviewer resolving the discrepancies. Results were synthesised using the frequency of the data gathered and thematic analysis.

Results: After screening 1363 titles and abstracts, followed by 39 full texts, 26 studies were included in this review. All the included documents were published in the past 13 years in India. Various caregiver concerns were identified that were synthesised in to six major themes: Psychological/emotional concerns, financial concerns, physical concerns, social/personal concerns, religious/spiritual concerns and other concerns.

Conclusion: The findings highlight various nature of concerns that a caregiver experiences during caregiving. Understanding these concerns could help the members of the professional team provide better and holistic care to support the caregivers, which could help caregivers cope with the process of caregiving.

4. Vidushi Khajuria

Caregiver Burden and Quality of Life among Family Caregivers of Cancer Patients Admitted in Regional Cancer Centre Government Medical College, Jammu: A Prospective Observational Study

Vidushi Khajuria, Rajesh Kumar,[1] Shabnam Choudhary,[1] Rahul Sharma[2], Shamiya Sadiq[1]

Department of Pharmacology and Therapeutics, Government Medical College, [2]Regional Cancer Centre, Government Medical College, Jammu, Jammu and Kashmir, India.
E-mail: vidushykhajuria@gmail.com

Introduction: The growing diversity of India's population and the high burden of cancer-related symptoms reflect the need for caregiver research within underserved groups.

Aim: We aimed to assess the caregiver burden and quality of life (QOL) of family caregivers of cancer patients.

Methods: A prospective observational study was conducted in the Department of Pharmacology and Therapeutics in collaboration with the Regional Cancer Centre, Government Medical College, Jammu, for a period of 6 months. The assessment of the caregiving burden was done using the pre-designed questionnaire form, which included questions pertaining to an important set of domains, that is, Physical Health, Emotional Health, Social Health and Spirituality of the caregivers.

Results: The enrolled population sample consisted of 300 caregivers aged 18–65 years, mostly males (65.33%), married (84.33%) and employed (71.67%) with 29.67% comorbidities. In this study, 90.67% of caregivers reported moderate caregiver burden.

Conclusion: Caregivers are experiencing a significant burden, particularly with respect to their physical, social, emotional and spiritual health. Supportive care needs to be sought to alleviate the caregiving burden and improve the QOL of caregivers, especially those attending hospitalised patients.

Keywords: Cancer, Caregiving burden, Pre-designed questionnaire, Family caregiver, Quality of life.

5. Dr. Nikhila Karanth

An Audit on Documentation of Wound Assessment of Malignant Wounds among In-patients with Advanced-stage Cancer at a Hospice

Nikhila Karanth[1], N. Sangeetha[2], Udita Joshi[2], Seema R. Rao[2]

[1]Department of Pain and Palliative Medicine, St. John's Medical College Hospital, [2]Bangalore Hospice Trust, Karunashraya Institute for Palliative Care Education and Research, Bengaluru, Karnataka, India.
E-mail: nikhilakaranth@gmail.com, sangeetha.n@karunashraya.org, udita.joshi@karunashraya.org, seema.rao@karunashraya.org

Introduction: Management of malignant wounds begins with a comprehensive assessment and documentation of the wound assessment parameters. This is often missed without an appropriate wound assessment tool. The wound assessment tool provides baseline information to monitor progress, set goals and choose appropriate dressing.

Aim: This study aimed to assess current practice and improve the documentation of wound assessment of malignant wounds at a hospice.

Methods: In a standards-based audit, we measured the percentage of clinical records with wound assessment documentation at baseline. This was reaudited after practice change measures were implemented. The audit standard was set at 80% for initial wound assessment and 70% for weekly reassessment. The following interventions were implemented – (i) the development of a structured wound assessment form, (ii) training of doctors and nurses on wound assessment and documentation and (iii) training on how to fill the form.

Results: The baseline audit revealed a lack of structured wound assessment and documentation. Reaudit revealed documentation of initial wound assessment in 79.59% and weekly reassessment in 65.31% of the clinical records. We were able to achieve our set standard only for the initial wound assessment.

Conclusion: We were able to develop and improve documentation of wound assessment in the hospice by standardising the documentation in the clinical records. We recommend regular audits of documentation as part of quality improvement measures.

6. Sanjeev Kumar

Compassion Fatigue in Palliative Medicine: A Comprehensive Review

Sanjeev Kumar

Department of Palliative Medicine, AIIMS, New Delhi, India

Compassion fatigue is an emerging concern in the field of palliative medicine, where healthcare professionals frequently encounter patients facing life-limiting illnesses. This phenomenon is characterised by emotional exhaustion, decreased empathy and a reduced ability to provide effective care. This paper aims to provide a comprehensive review of compassion fatigue in palliative medicine, exploring its causes, consequences and potential interventions. The causes of compassion fatigue in palliative medicine are multifaceted, encompassing the continuous exposure to suffering, ethical dilemmas and high workload. Healthcare providers often experience emotional strain as they navigate the fine balance between providing comfort and confronting death. Over time, this can lead to emotional exhaustion, reduced job satisfaction and even burnout. Compassion fatigue has far-reaching consequences for both healthcare professionals and patients. Decreased empathy may compromise the quality of care, potentially leading to adverse patient outcomes. Furthermore, healthcare providers may suffer from mental health issues, which can further exacerbate the problem. Addressing compassion fatigue in palliative medicine is crucial. Interventions such as self-care strategies, mindfulness, debriefing sessions and support systems can help mitigate its impact. Education and awareness campaigns within the healthcare community are equally vital in preventing compassion fatigue. In conclusion, compassion fatigue is a pressing issue in palliative medicine, necessitating attention and action. Further research is needed to understand the specific causes of better and more effective interventions to alleviate its burden on healthcare providers and ultimately improve patient care in this delicate field.

7. Dr. Varun Yadav

Impact of Early Palliative Care in Patients Having Brain Tumour

Varun Yadav[1], Ravi Umrania[1], Bhavna Patel[1], Priti Sanghavi[1]

[1]Department of Palliative Medicine, Gujarat Cancer and Research Institute, Ahmedabad, Gujarat, India.
E-mail: in.varun07@gmail.com

Introduction: Brain tumours, either primary or secondary, have widespread or localised signs and symptoms. They may have a detrimental impact on the quality of a patient's life regardless of subsequent treatment. Palliative care is most effective when it is started early in the disease trajectory. Hence, we conducted this study to know the impact of early palliative care in brain tumour patients.

Aim: This study aimed to assess symptom burden and quality of life in brain tumour patients and the impact of early palliative care on them.

Methods: Prospective analytical study conducted in patients of primary or secondary brain tumours within 1 month of their diagnosis. All patients were assessed at the time of enrolment for baseline data and then compared with 1st month, 3rd month and 6th month follow-up. The European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire Brain Neoplasm-20 (EORTC-QLQ-BN-20) tool was used to measure health-related quality of life, and the Integrated Palliative Outcome Scale (IPOS) tool was used for symptom burden assessment.

Results: A total of 52 patients enrolled. In IPOS score, statistically significant improvement was noted at the 6th month follow-up among physical score from 11.10 (±4.40) to 6.71 (±2.52), emotional score from 8.48 (±2.26) to 5.29 (±2.82) and communication score from 5.63 (±1.63) to 3.12 (±1.32) with total score from 25.51 (±5.59) to 15.12 (±4.58). For the quality of life, significant improvement was noted at 6th month follow-up in headache from 42.95 (±33.23) to 3.92 (±11.07), seizures from 28.20 (±30.25) to 5.88 (±13.10) and drowsiness from 12.18 (±17.50) to 7.84 (±14.57) among EORTC-QLQ-BN-20.

Conclusion: Early palliative care intervention improves the quality of life of patients and reduces symptoms burden.

8. Dr. Jyoti Jethwani

Exploring Palliative Care Education in the Medical and Nursing Colleges of Jodhpur: A Qualitative study

Jyoti Jethwani[1], Srikanth Srinivasan[2], Manoj Kamal[3], Pankaj Bhardwaj[2], K. H. Naveen[2]

[1]MPH Scholar, Departments of [2]CMFM, [3]Anaesthesiology and Critical Care, All India Institute of Medical Sciences, Jodhpur, Rajasthan, India.
E-mail: jethwanijyoti94@gmail.com, Srikanthlatha2003@yahoo.co.in, srikanthlatha2003@gmail.com

Introduction: Palliative care aims to enhance the quality of life for patients facing life-threatening illnesses and life-limiting illnesses. The Government of India launched the National Program for Palliative Care (NPPC) in 2012 to provide accessible and affordable palliative care. Simultaneously, it focuses on integrating the principles of palliative care into the educational curriculum.

Aim: This study aimed to explore palliative care teaching and training in undergraduate medical and nursing curriculum in Jodhpur.

Methods: An Exploratory Qualitative study with a Case Study approach design was applied to data collection. The study was carried out among the Dean of a Government Medical College, Principals of Government and Private Nursing Colleges, and Undergraduate and Postgraduate student representatives of Medical and Nursing Colleges in Jodhpur. The sample size was determined by information saturation. Study tools included interview guides devised from the available literature. Data collection involved three key informant interviews and 12 in-depth interviews. Thematic analysis was employed for data analysis.

Results: Key informants mentioned that the undergraduate palliative care curriculum is limited and integrated within the domains of other specialities such as oncology and anaesthesia. At present, there are no distinct palliative care postings or elective training opportunities for interns. Both undergraduate medical and nursing students were found to have insufficient knowledge of palliative care. Postgraduate students who had undergone a short course on palliative care exhibited a better understanding of palliative care compared to their non-trained colleagues.

Conclusion: The interviews revealed a lack of definite curriculum in undergraduate medical and nursing education. Integrating practical-oriented palliative care training, case-based studies and problem-based learning within the educational curriculum can bridge this gap.

Keywords: National program for palliative care, Palliative care, Qualitative study, Medical curriculum, Nursing curriculum, Jodhpur.

9. Dr. Lekha Raval

Identifying the Need for Palliative Care in the Patients Visiting Emergency Department at the State Cancer Care Centre

Lekha Raval[1], Priti Sanghavi[1], Ravi Umarania[1], Bhavna Patel[1]

[1]Department of Palliative Medicine, Gujarat Cancer and Research Institute, Ahmedabad, Gujarat, India.
E-mail: lekharaval@gmail.com

Introduction: This study was an advanced cancer patient visit emergency department (ED) with physical, social, psychological and spiritual symptoms leading to aggressive interventions and hospitalisation. To the best of our knowledge, there were no studies done on palliative care (PC) needs in ED in the Indian population, we conducted this study.

Aim: This study aimed to identify the need for PC, assess symptom burden and determine the impact of PC intervention in patients visiting ED.

Methodology: This study was a prospective analytical study. Unmet PC need was documented with the help of P-CaRES and SPEED tool. Symptom burden was assessed by ESAS-r-CSS at the time of enrolment and compared with 1st, 3rd and 6th month's data. The rate of hospitalisation, number of ED visits and place of death were documented.

Results: A total of 136 patients screened with P-CaRES indicated that there is a need for PC in ED. Common reasons for ED visits were Pain, breathlessness and abdominal distension. SPEED tool was suggestive of high scores for physical, social, therapeutic and spiritual domains, indicating the need for PC intervention. PC intervention was provided during and after their first ED visit. Compared data showed that there was significant improvement ($P < 0.0001$) in physical symptoms such as pain, drowsiness, lack of appetite, difficult sleep, psychological concerns such as depression, overall well-being and spiritual concerns for patients significantly. During each follow-up, the hospitalisation rate (68%→18%→35%→0), ED visits (100%→33% →25%→14%) and hospital death (35%→34%→28%→0) were decreased.

Conclusion: There is a dire need for PCs in the ED at cancer institutes. Early intervention in ED for cancer patients helps better symptom management, resulting in a reduction in hospitalisation, ED visits and hospital death.

10. Dr. Savan Kukadia

Utilisation of Celiac Plexus Neurolysis for Severe Abdominal Pain Due to Malignancy

Savan Kukadia[1], Ravi Umrania[1], Priti Sanghavi[1]

[1]Gujarat Cancer and Research Institute, Ahmedabad, Gujarat, India.
E-mail: savankukadia@gmail.com

Introduction: Celiac plexus neurolysis (CPN) has been performed for many years for pain management. It is performed with different techniques and approaches, but very few articles are available on the quality of life of patients who underwent CPN.

Aim: The aims of this study were as follows: (1) To study the outcome of CPN in patients with intra-abdominal malignancy in terms of pain and quality of life. (2) To compare pre and post-procedure requirements of analgesic drugs.

Methods: This is a prospective analytical study. Computed tomography scan-guided CPN was performed through a posterior approach in 13 patients. All patients were assessed before the procedure, after the procedure and at every 2 weekly follow-ups till 12 weeks by visual analogue scale (VAS) score for pain assessment, Functional Assessment of Cancer Therapy – General (FACT-G) score for quality of life and Morphine Milligram Equivalent (MME) for opioid consumption.

Results: Post-procedure we observe relief in abdominal pain, along with decreased dose of opioid as compared to pre-procedure. We observe significant improvement in VAS score pre-procedure (6.5 ± 0.87), immediate post-procedure (1.84 ± 0.53) and at 12 weeks (3.07 ± 0.72). Quality of life improves with CPN. There was a significant improvement of the FACT-G score from 51.46 (pre-procedure) to 64.23 (2nd week post-procedure). The requirement of opioids also declines significantly post-procedure, with mean MME recorded immediately post-procedure (15.76) compared to pre-procedure (30.38).

Conclusion: We conclude that CPN is an effective procedure for abdominal pain due to malignancy with abdominal viscera involvement. It increases quality of life along with less consumption of opioids.

11. Dr. Akshay Tabiyar

Patient-Reported Outcome Measures after Therapeutic Paracentesis in Patients Having Malignant Ascites

Akshay R. Tabiyar[1], Lekha Raval[1], Bhavna C. Patel[1],
Priti Sanghvi[1]

[1]Gujarat Cancer and Research Institute, Ahmedabad, Gujarat, India.
E-mail: akshaytabiyar123@gmail.com

Introduction: Accumulation of fluid in the peritoneum due to advanced malignancies is defined as malignant ascites. Patients with malignant ascites have various symptoms, including abdominal pain, abdominal fullness, nausea, vomiting, breathlessness, fatigue and early satiety. The patient-reported validated tool is useful to measure the outcome of interventions like paracentesis that can be done to alleviate these symptoms.

Aim: This study aimed to assess patient-reported outcome measure (PROM) symptoms in patients having malignant ascites and to evaluate changes in the same symptoms after paracentesis.

Methods: It is a prospective observational study conducted over 12 months for patients visiting palliative medicine outpatient departments with moderate to severe ascites and fulfilled inclusion and exclusion criteria. The Ascites Symptom Inventory-7 (ASI-7) tool was used in all patients before and after paracentesis. ASI-7 contains seven ascites-related symptoms experienced by patients. These are rated with a Likert scale from 0 to 4, in which one is being least aggressive, and five is the most aggressive.

Results: A total of 48 patients were enrolled in the study. Patients had moderate ascites, and 29 patients had severe ascites. ASI-7 tool scores showed that there is a high symptom burden (e.g., abdominal heaviness and breathing difficulty) in the patients having malignant ascites (19.75 ± 4.94437), which reduced after paracentesis significantly (6.20833 ± 3.41435).

Conclusion: PROM using ASI-7 is significantly useful in assessing symptom burden and carrying out paracentesis in patients having malignant ascites.

12. Sushmita Ghoshal

Prevalence of Depression among Cancer Patients: Scope of Early Integration of Palliative Care

Ghoshal, E. Mishra[1], S. Grover[1], B. N. Subodh[1], M. Arora[2]

Departments of [1]Psychiatry and [2]Radiotherapy, Post Graduate Institute of Medical Education and Research, Chandigarh, India.
E-mail: rtsushmita@gmail.com

Introduction: Psychosocial distress of patients is seldom addressed during cancer-directed treatment. An integrated approach promotes patient-centred care with an overall goal of improved symptom control and quality of life.

Aim: This study aimed to estimate the prevalence of depression among cancer patients attending the outpatient department in a tertiary care hospital.

Methods: Two hundred cancer patients were recruited for this cross-sectional study following specific inclusion/exclusion criteria. Their clinical and sociodemographic profile was noted, and depression was assessed by Patient Health Questionnaire 9 (PHQ-9) scoring. The scores were categorised as absent, mild, moderate and severe. Correlation between depression scores and clinical/sociodemographic profile was studied. Statistical analysis (descriptive and association) was done using the Statistical Package for the Social Sciences v 20.0. Comparisons were made by Chi-square and unpaired *t*-test. Patients with depression were counselled by the psychiatrists in this group.

Results: Scores indicating depression were present in 79/200 patients, with most patients reporting a moderate degree of depression (74/79). Clinical factors significantly associated with depression were the presence of comorbidities, pain, frailty and relapse. Patients on active treatment with chemotherapy also had an increased prevalence of depression ($P = 0.008$). Among the sociodemographic factors, low social support and younger age were significantly associated with depression ($P < 0.001$).

Conclusion: Early integration of palliative care with cancer-directed therapy could identify the unmet needs of cancer patients in this cohort. PHQ-9 is a good instrument to screen patients for depression. Recognition of depression and appropriate intervention can improve the overall quality of life of patients and should be an integral part of patient management.

13. Dr. Betty Mary Abraham

A Retrospective Narrative Synthesis of Do Not Intubate/Do Not Resuscitate Conversations and Experiential Learning Using Reflective Methodology

Betty Mary Abraham[1]

[1]Department of Palliative Medicine, Amrita Institute of Medical Science and Research, Kochi, Kerala, India.
E-mail: bettymary903@gmail.com

Introduction: Do not intubate/Do not resuscitate (DNI/DNR) decisions are made when a patient has declined resuscitation, a poor prognosis or if the patient will not survive with intubation with sufficient quality of life. The DNI/DNR discussion is always a complex communication process.

Aim: This study aimed to describe the reflections on various experiences during conversations on DNI/DNR with the family members of the patients who are referred for palliative care and to improve learning through self-reflection and a focus group discussion (FGD).

Methods: This is a qualitative study. A retrospective narrative synthesis of DNI/DNR conversations was made. Reflections on various experiences during the conversation were carried out using the Gibbs Reflective Tool. FGD with six other speciality trainees was audio recorded after informed consent. It was transcribed verbatim and thematically analysed.

Results: Reflections on self-experience during DNI/DNR conversations are summarised under the following headings: (i) description, (ii) feelings, (iii) evaluation, (iv) conclusion and (v) action. FGD was analysed, and various themes identified were (i) early initiation of a difficult conversation, (ii) patient demographics and disease onset, (iii) empathising and compassionate approach, (iv) emotional drainage, (v) harmony with patient and family members and (vi) multiple sessions of discussion.

Conclusion: Each conversation varies with different patients. Reflections on various conversations help to identify the flaws and improve on next time. It helps to mould ourselves into a better person professionally and personally. Good communication skills are also very important, and this can be achieved through practising self-reflection, attending communication skill classes and observing seniors.

14. Sree Priya

Active Hand-Holding during 1-year Program: Impact on Confidence Level in Mentoring/Teaching/Training Palliative Care

Impact of Hybrid Mode Teaching of Palliative Medicine on Improving the Teaching/Training/Mentoring Skills of Future Palliative Care Trainers

S. Sree Priya[1], M. M. Sunil Kumar[2], Sreedevi Warrier[1]

[1]Pallium India Trust, Trivandrum Institute of Palliative Sciences, [2]Pallium India Trust, Aisha Memorial Hospital Building, Trivandrum, Kerala, India.
E-mail: sreepriya.s@palliumindia.org, sunil@palliumindia.org, drsreedevi@palliumindia.org

Introduction: The World Health Assembly Resolution 67 of 2014 has asked for the integration of palliative care into all healthcare at all levels (primary, secondary and tertiary) across the continuum of care. A trained or skilled workforce is an integral part of the delivery of palliative care; hence, education and modern training modules become an integral part of effective policy change. A 1-year program in palliative medicine will help participants become better trainers.

Aim: This study aimed to study the impact of a year-long hybrid mode program in improving participants' palliative medicine teaching/training/mentoring skills.

Methods: A structured educational program of 1-year duration was designed using the hybrid mode of online and onsite sessions. A total of 47 online sessions (80 hours of engagement) and 30 days of onsite observation were scheduled for all participants. The resource materials for all teaching activities, focused on individualised mentoring, were provided during onsite sessions. The participants were allowed to teach/mentor other small groups of learners during the program, and constructive feedback received from those learners was also considered and discussed.

Results: Out of 26 participants enrolled in the hybrid program, 21 took part in the survey. An average increase of four points was reported in the confidence level after attending the program, with the median being five before the mentoring sessions and nine afterwards.

Conclusion: Continuous and structured support during an extensive 1-year hybrid mode education program increased the confidence level of participants in teaching/training palliative care topics to other aspirants.

15. Richa Randhawa

Primary Care Physicians' Knowledge and Attitude toward Palliative Care. Is it Time for Integration?

Richa Randhawa[1], Nipun Lamba[1], Sudha Sarna[1], Seema Khandelwal[1]

[1]Department of Palliative Medicine, Mahatma Gandhi Medical College and Hospital, Jaipur, Rajasthan, India.
E-mail: rrandhawa534@gmail.com

Introduction: Despite the unquestionable role of primary care physicians in carrying the majority of high-quality care for patients under palliative care is well-known, especially with the senior population, it is still not clear what their existing level of knowledge and attitude toward palliative care is. With the increasing ageing population, the need for palliative care will increase markedly in the next few decades.

Aims and Objectives: The study aimed to evaluate the attitude, knowledge and understandings of primary care physicians to identify the accurate status of the central component of primary healthcare systems 'physicians' and how it is far from or near to proper palliative care integration.

Methods: A survey using palliative care attitude and knowledge questionnaire applied to 100 Physicians and Residents in Mahatma Gandhi Medical College and Hospital, Jaipur, (Rajasthan).

Results: The response rate was 80%. The uncertain attitude toward palliative care was reported in 53% of physicians, while only 6% had good knowledge, and only 31% reported excellent or very good experience in the management of pain and other symptoms. Of most residents, 78% stated that they had not received enough information about palliative care during their graduation. Unfamiliarity with palliative care services and their benefits was very high, around 62%.

Conclusion: The uncertain attitude and poor knowledge were reported by the majority of physicians toward palliative care. Integrating palliative care with the primary healthcare system has to be initiated to lessen the suffering of the patient and meet the challenges of an ageing society.

Ethical consideration: The study was reviewed by the Ethical Committee of Mahatma Gandhi Medical College and Hospital Jaipur, Rajasthan and approved the study vide letter No./MGMC&H/IEC/JPR/2023/1738.

16. Mamta Parihar

Acceptability and Performance of Menstrual Cup versus Conventional Methods in Reproductive Age Group Women for Menstrual Hygiene in Selected States of India

Mamta Parihar[1], Vijayamma Ajmera[2], Kristen Abbott-Anderson[3], Krushna Chandra Sahoo[4]

[1]Geetanjali University of Medical Health and Sciences, [2]Geetanjali Nursing College, Udaipur, Rajasthan, India, [3]College of Nursing and Health Sciences, University of Wisconsin, Eau Claire, Wisconsin, United States, [4]ICMR-Regional Medical Research Centre, Bhubaneswar, Odisha, India.
E-mail: mamtaparihar2011@gmail.com

Introduction: Preventive measures for healthcare is at paramount to adapt a sustainable and healthy alternative for menstrual hygiene management. The number of cervical cancer patients is increasing due to unhygienic menstrual hygiene practices. The chemicals present in sanitary pads are harmful carcinogens.

Aim: The study aimed to compare the acceptability and performance of menstrual cups versus conventional methods.

Methodology: A concurrent mixed-method approach was used. The women were assessed for their preferred menstrual hygiene management practice and in-depth and focused group interviews were conducted to explore further the factors for opting a particular menstrual method. A total of 747 reproductive age group women (15–49) of India were selected. Identical concurrent sampling was used. The setting of the study was selected by multistage sampling, and four institutions from four zones of India (East, West, North and South) were selected. Data analysis was done using the Statistical Package for the Social Sciences 23 and MAXQDA software.

Results: The results showed that out of 747 participants, only 67 were using a menstrual cup, and 680 were using conventional methods. Higher acceptability and performance rates were found in menstrual cup users at 81% and 76.1%, whereas for the conventional methods, it was 26.5% and 27.2%, respectively. A positive correlation was found between acceptability and performance of menstrual cup and conventional methods.

Conclusion: If women are provided with training on how to use a menstrual cup with a proper follow-up, they can easily adapt to a more sustainable and healthy solution for menstrual hygiene.

Keywords: Menstrual cup, Conventional methods, Reproductive age group, women.

17. Roma Prabhudessai

Impact of Caregivers' Resilience on the Quality of Life of Children with Cerebral Palsy (With or Without Comorbidities)

Philomena D.' Souza[1], Roma Prabhudessai[1], Simran de Souza[1]

[1]Novi Survat Goa, Margao, Goa, India.
E-mail: dsouza.mina@gmail.com, romaprabhudessai@gmail.com, simrandesouzawork@gmail.com

Introduction: Cerebral palsy (CP) is a disorder of motor and posture development that limits the activity of an individual, often accompanied by comorbidities such as epilepsy and intellectual disability, among others. An important factor that plays a role in the quality of life for these children is caregivers' resilience. The previous studies have identified factors influencing a caregiver's resilience. However, little is known about the factors influencing caregivers' resilience and its impact on the quality of life of children with CP (with or without comorbidities).

Aim: This study aimed to explore the association between caregivers' resilience and the quality of life of children with CP (with or without comorbidities).

Methods: A mixed-method approach will be used to analyse the factors influencing caregivers' resilience and its impact on the quality of life of children with CP (with/without comorbidities). Thirty caregivers will be interviewed about their perception of their child's diagnosis. Scales will be generated to assess caregivers' resilience and quality of life of children with CP (with or without comorbidities).

Results: The study will enumerate the factors that influence caregivers' resilience and evaluate its correlation to the quality of life of children with CP (with or without comorbidities).

Conclusion: Quality of life of the children with Cerebral Palsy (with or without comorbidities) was influenced by the Caregivers' perception about their condition and the level of resilience in them.

18. Athar Javeth

Multi-Component Self-Help Intervention Package for Cancer-Related Fatigue and Quality of Life among Cancer Patients Undergoing Chemotherapy: A Randomised Controlled Trial

R. N. Athar Javeth[1], Fatima D. Silva[2], Pritanjali Singh[3]

[1]Assistant Professor, College of Nursing, All India Institute of Medical Science, Kalyani, West Bengal, [2]Nitte Usha Institute of Nursing Sciences, Nitte University, Mangaluru, Karnataka, [3]Department of Radiation Oncology, All India Institute of Medical Science, Patna, Bihar, India.
E-mail: atharjaveth05@gmail.com, ftds_1970@rediffmail.com, drpritanjalis@gmail.com

Introduction: Cancer-related fatigue (CRF) is one of the most debilitating and prevailing symptoms manifested by cancer patients undergoing various treatment modalities. It has a significant negative impact, ranging from affecting quality of life (QoL) to decreased treatment compliance. CRF is a multifactorial phenomenon, and a multi-component intervention plan is recommended for fatigue management.

Aim: The study aims to evaluate the effect of a multi-component self-help intervention package (MSHIP) on fatigue, QoL, functional performance and aerobic capacity of cancer patients undergoing chemotherapy.

Methods: During the second cycle of chemotherapy, 108 cancer patients were randomly allocated to the experimental and control group using block randomisation. The baseline data were collected using Functional Assessment of Cancer Therapy – Fatigue, Functional Assessment of Cancer Therapy – General Scale and a 6-min walk test. The Intervention MSHIP was administered to the experimental group and standard care to the control group. MSHIP included a range of motion exercises, pranayama, home-based walking, activity and dietary management. The follow-up was done at 3 weeks, 6 weeks and 12 weeks. A two-way repeated measure mixed analysis of variance analysis was conducted.

Results: The mean age was 49.17 ± 8.36 and 48.22 ± 9.21 in the experimental and control group separately. A significant difference in the scores of fatigue ($F = 86.45$, $P < 0.001$), QoL ($F = 13.19$, $P < 0.001$), functional performance ($F = 27.95$, $P < 0.001$) and aerobic capacity ($F = 27.95$, $P < 0.001$) was observed from the interaction effect between experimental and control group.

Conclusion: The cost-effective intervention program was found to be beneficial for managing fatigue and improving QoL, functional performance and aerobic capacity among cancer patients. MSHIP intervention empowers the patients for self-management of fatigue and can be demonstrated in oncology clinical settings for its utility (Ethical Clearance: AIIMS/Pat/IEC/Ph.D./CoN/44).

Keywords: Cancer-related fatigue, Quality of life, Multi-component self-help intervention package, Randomised controlled trial.

19. Bharathi Parkala

Explore the Knowledge, Attitudes and Practices of Health-care Professionals Concerning Advance Care Planning in Individuals with End-Stage Kidney Disease

Bharathi Naik[1], Shankar Prasad Nagaraju[2], Ravindra Prabhu[2], Anuja Damani[3], Naveen Salins[3], Pankaj Singhai[4]

[1]Department of Renal Replacement Therapy and Dialysis Technology, Manipal College of Health Professions, Manipal Academy of Higher Education, [2]Department of Nephrology, Kasturba Medical College, Manipal Academy of Higher Education, [3]Department of Palliative Medicine and Supportive Care, Kasturba Medical College, Manipal Academy of Higher Education, Manipal, Karnataka, [4]Department of Palliative Medicine, Sri Aurobindo Medical College and PG Institute, Sri Aurobindo University, Indore, Madhya Pradesh, India.
E-mail: bharathi.parkala@manipal.edu, nephrology.kmc@gmail.com, anuja.damani@manipal.edu, naveen.salins@manipal.edu, doctorpsinghai@gmail.com

Introduction: Integrating advance care planning (ACP) into the population with end-stage kidney disease (ESKD) has the potential to enhance the overall quality of care. The practice of formal ACP discussions for ESKD patients is not widespread in developing countries like India, and there is a need for healthcare professionals (HCPs) to possess ACP knowledge.

Aims: This study aimed to investigate knowledge, attitudes and factors that impact ACP practices among HCPs who care for ESKD patients.

Methods: The study was conducted from September 2022 to March 2023 at a tertiary care hospital in India. It involved eligible and willing HCPs with a minimum of 1 year of work experience with ESKD patients. A cross-sectional survey was carried out, administering a pre-designed, validated ACP questionnaire to 50 eligible HCPs.

Results: The survey included 50 HCPs, of whom only 28.4% had received formal ACP training. Although more than 80% expressed the need for ACP discussions with ESKD patients, over 50% felt uneasy addressing topics such as advance directives or treatment withdrawal. Nephrologists were more comfortable with ACP discussions, and the primary challenge for other HCPs was a lack of skillset. Furthermore, over 85% supported integrating palliative care and ACP education in renal care programs, emphasising the need to provide these before starting regular dialysis.

Conclusion: HCPs recognise the benefits of ACP discussions for ESKD patients, advocating for formal training in communication skills for all involved HCPs and the establishment of relevant policies and protocols.

20. Aleya Sanyal

Evaluation of an Intervention to Improve Quality of Life and Spiritual Well-Being in Cancer Patients – A Qualitative Study of Participants’ Experiences in the Spiritual Counselling Intervention Program

Aleya Sanyal[1], Papiya Sanyal[1], Rekha Wagani[2], Santosh Meena[3]

[1]Department of Psychology, Bhaktivedanta Hospital and Research Institute, [2]Amity Institute of Behavioural and Allied Sciences, Amity University Maharashtra, Mumbai, Maharashtra, [3]Banasthali Vidyapith, Niwai, Rajasthan, India.
E-mail: kishori7sanyal@gmail.com, gaurangisanyal8@gmail.com, rwagani@mum.amity.edu, santoshajaymeena@gmail.com

Introduction: Diagnosis of cancer has remarkably increased the dependence on spiritual interventions (SIs). Therefore, there is a strong need to check the efficacy of such SIs under various contexts. In the spiritual counselling intervention (SCI) research project, the effectiveness of a SI for improving the quality of life and spiritual well-being of cancer patients was investigated in a wait-list controlled trial. Participants’ experiences were collected.

Aim: This study aimed to explore the effectiveness and accessibility of the SCI from the perspective of the participants.

Methods: The qualitative research was conducted. Data from semi-structured interviews with ten participants were analysed using thematic analysis.

Results: Six major themes with sub themes emerged from the data: (1) Cause-driven, (2) help-seeking behaviour, (3) visual aspect, (4) assessment, (5) offer and (6) receipt.

Conclusion: This information was used to develop a specific spiritual theory concerning mechanisms whereby SCI effects change for cancer patients. It shows that participant experiences with SCI can be helpful not only in grounding spiritual theory but also provides mechanisms for how to achieve them. This understanding may be used to refine and further develop SCI programs to assist cancer patients in overall well-being.

Keywords: Spiritual counselling intervention, Quality of life, Spiritual well-being, Qualitative research.

TRIAL REGISTRATION Clinical Trials Registry – India Identifier: CTRI/2022/04/042250 Ethical approval was granted by Bhaktivedanta Hospital Ethics Committee for Biomedical and Health Research (Ref: ECR/396/Inst/MH/2013/RR-19).

21. Dr. Praveena

Symptom Assessment in Advanced Cancer Patients in Home-Care Setting using ESAS: A Retrospective Audit

G. K. Praveena[1], Swaroop[1], Mithili Sherigar[2], Seema Rao[2]

[1]Bagchi Karunashraya Palliative Care Centre, Bhubaneshwar, Odisha,
[2]Bangalore Hospice Trust, Karunashraya, Bengaluru, Karnataka, India.
E-mail: praveenakarnam@karunashraya.org

Introduction: The Edmonton Symptom Assessment System (ESAS) is a reliable and validated tool to assess symptoms in patients with advanced cancer in both inpatient and outpatient settings. This study uses ESAS to assess the impact of interventions on symptom burden in advanced cancer patients in the home-care setting.

Methodology: This retrospective audit involved the assessment of patient's physical and psychological symptom scores using ESAS during the first homecare visit and the follow-up visit. Data collection for this study spanned from August 2022 to February 2023, and the gathered data were analysed using Jamovi 2.3.21.

Results: The study included 107 patients, with an average age of 57.6 years (range 9–92 years). The majority of patients were male, constituting 55.1%. The most prevalent cancer types among these patients were gastrointestinal (52.6%) and lung (12.4%). The mean pain score at the initial visit was 4.58, significantly improving to 2.74 by the second visit. The mean duration between the first and second visits was 14.4 days. The ESAS scores categorised into physical, psychological and global symptom scores, all displayed improvements between the first and second visits, with paired *t*-tests confirming the statistical significance of these improvements.

Conclusion: This study highlights the impact of palliative care interventions in the homecare settings for patients with advanced cancer. Reference to palliative care facilitates improvement in physical, psychological and global symptom burden in patients with advanced cancer.

Keywords: Home care, Cancer, Edmonton symptom assessment system, Palliative care.

22. Mithili Sherigar

Threads of Hope: Nurturing Futures after the Storm

Mithili Sherigar[1], Michelle Normen[1], Seema Rao[1]

[1]Bangalore Hospice Trust, Karunashraya, Bengaluru, Karnataka, India.
E-mail: mithili.narayan@karunashraya.org

Introduction: The social dimension in end-of-life is an essential determinant of patients' quality of life and family functioning. Mitra Foundation is a non-profit organisation which strives to provide social support to advanced cancer patients who are nearing the end of life and their families. The aim of the study is to understand the components of social support provided by the foundation in a Hospice in Urban India.

Methodology: This is a retrospective chart review. The data were collected from 2013 to 2023. Mitra Foundation provided social support to the patients admitted to the hospice nearing the end of life, primarily for the educational needs of the progeny and vocational needs of the spouses. The data were analysed using Jamovi 2.3.21.

Results: This research examined the social support extended to 63 hospice patients and their families. Many of these patients were male, 84.1%. Gastrointestinal cancer (51%) and gynaecological cancer (16.3%) were the predominant malignancies in this group. Support was provided primarily to female beneficiaries (94.8%). Vocational support was provided to 15.8%. Educational assistance was provided for the children of all patients. On average, the support was provided for 4.29 years (1–8 years). Referrals for educational support were predominantly made in 68.3% during bereavement and 31.7% before death.

Conclusion: This study highlights the role of social support for patients nearing the end of life in a hospice setting. It also emphasises the need for collaboration between organisations for the provision of holistic palliative care.

Keywords: Advance cancer, End of life, Education.

23. Dr Anju PV

A Cross-Sectional Study Regarding Anxiety among Advanced Cancer Patients in a Tertiary Care Hospital

P.V. Anju[1], Lekha Raval[1], Bhavna Patel[1], Priti Sanghavi[1]

[1]Gujarat Cancer and Research Institute, Gujarat, Ahmedabad, India.
E-mail: anjupv9495@gmail.com

Introduction: Advanced cancer patients on palliative management are highly susceptible to multiple variants of psychological and mental health problems, including anxiety. Anxiety can be severely debilitating and heightened to the level that may be able to hasten death. Although the impact of anxiety is recognised, it remains one of the prominent unmet needs in palliative care in a developing country.

Aim: This study aimed to find the prevalence and severity of anxiety among advanced cancer patients attending palliative outpatient departments.

Method: It was a cross-sectional study conducted among 50 advanced cancer patients attending a palliative outpatient department in a tertiary care hospital for 3 months. Demographic data were collected. Generalised anxiety disorder – 7 7-item tool was used to find the prevalence of anxiety and its severity. This is calculated by assigning a score from 0 to 3 according to severity for a total of seven items. The score of 0–4 was 'minimal anxiety', 5–9 was 'mild anxiety' and, 10–14 was 'moderate anxiety', 15–21 was severe anxiety. A score of 5–21 was taken to measure prevalence.

Results: About 66% of participants were found to have anxiety, which needs further assessment and management. Seventeen (34%) were found to have only minimal anxiety, 24 participants (48%) were identified with mild anxiety, 8 participants (16%) had moderate anxiety and 1 participant had severe anxiety (2%).

Conclusion: Anxiety is one of the symptoms present in advanced cancer patients, which needs proper assessment and management for fruitful palliative care.

24. Mathew Jinu

Fall Risk Assessment of Advanced Cancer Patients in an Inpatient Palliative Care Setting: A Clinical Audit

Mathew Jinu Saji[1], Shankar Shrestha[1], Anu Susan Mathew[1], Seema R. Rao[1]

[1]Bangalore Hospice Trust, Karunashraya, Bengaluru, Karnataka, India.
E-mail: jinu@karunashraya.org

Introduction: Patients with life-limiting illnesses in hospices are at high risk for falls due to their declining functioning and the need for multiple medications for symptom control. Conventional fall screening tools and prevention methods are not fully compatible with implementation in hospice settings. In view of this, we developed a simple screening checklist to identify risk factors for falls in patients admitted to the hospice.

Aim: This study aimed to identify risk factors for falls in patients with advanced cancer admitted to a hospice.

Methods: All newly admitted patients at the hospice are evaluated for fall risk using the screening checklist within 24–72 hours. A retrospective audit of 108 medical records from September 2023 was conducted to identify the commonly occurring risk factors for falls.

Results: The mean age of patients was 61 (range 38–90). About 45 (41.6%) were male and 63 were female (58.3). The most common cancers were gastrointestinal, head, neck and breast. History of falls was present in 22 patients (20.4%); 69 (63.9%) were on more than 5 medications, 12 (11.1%) had delirium, and 63 (58.3%) had improving functional status after admission, 73 (67.6%) wanted to ambulate, thereby increasing their susceptibility to falls. About 15 patients (13.9%) had <2 fall risk factors, 33 patients (30.5%) had three risk factors, and 37 (34.2%) had >4 risk fall risk factors.

Conclusion: The findings from the audit emphasise the need for having a comprehensive fall risk screening protocol in place, particularly in palliative care setup.

Keywords: Fall risk, Palliative-care, Physiotherapy.

25. Ravinder Mohan

Mobile Palliative Care Clinic of CanSupport, New Delhi

Ravinder Mohan[1]

[1]CanSupport, New Delhi, Delhi, India.
E-mail: ravindermohan@cansupport.org

Introduction: Palliative care is a human rights issue, and it must reach all those who need it. The much-needed palliative care is still out of reach for many cancer patients. Our mobile palliative care clinic (MPCC) is an attempt to reach the unreached.

Aim: To reach the unreached. We planned to cater to the palliative care needs of patients from UP and Bihar. Most of these patients visit oncology outpatient departments (OPDs) of Delhi Hospitals that do not have palliative care services.

Methods: The MPCC is manned by a palliative care physician, a nurse, and a counsellor (all trained in palliative care). The MPCC vehicle is stationed close to hospitals running oncology OPDs. Hospital networking officers were deputed in different hospitals. They interacted with the oncologists regularly. The patients needing palliative care were referred to our MPCC. All palliative care medicines, including oral morphine, were provided free.

Results: The attendance of the patients at the MPCC has gradually increased. At present, around 500 patients benefit from MPCC every month.

Conclusion: MPCC is a practical way to provide palliative care to those who urgently need palliative care but have been unreached so far.

26. Dr. Mohit Khatriker

A Comparative Study Between Effect of Dexmedetomidine and Magnesium Sulphate as an Adjuvant to Bupivacaine for Transverse Abdominis Plane Block in Abdominal Surgery

Mohit Khatriker[1], Leena P. Patel[1]

[1]Gujarat Cancer and Research Institute and B J Medical College, Ahmedabad, Gujarat, India.
E-mail:mkhatriker@gmail.com

Background: Abdominal surgeries cause substantial post-operative pain, leading to prolonged recovery. The technical simplicity of reliable analgesia with lesser complications makes transversus abdominis plane block a preferred option for abdominal surgeries.

Materials and Methods: This was a randomised, open-labeled, and observer-blinded prospective study. Ninety patients in the age group of 18–60 years belonging to the American Society of Anaesthesiologists grades I and II scheduled for abdominal surgery under general anaesthesia were randomly divided into three groups. Group B received 18 mL 0.25% Bupivacaine + 2 mL NS, group BM received 18 mL 0.25% Bupivacaine + 1.5 mL of 10% Magnesium sulfate + 0.5 mL NS, and group BD received 18 mL 0.25% Bupivacaine + 0.5 mcg/kg Dexmedetomidine and made total 20 mL at end of surgery. Haemodynamics, quality, and duration of postoperative analgesia using visual analogue scale score, time for first rescue analgesia, total consumption of rescue drug, and sedation score were observed in 24 h postoperatively.

Results: Duration of postoperative analgesia was prolonged in group BD (17.8 ± 0.6 h) compared to group BM (9.8 ± 0.79 h) and group B (4.2 ± 0.79 h). There was significantly lower heart rate and blood pressure in group BD, and mean consumption of tramadol was also less in group BD (50 ± 0 mg) compared to group BM (98.33 ± 8.9 mg) and group B (148.33 ± 8.9 mg).

Conclusion: The addition of dexmedetomidine provides a longer duration of analgesia as compared to magnesium sulfate and bupivacaine with minimal side effects.

Keywords: Dexmedetomidine, Magnesium sulfate, Bupivacaine, Transverse abdominis plane, Abdominal surgery.

27. Gargi Kumar

Palliative Care Needs, Functionality, Depression and Anxiety in Amyotrophic Lateral Sclerosis: A Follow-up Study

Gargi S. Kumar[1], Priya Treesa Thomas[2] A. Nalini[1], Seena[1], Keerthi[3], Soja joseph[3], Dinesh Kumar[3], Binesha[3], Aiswarya[3], Sridharan[3], Kailash[3]

Departments of [1]Neurology, [2]Psychiatric Social Work, [3]Neuro-palliative Care Team, National Institute of Mental Health and Neuro Sciences, Bengaluru, Karnataka, India.
E-mail: gargiskmr@gmail.com

Introduction: Amyotrophic lateral sclerosis (ALS) is a devastating disease

that gradually results in muscle atrophy and weakness, with median survival between 2 and 5 years from the onset of symptoms. During the disease trajectory, the patients and relatives must adjust continuously to new losses in the patient's physical and psychological functions and new situations that arise in their daily living.

Aim: This study aimed to describe the functionality, symptom burden, anxiety, depression, and caregiver burden among patients with ALS over 3 months.

Methods: Seventy-five ALS patients who were receiving treatment and neuropalliative care services at the neurology department in a tertiary referral care center in South India were recruited. Using a prospective repeated-measures design, patients were assessed at baseline and followed up 3 months after the services were initiated. The patients were assessed on physical function (ALS FRS-R), palliative care needs (integrated palliative outcome scale 24), and depression and anxiety (HADS). The caregivers were assessed on burden Zarit Burden Interview. Data processing and analysis were performed using the Statistical Package for the Social Sciences for Windows.

Results: The mean age of the patients was 53 ± 15.88 (35–65 years), with more men than women. Most of the caregivers are spouses, with a mean age of 45 ± 15.88 (30–60 years). Statistically significant reduction in functionality, $z = -7.190$, $P < 0.001$, with the median score decreased from baseline (mean difference [Md] = 36) to follow-up (Md = 32). Symptom burden had significantly increased, $z = -5.224$, $P < 0.001$, with the median score increased from baseline (Md = 17) to follow-up (Md = 26). Significant reduction in anxiety, $z = -3.394$, $P < 0.001$, and depression, $z = -3.223$, $P < 0.001$, with the median score decreased from baseline (Md = 5) to follow-up (Md = 4) for both. There was a significant decrease in caregiver burden from baseline (mean [M] = 29.44, standard deviation [SD] = 13.738) to follow-up (M = 25.62, SD = 10.908), $t(76) = 3.728$, $P < 0.001$. A strong, negative correlation between functionality and depression, $r = -0.225$, $n = 77$, $P < 0.001$, with high levels of depression associated with high levels of functionality was obtained. No significant relationship between functionality and anxiety was found.

Conclusion: The complex interplay between psychosocial and illness-specific factors throughout illness has considerable implications for well-being and life quality. Recognising such factors is essential when designing interventions to promote adjustment and self-management among patients and caregivers.

Keywords: Functionality, Depression, Anxiety, Caregiver burden, Amyotrophic lateral sclerosis.

28. Swathi Nayak

Factors Affecting Distress Level and Health Suffering in Palliative Oncology Patients

Swathi Nayak Ammunje[1], S. Elstin Anbu Raj[2], V. Rajesh[2], Naveen Salins[3]

[1]Department of Nephrology, Kasturba Medical College, Manipal Academy of Higher Education, [2]Department of Pharmacy Practice, Manipal College of Pharmaceutical Sciences, Manipal Academy of Higher Education, [3]Department of Palliative Medicine and Supportive Care, Kastruba Medical College, Manipal Academy of Higher Education, Manipal, Karnataka, India.
E-mail: swathi.kmcmpl2023@learner.manipal.edu,
elstin.anbu@learner.manipal.edu, rajesh.v@manipal.edu,
naveen.salins@manipal.edu

Introduction: Distress is considered a key predictor in cancer patients, but if this is unmet, it could lead to poor outcomes such as a decrease in quality of life, morbidity, and functional impairment.

Aim: This study aimed to identify the factors affecting distress levels and health suffering in palliative oncology patients.

Methodology: A cross-sectional study for a period of 6 months, including patients with 7–80 years suffering from severe disease in the palliative phase and willing to participate in the study, was conducted. The patients with severe mental illness, altered sensorium, breakthrough pain, and not willing to participate in the study were excluded from the study. The National Comprehensive Cancer Network Distress Thermometer and NCG-SHS tool were utilised to identify the distress of health suffering, respectively. $P < 0.05$ was considered significant throughout the study. All the statistical analysis was carried out using Jamovi 2.3.

Results: A total of 240 patients were included in the study including male (64.6%) and (35.4%) female (85.4%). The mean age was 56 ± 14.1 years, with an average length of stay of 6 days. The average DT score was noted to be 5.94 ± 2.21. In serious health-related suffering, majority of them reported physical domain score of one 146 (60.8%), emotional domain 113 (47.1%) and only 79 (32.91%) were positive on screening for serious health-related suffering.

Conclusion: Future studies targeting the screening of distress and factors affecting distress at each patient's visit should be studied.

29. Jagdish Prajapat

Comprehensive Insights into Home-Based Palliative Care: A 2-Year Study in Jodhpur, Rajasthan

Manoj Kamal[1], Jagdish[2], S. Srikanth[3], Meenu Yadav[2], Bharat Paliwal[1], Jyotirmay Dhenwal[2], Rashi[4], Mansukh[5], Rekha Gehlot[5], Suman Kanwar[6], Manshi Kumari[7]

Departments of [1]Anaesthesia and Critical care, [2]Nursing, [3]Community and Family Medicine, [4]Medical, [5]Palliative Care, [6]Physiotherapy, [7]Social Worker, All India Institution of Medical Science, Jodhpur, Rajasthan, India.
E-mail: jagdishprajapat80@gmail.com

Introduction: The home-based palliative care programme in Jodhpur, Rajasthan, India, is recognised for its delivery of medical and social support to patients confronting terminal illnesses and long-term care needs. Despite commendation, a knowledge gap persists regarding patient characteristics, caregiver involvement, and programme performance. This study aims to fill this gap by scrutinising patient demographics and diagnosis from September 2021 to August 2023, emphasising a holistic management approach encompassing physical, psychosocial and spiritual support.

Aim: This study seeks to profile patients, assess care services, examine patient outcomes, explore caregiver involvement, evaluate support services, and compare program performance between the 1st and 2nd years.

Methods: Conducted at the Pain and Palliative Care Clinic in Jodhpur, Rajasthan, this descriptive study utilised data from patient case records spanning September 2021 to August 2023.

Results: In the 1st year, all registered patients had cancer, with a mean age of approximately 56.21 and a standard deviation of 11.54. The median home visits per patient were 2. Post-enrolment, 85% passed away, 7.5% continued active care and 7.5% opted out. Social support was given to 10% and 4% received spiritual support. In the 2nd year, 96.5% had cancer, while 3.5% had non-cancer diagnoses. The median home visits increased to 4.84, with a mean patient age of approximately 47.43 and a standard deviation of 13.61. Post-enrolment, 61% passed away, 39% continued active care and none opted out. Social/financial support extended to 35%, and 12% received spiritual support. Notably, 99% had caregivers at home, with 55% female and 44% male.

Conclusion: This study offers a comprehensive overview of patient profiles and holistic management in Jodhpur's home-based palliative care program, emphasising the significance of addressing multifaceted dimensions in palliative care.

30. K. S. Sunitha

Prevalence and Characteristics of Collusion among Patients with Advanced Cancer in a Hospice in Urban India

K. S. Sunitha [1], Michelle Normen[1], Mithili Sherigar[1], Seema R. Rao[1]

[1]Bangalore Hospice Trust, Karunashraya, Bengaluru, Karnataka, India.
E-mail: sunihta.ks@karunashraya.org.in

Background: Collusion is frequently encountered in palliative care in India, with a prevalence ranging from 30 to 70%. The majority of these studies have been done in hospital settings. This study aims to assess the prevalence and characteristics of collusion among patients with advanced cancer in a hospice.

Methodology: A cross-sectional observational study was conducted among 53 patients with advanced-stage cancer admitted to a hospice between July 2023 and November 2023. The patients and their caregivers were interviewed separately using a semi-structured questionnaire within 48–72 hours of admission into the hospice to explore their understanding of the diagnosis, treatment, and prognosis. Statistical analysis was done using Jamovi 2.3.21.

Results: The estimated prevalence of collusion was 71.7% (n = 38). Around 28.3% (n = 15) were unaware of their diagnosis, exhibiting complete collusion. Among people who had collusion, 57.9% (n = 22) were male, 55.3% (n = 21) were over the age of 65, and 60.5% (n = 23) had a duration of diagnosis of <6 months. Around 78.9% (n = 30) of patients wanted to know the diagnosis and prognosis. Among caregivers, 65.7% (n = 25) did not want to reveal the diagnosis or prognosis to the patient. The most common reason, 44.7% (n = 17), for collusion was fear of the patient losing hope.

Conclusion: This study highlights the existence of collusion in patients nearing the end of life in hospice settings and also emphasises the need for honest communication about diagnosis and prognosis with the patient.

Keywords: Collusion, Palliative care, Hospice.

PRESENTATION PREFERENCE: ORAL

31. Angelin Augustine

Socioeconomic Profile and Security among Home-Based Palliative Care Recipients in Kerala, India – A Retrospective Analysis

Shreyas Patil[1], Parth Sharma[1,2], Deepak Sudhakaran[3], Angel Augustine[3], Siddhesh Zadey[1,4,5,6,7]

[1]Association for Socially Applicable Research, Pune, Maharashtra, [2]Department of Community Medicine, Maulana Azad Medical College, New Delhi, [3]Trivandrum Institute of Palliative Sciences, Pallium India, Trivandrum, Kerala, India, [4]Department of Epidemiology, Mailman School of Public Health, Columbia University, New York, [5]GEMINI Research Center, Duke University School of Medicine, Durham, North Carolina, United States, [6]Dr. D. Y. Patil Medical College, Hospital and Research Centre, [7]Dr. D. Y. Patil Vidyapeeth, Pimpri-Chinchwad, Maharashtra, India.
E-mail: patil19.shreyas@gmail.com, parth.sharma25@gmail.com, deepak.sudhakaran@palliumindia.org, angel.augustine@palliumindia.org

Introduction: Home-based palliative care (HBPC) is known to improve health outcomes, reduce healthcare costs, and improve access to palliative care. However, little is known about the profile and socioeconomic security of patients requiring HBPC.

Aim: This study aimed to describe the socioeconomic profile and security among HBPC recipients in Kerala, India.

Methods: A retrospective analysis of data from 281 patients receiving HBPC was done using their health records maintained by Pallium India. Data on characteristics related to socioeconomic profile were extracted and analysed using the Statistical Package for the Social Sciences version 23.0.

Results: Mean (Standard deviation) age was 63.6 (16.6) years. About 54.4% were female, and the median Interquartile range (IQR) family size was 10 (8). About 25.5% were receiving HBPC for cancer. About 81.1% had their own house, and 72.2% resided in a rural area. Debts were reported by 30.2%, with a median (IQR) debt of INR 100,000 (22,500–200,000), and the most common reason for debt was health-related. About 5.5% of patients had no breadwinner in the family, 65.1% were availing of pension, and 6% were receiving support from another organisation. About 7.8% and 60.9% of patients could not afford food and medicines, respectively. A family member lost employment in 2.5% of families and discontinued education in 2.5% due to the patient's illness.

Conclusion: Health was the major cause of debt with many recipients unable to afford medicines. Further, strengthening of social and economic security measures is needed to safeguard this vulnerable population.

32. Japhia David

The Ovarian Granulosa Cell Tumours – A Retrospective Survival Outcome and Quality of Life Analysis

Dr. Japhia David

Department of Gynaecological Oncology, The Gujarat Cancer and Research Institute, Ahmedabad, Gujarat, India.
E-mail: japhia29@gmail.com

Introduction: Granulosa cell tumours represent a rare subset of ovarian malignancies, constituting 2–5% of all ovarian malignancies. There are two definite subtypes, namely, the adult and the juvenile type, with the adult type being the majority up to 95%. This tumour has a unique behaviour with a good prognosis in earlier stages and an indolent recurrence pattern.

Aim: This study aims to analyse the survival outcome and quality of life (QOL) in patients with adult granulosa cell tumours treated at our institute.

Methods: This is a retrospective observational study of 21 patients with a proven diagnosis of granulosa cell tumour from January 2010 to December 2019. Data were collected from patients' records. The survival analysis was done using the Kaplan–Meier method. The QOL was assessed using questions extracted from the European Organisation for Research and Treatment of Cancer QOL Questionnaire C-30 and OV28 protocol.

Results: The median follow-up was 87.5 months. Recurrence occurred in 23.8% of cases. A 5-year overall survival of 95.2% and disease-free survival of 75.6% were observed. QOL analysis revealed diverse effects of physical unappealing feelings (35%), postmenopausal symptoms (53%), apprehension about future health (23.5%), and interference with family life (29.4%). A satisfactory sexual life was reported in 11.5%.

Conclusion: Granulosa cell tumours exhibit positive survival outcomes. However, it has an impact on the QOL of the patients, hence necessitating a QOL -centric approach of follow-up and surveillance.

33. Sai Sowmya

Is It Better to Know? Association between Collusion and Psychological Issues in Cancer Patients

Pulluri Sai Sowmya[1], Kaduhole Shubha Pai[2], Praveen Kumar Kodisharapu[1], Praneeth Suvvari[1]

Departments of [1]Pain and Palliative Medicine, [2]Psychology, Basavatarakam Indo-American Cancer Hospital and Research Institute, Hyderabad, Telangana, India.
E-mail: pullurisai22@gmail.com, praneethsuv@gmail.com, drprawin78@gmail.com, shubhapaioff@gmail.com

Introduction: Collusion is commonly observed in cancer patients and their family members as an attempt to shield their loved ones from distress caused by the truth about disease status. This often leads to a prolonged state of denial, complicated grief, increased behavioural changes in the patient, and also serious psychiatric issues such as depression and anxiety. Depression and anxiety are prevalent in most cancer patients, and the presence of collusion might aggravate these symptoms, thus increasing the symptom burden. Palliative physicians are trained and encouraged to break collusion to address symptoms holistically.

Aim: We aim to see the prevalence of depression and anxiety in cancer patients with and without collusion.

Methodology: This is a prospective cohort study involving (n =) participants who were diagnosed with cancer. The participants were randomly selected, and information regarding the presence of collusion was collected using a semi-structured interview. The Patient Health Questionnaire (PHQ)-4 questionnaire was used to screen for depression and anxiety among the participants with and without collusion. Post-screening, PHQ-9, and GAD-7 scales were used to assess depression and anxiety, respectively.

Results: To date, ten patients with and ten patients without collusion are screened with PHQ-4. Results are yet to be compiled.

Conclusion: Our analysis is still ongoing. However, early results have shown that the prevalence of depression and anxiety was higher in patients with collusion, and addressing collusion decreased psychological distress in cancer patients.

34. Dean George

Embracing Challenges: Exploring Resilience, Perceived Stress and Meaning in Lives of Caregivers of Terminally Ill Individuals

Dean George[1], Y. V. Prathyusha[1]

[1]Department of Hospice Psychology, Sparsh Hospice, Next to Oakridge Int’l School, Hyderabad, Telangana, India.
E-mail: deangeorge012@gmail.com, prathyushapsychology@gmail.com

Introduction: In the face of terminal illness, caregivers deal with considerable stress and profound existential questions, relying on their resilience skills to navigate these challenges. Recognising the challenges in end-of-life care and the interplay of factors, the study explores their impact on caregivers’ resilience in demanding contexts.

Aim: This study aims to explore the relationship between perceived stress, meaning in life, and resilience among caregivers of terminally ill patients.

Methods: A correlational study was used to identify the relationship between perceived stress, meaning in life, and resilience of caregivers of terminally ill patients (n = 100). The study employed a purposive sampling technique to select the participants. Standardised scales, including the Meaning in Life Questionnaire, Brief Resilience Scale, and Perceived Stress Scale, were administered to a diverse sample of caregivers. The obtained data were scored and statistically analysed using the Statistical Package for the Social Sciences software.

Results: Preliminary analyses reveal significant correlations between resilience, meaning in life, and perceived stress levels among caregivers. Higher levels of resilience are associated with lower perceived stress, while a stronger sense of meaning in life corresponds to increased resilience. The findings underscore the complex interplay between psychological resilience, meaning in life, and perceived stress in caregivers of terminally ill patients.

Conclusion: The study contributes to the empirical understanding of the psychosocial and spiritual dynamics within the caregiving context, offering insights to shape both research and practical strategies in supporting those delivering end-of-life care.

35. Dr V. Kamalakar Rao

Early Integration of Palliative Care in Intensive Care Unit

V. Kamalakar Rao[1]

[1]Department of Palliative Care, Sparsh Hospice, Next to Oakridge Int’l School, Hyderabad, Telangana, India.
E-mail: vujjinikamal@gmail.com

Introduction: Emphasising the critical need for early integration of palliative care in the Intensive care unit (ICU): An observational study on cerebrovascular accident (CVA) patients with tracheostomy admitted in hospice.

Aim: This study aimed to assess the outcomes of ICU interventions, the emotional and financial burdens placed on families, and the ethical considerations surrounding EOLC for this patient population.

Methods: This study presents findings from an observational study conducted on CVA patients who underwent tracheostomy got admitted to hospice and explores the implications of futile ICU interventions on patients and their families and assesses the outcomes of these interventions, the emotional and financial burdens placed on families and the ethical considerations surrounding EOLC for this patient population. Although CVA often leads to severe neurological deficits and necessitates tracheostomy for prolonged mechanics, the ICU interventions sometimes prove to be futile, raising questions about the appropriateness of aggressive treatment in end-of-life scenarios. This shows the need for early integration of palliative care in ICU to improve communication and decision-making processes, with a focus on shared decision-making involving patients and their families. Ethical frameworks for guiding EOLC decisions should be established to alleviate the burdens placed on both patients and families.

Results: It showcases the challenges faced by CVA patients and their families in navigating complex medical decisions and the need for improved decision-making processes in the ICU.

Conclusion: This study was to emphasise the importance of shared decision-making in the ICU, in line with the patient’s values and preferences, ensuring their dignity and comfort in the face of life-limiting conditions.

36. Manisha Rattan

Conquering Pain: Working Toward Strengthening the Domains of Palliative Care in a Tertiary Care Hospital in New Delhi

Manisha Rattan[1], Saipriya Tewari[1], Reshma Mohan[1]

[1]Human Care Medical Charitable Trust, Manipal Hospital Dwarka,
New Delhi, Delhi, India.
E-mail: hic.nurse@manipalhospitals.com, saipriya.tewari@manipalhospitals.com, pain.nurse@manipalhospitals.com

Aim: In this project, we aimed to achieve 100% correct pain monitoring of all admitted patients in the hospital, streamline better escalation processes to the pain management team and ensure the implementation of all domains of palliative care.

Methods: This study was as follows: (1) Study design: Clinical Audit. (2) Audit Standards: 100% correct pain monitoring, which includes assessment and documentation in the digital hospital information system. (3) Audit tools: (a) Pain Audit tool – for assessing the correlation of the actual pain score of patients and the scores entered in the HIS. (b) Pain Survey – for assessing nursing knowledge about pain monitoring. (4) Pre-study stage: June–July 2022. (5) Implementation: August–December 2022. (6) Study period: January–March 2023. (7) Sample size: 960. (8) Inclusion: All adult patients admitted to the hospital. (9) Exclusion: Paediatric patients, patients in ICU on a ventilator, and patients in active labour.

Results: In our 250-bedded hospital, a pain assessment audit was conducted on 156 patients by selected team members. In the pre-study stage, only 52.8% compliance with pain monitoring was observed. A number of interventions were then incorporated, including (a) Assigning a pain management team. (b) Assigning a pain nurse and designating her as the common point for escalation of all pain scores >7. (c) Message trigger to the pain management team through *trakcare* (HIS). (d) Train the trainer program, followed by identification of Pain Champions. (e) Pain Assessment Cards. (f) Regular appreciation and motivation for good teamwork. (g) Patient counselling and education. The quantifiable benefits of these improvements are as follows: (a) Better compliance with pain monitoring (increased from 52.8% to 98.6%). (b) Better patient satisfaction scores and patient feedback on pain management during hospital stays were improved from 57.5% to 84.9%. (c) The TAT (within 30 min) for pain medication administration after escalation was improved from 63.8% to 89.9%.

Conclusion: Well-implemented pain program can result in identifying pain early, managing it optimally, and monitoring it closely by re-assessment until completely resolved.

37. Stella Timung

Who has to Decide about the Quality of Life of Patient's Psychological and Spiritual Issues at the End of Life?

Alice Stella Verginia[1]

[1]Department of Palliative Care, National Faculty, Kozhikode, Kerala, India.
E-mail: stellatimung@yahoo.in

Introduction: The psychological and spiritual assessment of the quality of life of patients at the end of life is essential to understand whether their issues were met or unmet. Many times, physical problems are addressed well, but patient's psychological and spiritual problems are not addressed properly. This, in turn, gives the patient and family members a lot of pain during death and after death of the patient to the families.

Aim: The aim is to assess the patient's psychological and spiritual issues and evaluate and follow up after the death of the patient about the issues.

Methods: Here, I used communication as a simple method and felt as the best method. During the terminal phase, when the patients were conscious, they shared about their issues. I did not use any other scales or tools for assessment.

Results: The result was that all my ten patients died, and their issues were not met. So here now, who can decide the quality of life of these patients, other than physical? Family members were distressed and always shared about the issues that they were not able to fulfil.

Conclusion: Quality of life in all palliative care is important, and that needs to be addressed before death and after the death of the patient with the family. Some issues cannot be resolved, but we can listen to the families and communicate to them why it happened.

38. Dr. Hashmath Farhaana

To implement the application of a complicated bereavement risk assessment tool to assess bereaved caregivers of telehealth patients

S. Hashmath Farhaana[1], M. M. Sunil Kumar[1]

[1]Pallium India Trust, Trivandrum, Kerala, India.
E-mail: fathrul2205@gmail.com

Introduction: Bereavement (BE) support is an important aspect of palliative care (PC). In general, BE home visits are regularly done in a PC setting. When a patient's family is far away or in pandemics like COVID, visiting them in the comfort of their home becomes difficult, and hence, the application of CBRAT through phone calls is helpful.

Aim: This study aimed to implement the application of CBRAT and adhere to its usage in a Telehealth setting to assess bereaved caregivers over the phone.

Methods: A retrospective cohort study was used for the initial assessment of patients who passed away from June 2021 to February 2022 coming under the helpline registrations of telehealth and also to see if CBRAT was used previously for assessment as it was implemented in the hospital's BE support policy. The intervention was introduced, like sensitisation to organisation's BE support policy, the importance of BE support, and its assessment to the telehealth team. A reassessment was done in March 2022 to ensure that CBRAT was employed for the BE assessment.

Results: In the span of 9 months, around 22 (38%) received BE support calls from the PC facility out of 58 deceased patients. Nevertheless, none of the patients had BE calls documented as per CBRAT. Reassessment in March 2022 showed adherence to CBRAT with proper documentation, and prompt action was taken for high-risk caregivers.

Conclusion: BE assessment is not difficult if we consciously apply and are periodically guided by a risk assessment tool. Application of CBRAT for phone call BE assessment is comparatively easy and replicable.

39. Dr. Dipali Bhatt

Exploring the Temporal Landscape of Palliative Care: Analysing the Duration from Initial Outpatient Visit to End of Life in Tertiary Care Institute from Gujarat

Dipali Bhatt[1], Dinesh Kumar[1], Rekha Macwan[2]

[1]Department of Community Medicine, Pramukhswami Medical College,
[2]Department of Palliative Care, Shree Krishna Hospital, Karamsad, Gujarat, India.
E-mail: dipalibhatt40@gmail.com, drdineshkl@charutarhealth.org, rekhasm@charutarhealth.org

Introduction: Palliative care, a specialised medical approach focused on enhancing the quality of life for individuals facing life-limiting illnesses, has become an integral component of comprehensive healthcare. A comprehensive analysis of the median duration of these services remains an underexplored area with potential implications for optimising care delivery models.

Aim: This study aimed to analyse the time duration between the first visit to the palliative care outpatient department (OPD) to end-of-life care.

Methods: This is a retrospective analysis of case records from July 2016 to October 2022 from Palliative care OPD at the Tertiary care centre in Karamsad, Gujarat. The duration of such treatment was recorded in days. Apart from patient demographics, the diagnosis, the duration between the first visit to Palliative care OPD and Death, the place of death, and whether the patient was on strong opioids or not was captured. The date of the first visit to OPD and Date of Death were used to calculate the time duration for the utility of palliative care services. Analysis was performed by using Epi Info 7 and MedCalc.

Results: A total of 1107 case records were evaluated. Seventy-five had inadequate treatment details. Hence, 1032 records were analysed. Among 1032 cases, the majority of cases were recorded as ca oral cavity (33.43%), ca lung (11.05%) and ca Breast (8.91%). The median time from the first visit to palliative care OPD and death was 52 days (95% confidence interval 47.000–57.9745). The range of the time interval was 0–942 days, but the majority of cases had an average time of 90 days for palliative care services before the death. Osteosarcoma (103 days) and Ca Parotid Gland (85.5) patients had the longest median time duration. Most patients died at home (94.38%). Patients receiving palliative care preferred the home as a place of death.

Conclusion: Determining the median duration of palliative care is essential for understanding the typical length of support provided to patients. An average of 3 months is available for palliative care services to promote a more informed and compassionate approach to end-of-life care.

Keywords: End-of-life care, Early palliative care, Place of death, Duration of palliative care.

40. Dr. Aswathi Praveen

Preferences of Antibiotic Therapy and Outcomes of Patients Admitted with Sepsis in an Acute Palliative Care Setting in a Tertiary Cancer Care Centre: A Retrospective Audit

Aswathi Praveen[1], Krithika S. Rao[1], S. Gayatri[1],
Anuja Damani, Naveen Salins[1]

[1]Department of Palliative Medicine and Supportive Care, Kasturba Medical College, Manipal Academy of Higher Education, Manipal, Karnataka, India.
E-mail: achu241292@gmail.com

Introduction: Sepsis, an organ dysfunction from infection-triggered host response, poses threats, particularly for cancer patients. The benefit of antibiotics in patients with advanced cancer has been controversial, with many receiving antibiotics in the days before death. In palliative care settings, the rate of antibiotic use varies from 4 to 84%. A study conducted in the palliative care unit revealed nosocomial infections in 74.3% of cases, where 92.0% were prescribed antibiotics. The mean duration of antibiotic use was 23.1 ± 18.06 days. Antibiotic use in onco-palliative care settings lacks clarity, with undefined criteria and prolonged durations.

Aim: The aims of this study were as follows: (1) To determine optimal antibiotic therapy for sepsis management in acute palliative care settings. (2) To assess the impact of sepsis management on hospitalisation duration and discharge status.

Methods: Medical records data from January 2021 to December 2021 with hospital approval analysed using descriptive statistics.

Results: In a cohort of 56 sepsis patients (8.9% young adults, 37.5% middle-aged, and 53.5% elderly), initial empirical antibiotics, mainly beta-lactams and lincosamides, aimed at broad-spectrum coverage. Cephalosporins and aminoglycosides were subsequent choices to support gram-negative bacteria coverage. After culture reports, adjustments favoured targeted options such as carbapenems and glycopeptides. Uncommonly used antibiotics included macrolides, nitroimidazoles, fluoroquinolones, and antifungals. Hospital stays for antibiotic optimisation were brief: 50% up to 7 days, 28.5% 7–10 days, and rarely (21.4%) over 10 days. Optimal therapy yielded positive outcomes, with 80.3% discharged successfully with regular follow-up, while 19.6% succumbed to severe sepsis.

Conclusion: Sepsis prognosis improves with timely identification and management. This study underscores personalised, goal-aligned antibiotic protocols for optimal outcomes.

41. Dr. S. Gayatri

Examining Incidence, Infection Sources and Causative Organisms in Cancer Patients: A Retrospective Audit in Acute Palliative Care Setting

S. Gayatri[1], Krithika S. Rao[1], Aswathi Praveen[1],
Anuja Damani[1], Naveen Salins[1]

[1]Department of Palliative Medicine and Supportive Care, Kasturba Medical College, Manipal Academy of Higher Education, Manipal, Karnataka, India.
E-mail: gaya3mrpl@gmail.com

Introduction: Sepsis, a life-threatening organ dysfunction resulting from a dysregulated response to infection, had an estimated 48.9 million cases globally in 2017. Pneumonia, often preceding urinary tract and intra-abdominal infections, accounts for almost half of cases. The infection site influences outcomes. Bacteria, especially *Staphylococcus aureus* and *Streptococcus pneumoniae* (Gram-positive), alongside *Escherichia coli*, *Klebsiella* species, and *Pseudomonas aeruginosa* (Gram-negative), are common pathogens. Sepsis caused by viruses is globally underdiagnosed. Research on sepsis incidence, infection sources, and causative organisms in acute palliative care settings is lacking in the Indian population.

Aim: The aim of this study was as follows: (1) To identify the incidence of sepsis among patients with cancer admitted in an acute palliative care setting at a tertiary hospital.

Objectives: The objectives of this study were as follows: (1) To identify sources of sepsis. (2) To identify the causative organisms for sepsis.

Methods: Medical records data from January 2021 to December 2021, with hospital approval, were analysed using descriptive statistics.

Results: Among 182 acute palliative care admissions, 40% were for sepsis, with 8.2% young adults, 38.3% middle-aged and 53.42% elderly. Diagnoses included 27.3% head-and-neck cancers, 23.2% gastrointestinal, and 20.5% genitourinary malignancies. Respiratory issues caused 31% of sepsis cases, urosepsis 27.6%, skin problems 17.1%, and gastrointestinal issues 7%. Unspecified and dual sources were 5%, and pelvic origin 1%. Cultures isolated in 37% revealed Gram-negative bacilli as the most common, followed by Gram-positive coccus and fungi, with viral isolates least prevalent.

Conclusion: Recognising sepsis promptly in acute palliative care is vital, optimising treatment for improved patient outcomes in these critical settings.

42. Dr. Deepak Sudhakaran

A Framework for Palliative Care Services in a Community-Based Care Programme

Deepak Sudhakaran[1]

[1]Pallium India, Trivandrum, Kerala, India.
E-mail: deepak.sudhakaran@palliumindia.org

Introduction: Addressing the multidimensional needs of individuals with life-limiting illnesses requires a thoughtful integration of governmental and non-governmental resources. The delineation of responsibilities between private palliative care facilities and locally available resources, such as non-governmental organisations, volunteer groups, self-help groups, private services, philanthropic endeavours, and governmental facilities, lacks clarity. At present, there is a notable absence of a guidance framework for establishing a self-sustaining and comprehensive community-based palliative care organisation.

Aim: This study aimed to develop a framework for palliative care service provision tailored to community-based private organisations.

Methods: A modified Delphi research method was employed, convening relevant stakeholders from Pallium India, including doctors, nurses, social workers, community health volunteers, and administrative representatives. Multiple rounds of discussions were conducted, and the outcomes were meticulously reviewed and refined by subject matter experts before being implemented as an organisational policy.

Results: The study culminated in the creation of a comprehensive framework delineating pathways for providing palliative care to individuals facing life-limiting illnesses. This framework caters to both current and future palliative care needs, emphasising the utilisation of locally available resources to address patient-identified requirements.

Conclusion: While community-based palliative care facilities exist, the absence of a pertinent service provision framework hampers their efficacy. The newly developed framework, derived through collaborative efforts and expert input, serves as a valuable guide for initiating and sustaining holistic community-based palliative care services. Its implementation can significantly contribute to enhancing the quality and scope of palliative care in community settings.

43. Amirtha Thampi

Antibiotic Stewardship in Indian Palliative Care: A Single-Centre Retrospective Study

David Thomas[1,2], Vijayvardhan Kamalumpundi[3], Amirtha Thampi[4], Kashelle Lockman[5], Mary B. Carter[1], Navjyot Vidwan[1], Ann Broderick[3,6]

[1]University of Louisville, School of Medicine, Louisville, Kentucky, [2]Department of Medicine, University of Minnesota, Minneapolis, Minnesota, [3]Roy J. and Lucille A. Carver College of Medicine, Iowa City, Iowa, [4]Pallium India, Thiruvananthapuram, Kerala, India, [5]University of Iowa, College of Pharmacy, [6]Iowa City VA Medical Center, Iowa City, Iowa, United States.
E-mail: amirtha@palliumindia.org

Introduction: Antibiotic stewardship (AS): This study was to measure and improve how antibiotics are prescribed by clinicians and used by patients. AS within palliative care is a global challenge. Yet, little has been explored regarding the utility of AS programmes within Indian palliative care.

Aim: This study aimed to characterise antibiotic prescribing at a palliative care centre after the initiation of the Antibiotic Order Form (AOF): An AS program involving a paper form to track antibiotic use and to provide prescription guidelines.

Methods: Antibiotic prescription data and patient data were collected for adult patients treated at a palliative care centre between 1 January 2017 and 31 October 2019. Descriptive statistics and a Zero-Inflated Poisson regression model were used to analyse antibiotic prescriptions. AOF completion and prescription concordance with institutional guidelines were evaluated.

Results: Out of 7450 unique patients, 675 (9%) were prescribed 1448 antibiotics. Age was the strongest factor in determining the number of antibiotic courses, with each additional year of age decreasing the expected antibiotic prescription count by 2% per year. The most prescribed antibiotics were metronidazole (44%) and penicillins (29%). About 5% of patients were prescribed antibiotics within the final month of life. In total, 32% of antibiotic prescriptions were documented in AOFs, and 18% were concordant with all institutional antibiotic prescribing guidelines.

Conclusion: This retrospective study provides a benchmark of antibiotic use within Indian palliative care and highlights areas for future stewardship research, including metronidazole use within palliative care and higher rates of antibiotic use among younger palliative care patients.

44. Dr. D. Arjun

Implementation of Speciality Palliative Care Services in a Private Tertiary Care Hospital

D. Arjun[1]

[1]Pallium India, Thiruvananthapuram, Kerala, India.
E-mail: arjun.devarajan@palliumindia.org

Introduction: A proportion of emergency intensive care admissions doubled within the last decade. The need for palliative care competencies in such settings shows marked improvement in healthcare costs, patient-provider conflicts, symptom management, duration of hospital stay, re-admissions, quality-of-life, and end-of-life care.

Aim: This study aimed to demonstrate the implementation of speciality palliative care services in a tertiary setting by an established Palliative Care Centre (PCC).

Methods: Stage 1 includes handholding of the tertiary setting by PCC to provide palliative care services through trained medical personal on a daily basis in the intensive care unit, in-patient and out-patient, telehealth, and homecare services and sensitize, demonstrate, and educate the tertiary facility. In stage 2, the tertiary setting employs its team of trained personnel, runs its independent department of palliative medicine, and is supported by PCC's consultants, telehealth, and homecare services. PCC also facilitated and guided in securing RMI license-availed oral morphine in the hospital.

Results: Palliative care consultations started after 5 days of implementation. By the end of 6 months, almost every department started identifying patients with palliative care needs and referring them for consultations. RMI license secured, assuring availability of oral morphine.

Conclusion: The tertiary facility's hospital management expressed good appreciation and understood the need for palliative care incorporation in intensive care units. PCC plans to empower the tertiary facility by establishing a trained team of palliative care providers and PCC to continue as consultants for handholding for a shorter period and later continue as advisors alone.

45. Dr. Shree Kant Dadheech

Lower Limb Lymphedema in Carcinoma Cervix Post Treatment

Shree Kant Dadheech[1], Kaustubh Burde[1], Pariseema Dave[1]

[1]Department of Gynecological Oncology, Gujarat Cancer and Research

Institute, Ahmedabad, Gujarat, India.
E-mail: dr.shrikant22@gmail.com

Introduction: Lower limb lymphedema is a frequent complication post-treatment for cervical cancer. Understanding the risk factors for this is of great significance in clinical outcomes and to reduce the morbidity of cervical cancer patients.

Aim: This study aimed to understand the impact of treatment and pre-existing risk factors associated with lower-limb lymphedema in carcinoma cervix post-treatment.

Methods: This was a retrospective observational study.

Study Population: Patients of carcinoma cervix who have completed their primary treatment in the form of surgery followed by adjuvant Radiotherapy/CCRT Concurrent Chemo-Radiotherapy ± Brachytherapy.

Sample size: The sample size was 100.

Objectives: The objectives of the study were to incidence of lymphedema in carcinoma cervix post-treatment. Association of treatment modality with lower-limb lymphedema. Impact of BMI and Stage on development of lower-limb lymphedema post-treatment

Results: The incidence of post-treatment lower extremity lymphedema in cervical cancer was 15% in the present study. The incidence of lymphedema was highest in the first 6 months after the completion of treatment (86.6% at 6 months). Risk factors showing a positive correlation for lymphedema mainly were age (odds ratio [OR] = 1.044), FIGO stage (OR = 1.300), and radiotherapy (OR = 1.031), whereas BMI, grade, and histopathology failed to show any positive correlation.

Conclusion: Lower extremity lymphedema in cervical cancer post-treatment showed an association with age, FIGO stage, and radiotherapy. However, they failed to reach significance in the present study. Further studies need to be undertaken to determine significant risk factors for post-treatment lower extremity lymphedema to enable us to decrease morbidity.

46. Prathyusha

Exploring the Interplay between Caregiver Satisfaction and Caregiver Stress in Terminally Ill Scenarios

Y. V. Prathyusha[1], Dean George[1]

[1]Department of Hospice Psychology, Sparsh Hospice, Next to Oakridge Int'l School, Hyderabad, Telangana, India.
E-mail: prathyushapsychology@gmail.com, deangeorge012@gmail.com

Introduction: Families of terminally ill patients bear significant stress of expectations concerning the well-being and comfort of their loved ones, even in the absence of curative interventions. Hence, satisfaction with the care during the end of life is crucial for a better quality of life as well as closure for caregivers.

Aim: The purpose of the study is to explore the relationship between caregiver satisfaction and stress in the context of terminal illness.

Methods: A correlational study was used to identify the relationship between caregiver satisfaction and stress during the care of the terminally ill. A purposive sampling technique was used to select participants for the study (n = 100). The scales administered to the participants were the Kingston caregiver stress scale and Family Satisfaction with End-of-Life Care (FAMCARE-2) tool. The obtained data were scored and statistically analysed using the Statistical Package for the Social Sciences software.

Results: The findings reveal positive correlations were observed between higher levels of satisfaction and lower perceived stress, emphasising the importance of various support structures. The study also examines variations in these relationships based on caregiver demographics and the nature of caregiving responsibilities.

Conclusion: The implications of the study's results are discussed in the context of developing targeted interventions to alleviate caregiver stress and enhance satisfaction in terms of health professionals' care to the patients. Insight into the factors influencing these aspects provides a foundation for healthcare professionals to tailor support mechanisms effectively. The study contributes valuable knowledge to the field, offering a nuanced understanding of the dynamics between satisfaction and stress in the challenging environment of caregiving for terminally ill patients.

47. Dr. Nitin Pandey

Assessment of Nutritional Status in Cancer Patients Using Patient-Generated Subjective Global Assessment Form

Nitin Pandey[1], Varun Yadav[1], Ravi Umrania[1]. Priti Sanghavi[1]

[1]Department of Palliative Medicine, Gujarat Cancer and Research Institute, Ahmedabad, Gujarat, India.
E-mail: nneiloo918@gmail.com

Introduction: Cancer patients are particularly susceptible to nutritional depletion due to the physical and metabolic effects of cancer, as well as anticancer therapies. Compromised nutritional status can adversely impact both the quantity and quality of survival and survivorship. Therefore, it is crucial to detect and treat malnutrition as soon as possible. The incidence of malnutrition among cancer patients ranges between 40% and 80%.

Aim: The purpose of this study was to evaluate cancer patient's nutritional health and to stratify the nutritional status of patients using a Patient-Generated Subjective Global Assessment (PG-SGA) form.

Methods: This was an observational and cross-sectional study done from August 2023 to September 2023. The study includes 50 patients with more the 18 years of receiving anti-cancer treatment at a tertiary cancer hospital referred to the palliative medicine department. Patient data were collected using the PG-SGA form.

Results: On assessment, 36% (18/50) of patients had moderate to severe malnutrition, 28% (14/50) patients had severe malnutrition, and while remaining patients were classified as having well-nourished. Thirty-two (64%) of patients' PG-SGA score ≥9, indicating the need for improved symptom management and nutrient intervention. While 12 (24%) scored PG-SGA between 4 and 8, requiring dietician intervention. Only 6 (12%) patients scored between 2 and 3 need patient and family education.

Conclusion: PGSGA is a useful tool to identify nutrition status and causative factors of malnutrition in advanced cancer patients which help in providing adequate management of malnutrition.

48. Rontu Sangma

Implementing Palliative Care in a New Setting: A Case Study of the Palliative Care Clinical Implementation Team

Rontu Sangma, Sangeetha Suresh, V. S. Sajan, R. J. Devika, J. Sreejini, Shalini Arora Joseph, Amirtha Thampi[1], M. M. Sunil Kumar[1]
E-mail: rontu@palliumindia.org

Introduction: Only 4% of people in India have access to quality pain relief and palliative care. To address this need, various palliative care training is offered to health-care professionals. There is a growing need for a guiding team that builds up confidence post-training to operationalise a palliative care service in their own settings. This resulted in the creation of an Implementation Team.

Aim: This study aimed to show the impact of an Implementation Team by working hand-in-hand at an existing palliative care facility.

Methods: A case-study approach has been used to demonstrate the activities of the palliative care clinical implementation team. A team comprising a doctor-nurse-social worker visited the palliative care centre for a month and worked with the team to improve the quality of care being delivered. The team conducted interdisciplinary team meetings, bedside rounds, counselling sessions, awareness programs, and home visits. Home and bereavement visit teams were also equipped with an addition of one more staff, medicine distribution, and a proper way of documentation.

Results: The case study depicts how an existing palliative care facility has strengthened its service delivery through the activities of an implementation team. (1) A 4-bed dedicated palliative care ward was launched. (2) Six additional nurses and a doctor. (3) A group of volunteers was created to support the palliative care facility.

Conclusion: With hand-holding support, a new palliative care team can operationalise a palliative care unit with more confidence and better quality of care with proper documentation and systems in place.

49. Dr. V. Divya Sai

Analysing Palliative Care Integration in Haemato-Oncology: A Retrospective Study Based on Comparison between Patients Diagnosed with Haematologic Versus Solid Organ Malignancy

V. Divya Sai[1], Praneeth Suvvari[2], Praveen Kumar[2],
Rohan Tewani[1], Baanth Kumar Rayani,
Pavan Kumar Boyela[1]

Departments of [1]Palliative Medicine and [2]Onco Anaesthesia, Basavatarakam Indo American Cancer Institute, Hyderabad, Telangana, India.
E-mail: vdivyasai22@gmail.comm, praneethsuv@gmail.com, dr.prawin78@gmail.com, rohan_tewani@yahoo.com, basanthrayani@gmail.com

Introduction: The transition of palliative practices from end-of-life scenarios to integral oncology care is evident, supported by trials demonstrating 'early palliative care' advantages in advanced solid tumours.[1,2] Yet, a significant gap exists due to the exclusion of haematologic cancer in pivotal studies, hindering palliative consultation. While interest in extending benefits to hematologic malignancies grows, limited research impedes progress.[3,4] Recognising the unique needs of patients and oncologists in this context is crucial.[5] Thus, effective integration necessitates understanding diverse symptom burdens and fostering collaboration between haematologic oncologists and palliative care specialists.

Methodology: A retrospective cohort study (January–October 2023) investigated hospitalised patients with solid organ and haematological malignancies. Subsequently, a prospective pilot study is underway (November–December) for validation of the findings. Stratified random sampling was applied after the patients fitted the inclusion criteria. Results were analysed using the Statistical Package for the Social Sciences V28.

Aim: The primary aim is to examine analgesic practices in both study arms, anticipating variances in pharmacotherapy management, the duration for pain optimisation, and referral indications.

Results: Retrospective data have been enrolled with a sample size of 120 in each arm. Results are being further analysed.

Conclusion: Retrospective data have given preliminary findings indicating differences in preferences for pain relief options, changes in opioid usage, an extended period for optimising pain 8 control, and a greater requirement for palliative physician hours to achieve optimal pain management in haematological malignancies in the haematological malignancies. The prospective pilot study is ongoing to validate the findings obtained.

REFERENCES

1. LeBlanc TW, El-Jawahri A. Hemato-Oncology and Palliative Care Teams: Is it Time for an Integrated Approach to Patient Care? Curr Opin Support Palliat Care 2018;12:530-7.
2. Back AL, Park ER, Greer JA, Jackson VA, Jacobsen JC, Gallagher ER, *et al*. Clinician Roles in Early Integrated Palliative Care for Patients with Advanced Cancer: A Qualitative Study. J Palliat Med 2014;17:1244-48.
3. Erdal S, Arslan EN, Tandoruk MS. Palliative Care in Patients with Hematological Malignancies. Florence Nightingale J Nurs 2023;31 Supp 1:S59-65.
4. Nelson AM, Johnson PC, Kavanaugh AR, Jackson VA, Jagielo AD, Fenech AL, *et al*. Palliative Care for Patients Undergoing Stem Cell Transplant: Intervention Components and Supportive Care Measures. Bone Marrow Transplant 2016;56:1971-7.
5. LeBlanc TW. Addressing End-of-Life Quality Gaps in Hematologic Cancers: The Importance of Early Concurrent Palliative Care. JAMA Internal Med 2016;176:265-6.

50. Dr. Arnavi Udapure

Use of Modafinil for Symptom Management in Patients Presenting to Palliative Care Clinic – A Case Series

Arnavi Udapure[1], Anuja Damani[1], Krithika Rao[1],
Shreya Nair[1], Naveen Salins[1]

[1]Department of Palliative Medicine and Supportive Care, Kasturba Medical College, MAHE, Manipal, Karnataka, India.
E-mail: arnavi.udapure@gmail.com

Introduction: Modafinil is non-amphetamine psychostimulant that acts by inhibiting dopamine reuptake, thereby improving alertness, motivation, and mood. In palliative care (PC), Modafinil is indicated for the improvement of fatigue, low mood, and excessive daytime drowsiness.

Aim: This study aimed to review the effects of modafinil use in patients presenting to PC.

Methods: This is a case series of nine patients referred to the PC unit in a tertiary hospital from 1.1.23 to 31.8.23. All patients were commenced on T. Modafinil at 100 mg once daily at presentation for fatigue or slowed cognition, followed up on a 2-weekly (outpatient) or 3-day (inpatient) basis, and doses were titrated accordingly.

Results: Nine patients were identified. Six (66.67%) patients were geriatric and two were middle-aged adults and one was young adult. Eight (88.8%) patients had advanced cancer and one patient had vascular dementia with encephalopathy. All patients were planned for supportive care only. Five (55%) patients were seen as outpatients, four as inpatients. Five (55%) patients had one or more comorbidities. Five (55%) of patients reported cognitive slowing, three patients reported both fatigue and cognitive slowing, and one patient reported fatigue at baseline. The maximum dose used was 300 mg/day. One patient lost to follow-up. Of the eight who followed up, seven reported improvement of baseline symptoms at follow-up visits. None of the patients reported adverse effects except one patient who had restlessness and sleep disturbances at 6 months, for which the drug was tapered and discontinued.

Conclusion: Modafinil is a relatively less researched but safe and effective medication that targets multiple difficult symptoms, such as chronic fatigue and low mood, in both cancer and non-cancer settings.

51. Parvathy Asok

Facilitators and Barriers to Empowering Autonomy among Patients Referred to Palliative Care Services at a Tertiary Care Facility in India

V. Parvathy[1], Anu Abraham[1], Vibha P. Kumar[1],
Nanda C. Prem[1], Nandini Vallath[1]

[1]Department of Pain and Palliative Medicine, St. John's Medical College Hospital, Bengaluru, Karnataka, India.
E-mail: parvathyasok@gmail.com, vibhapkumar9@gmail.com, nandacprem@gmail.com, nandini.vallath@stjohns.in

Introduction: Palliative care (PC) is intrinsically person-centred care and strives to ensure that care-plans are based on preferences expressed by an informed, empowered patient. Within the sociocultural context of India and the multi-speciality care offered, the application of this principle faces several challenges. This study attempts to categorise and describe common barriers and facilitators to patient autonomy.

Aim: This study aimed to describe barriers and facilitators to empowering autonomy regarding management in PC patients in an academic tertiary care setting.

Methods: Review records of 150 patients referred to PC services yielded 60 cases where achieving patient autonomy was complex, requiring more than two sessions of communication (inclusion criteria) with patient/family. Thematic analysis of these records generated contributors that affected the progress of communication toward empowering autonomy. Using Microsoft Excel and Pareto charting, the most significant contributor-themes were derived. Processes that contributed to successful resolution under each theme were also obtained.

Results: Four main themes emerged as significantly impacting the process of enabling patient autonomy. They were as follows: (i) dominant role of family (55%), (ii) linguistic, logistical difficulties in communications (32%), (iii) decision-control preferences of patient/family (12%) and (iv) prognostic consensus building among the treating specialists (14%). Google form-based analysis helped emerge the instances of occurrence for the barriers and facilitators.

Conclusion: Multiple factors can impair informed autonomy in each patient situation. The ability to address these depends on identifying each and utilising focussed communications with specialists (evidence-based) and family (handling collusion, best and worst scenario and advance-care discussions). The details of the patient/family and facilitators will be presented in the in-person session.

52. Aparna Nanda

As needs for Palliative Care and End-of-Life Care Rise in India: The Pressing Need to Augment Caregiver Support and Bereavement Care

Aparna Nanda[1]

[1]Indian Institute of Management, Bengaluru, Karnataka, India.
E-mail: aparna.nanda@iimb.ac.in

Introduction: Palliative care is the provision of specialised medical care for people with serious illnesses; often, chronic disabling conditions require long-term care and sometimes end-of-life care such as cancer, acquired immunodeficiency syndrome also can be an alternative to termination of pregnancy when a foetus is diagnosed with a life-limiting condition. The goals are to improve the quality of life for the patient, support the caregivers and extend dignity and respect as an individual approaches the end of life. Bereavement and grief as a response to losing someone close has public health ramifications for the individual as well as for society – from prolonged grieving, stress, delinquency, drug and alcohol use, mental health or social withdrawal and loneliness, increasing the need for a sustained and holistic palliative care system. While bereavement support is integral to palliative care, it is typically insufficiently resourced, under-researched, and not systematically applied in the Indian context. The World Health Organisation's Global Report (2016) recognises that India lacks an integrated action plan for supporting palliative care.

Aim: The aim of this study is to highlight the gap in palliative and bereavement care in India and to highlight the need to make palliative and bereavement care a public health priority through this situational analysis

Methods: The study would explore globally prevalent guidelines and practices that support end-of-life care, assure dignity and respect for the life of individuals and provide support to long-term caregivers and bereavement care support to immediate families.

Results: Paper under development

Conclusion: Paper under development.

53. Dr. Aakash Hinduja

Assessment of Reasons for Non-Addressal of Collusion in Patients with Advanced Cancer and Established Futility: Experience from a Single Tertiary Cancer Centre, a Prospective Observational Study

Aakash Hinduja[1], Praneeth Suvvari[1], K. Praveen Kumar[1],
Basanth Kumar Rayani[1]

[1]Department of Pain and Palliative Medicine , Basavatarakam Indo-American Cancer Hospital, Hyderabad, Telangana, India.
E-mail: aakashhinduja05@gmail.com, praneethsuv@gmail.com, drprawin78@gmail.com, basanthrayani@gmail.com

Introduction: Collusion, in the medical context, happens when a patient's family acts with attending clinicians to conceal a life-threatening or serious illness from the patient. This usually occurs at the family's request and is the default practice in many Asian cultures.[1] Numerous Asian and European studies have shown that up to 60% of cancer patients may not be aware of their diagnoses.[2,3]

Aims: The study aims to know the causes of the failure to address collusion in patients with proven futility and advanced cancer. We also aim to assess the quality of life, compliance with medications and symptom management in these patients.

Methods: This is a prospective observational study. Patients with established futility are referred to palliative care physicians. Both in-patients and out-patients will be included in the study after obtaining consent. Caregivers are given a hand-out copy of the list with reasons for non-address of collusion and will be asked to mark at least 3–5 reasons. Patients are divided into two groups. Group A has an awareness of whom collusion is addressed, and Group B is not willing to disclose the prognosis. A comparison of quality of life was done in both groups on 3rd day through a telephonic interview with an EQ-5D scale. The study is still underway. All required permissions are taken for the use of the EQ-5D scale.

Results: The study is still underway. Results are yet to be complied.

Conclusion: Our analysis is still ongoing.

REFERENCES

1. Pang MC. Protective Truthfulness: The Chinese Way of Safeguarding Patients in Informed Treatment Decisions. J Med Ethic 1999;25:247-53.
2. Miyashita M, Hashimoto S, Kawa M, Shima Y, Kawagoe H, Hase T, *et al*. Attitudes Toward Disease and Prognosis Disclosure and Decision Making for Terminally ill Patients in Japan, Based on a Nationwide Random Sampling Survey of the General Population and Medical Practitioners. Palliat Support Care 2006;4:389-98.
3. Mitchell AJ. Reluctance to Disclose Difficult Diagnoses: A Narrative Review Comparing Communication by Psychiatrists and Oncologists. Support Care Cancer 2007;15:819-28.

54. H. M. Iqbal Bahar

Prevalence of Depression in Elderly Patients with Cancer in a Tertiary Cancer Hospital in North East India: A Descriptive Cross-Sectional Study

H. M. Iqbal Bahar[1], Damyanti Singha[1]

[1]Department of Palliative Care, Cachar Cancer Hospital and Research Centre, Silchar, Assam, India.
E-mail: iqbal.bahar@cacharcancerhospital.org

Introduction: India is facing a rapidly growing elderly population. Old age is associated with physical, mental and social challenges. Among these, mental health concerns are least prioritised in most of the developing countries, with depression being the most common and easy to screen.

Aims: This study aimed to assess the burden of geriatric depression in geriatric patients diagnosed with cancer.

Methods: A cross-sectional study was conducted between January and September 2022 in patients aged 60 years or more with a diagnosis of cancer attending a palliative care clinic at Cachar Cancer Hospital, Assam. Depression was assessed using Patient Health Questionnaire-9 (PHQ-9), and PHQ-9 scores >10 were categorised as clinical depression.

Results: Thirty-eight patients participated in the study. The mean age was 67 years (±6). About 58% were male and 42% were female. The majority were married, 52% of them had primary education level, 82% were tobacco abusers, 24% of the patients had lung cancer, and 78.9 % of the patients were receiving cancer treatment intent of which was palliative. About 32% of them had mild depression, and 37% of patients had severe (clinical depression). The prevalence of depression was found to be 68.4%.

Conclusion: Our findings showed that the prevalence of depression among geriatric cancer patients was 68.4%, which is quite high and, therefore, is a need for proper screening, early assessment and treatment of depression to improve the quality of life. More number of patients are needed to come to a definite conclusion. The identification of the risk factors for depression will give us greater knowledge and help in the prevention of depression in future studies.

55. Dr. Genevie Fernandes

Enabling Ownership and Sustainability: Multilevel Stakeholder Engagement in SUNITA Project, Primary Palliative Care in rural Nepal

Genevie Fernandes[1], Namuna Shrestha[2], Arati Paudel[2], Sunita Bhandari[2], Amrita Thapa[2], Adipti Panta[2], Janes Bates[1], Daniel Munday[2]

[1]Global Health Academy, University of Edinburgh, Edinburgh, United Kingdom, [2]International Nepal Fellowship, Pokhara, Nepal.
E-mail: gfernan2@exseed.ed.ac.uk, namuna.shrestha@nepal.inf.org, arati.poudel@nepal.inf.org, sunita.bhandari@nepal.inf.org, amrita.thapa@nepal.inf.org, adipti.pantha@nepal.inf.org, mjanebates@gmail.com, daniel.munday@inf.org

Introduction: Access to integrated palliative care services in primary healthcare is lacking in rural communities in low- and middle-income countries.

Aim: We describe a strategic approach to multi-level stakeholder engagement for supporting ownership and sustainability of primary palliative care services in rural Nepal as developed by Project Sunita.

Methods: At the municipality level, elected leaders and community health workers were involved in periodic group meetings for their agreement, input and buy-in for implementing palliative care services. At the district level, healthcare workers and champions for palliative care were engaged through regular meetings and training. At the national level, health system stakeholders from the Ministry of Health and clinical experts joined a taskforce to align Project Sunita to national priorities, provide oversight and encourage ownership and integration of palliative care services within public health.

Results: Engagement informed stakeholders about project development and progress and enabled them to share concerns and experiences about palliative care, which could be addressed and integrated. Participation in meetings was unpredictable, requiring planning and follow-up, particularly for senior officials. Spontaneous invitations of the media by leaders increased local awareness of palliative care. Due to varying power dynamics at each level and between implementers and stakeholders, strategies to share power and address imbalances had to be considered.

Conclusion: To be effective, engagement should not be tokenistic but have clear objectives and employ a tailored approach for each stakeholder group including language, medium of communication and messages. Where possible, those with lived experience should be directly engaged.

56. Dr. Babita Abrahim Vakrey

A Qualitative Study on Concerns of the Primary Caregiver of the Patient Receiving End-of-Life Care at a Hospice in South India

E-mail: babita.varkey@karunashraya.org

Introduction: Palliative care is not the norm in an Indian setting for most patients with advanced disease or in end-of-life care. The term 'End-of-Life care planning' and its significance in enhancing patient care during the terminal phase and supporting the caregiver is largely unexplored by the medical fraternity in India. This study aims to understand the concerns that the informal caregivers of patients on end-of-life care plans have.

Research Question: What are the concerns of the primary caregiver of a terminally ill cancer patient receiving end-of-life care at a hospice in India?

Methods: A qualitative study was undertaken through abbreviated grounded theory analysis. A semi-structured interview format with open questions was used to gather data from the primary informal caregivers of patients on end-of-life care plans.

Results: The research generated four major themes from the data collected: The physical suffering of the patient, personal concerns, concern for the future and the role of caregiving. Although the last theme is not a concern, it was derived from data.

Conclusion: Although the study was able to highlight the issues of the caregivers during end-of-life care, the need for appropriate assessment of these concerns, especially the psychological and social well-being of the caregiver in the transitional phase, needs to be assessed and supported in the hospice.

Keywords: Caregiver, Informal, Family, Cancer, End-of-life care, Concerns, Issues, Challenges, Burdens, Needs.

57. Dr. Jatin Bhukal

Impact of Collaboration with Partners Across India to Reach Out to Patients Needing Palliative Care: A Pallium India Approach

Jatin Bhukal[1], Rontu Sangma[1], Rajendra Dutt Bijalwan[1], Sunanda Samal[1], S. Lalit[1], Syed Mohammad Askari Naqvi[1], J. Sreejini[1], A. J. Shalini[1], Arathy Nair[1]

[1]Pallium India Trust, Aisha Memorial Hospital Building, Trivandrum, Kerala, India.
E-mail: jatin.bhukal@palliumindia.org

Introduction: Pallium India has a vision of integrating palliative care into the entire healthcare system. This cannot be done alone through our only delivery centre in Kerala – Trivandrum Institute of Palliative Sciences. We would need to create new palliative care centres and collaborate with existing ones to reach out to more patients in need of pain relief and palliative care across India.

Aim: This study aimed to measure the impact of catalysing and collaborating with palliative care centres across India.

Methodology: A team of six Regional Facilitators (RFs) collaborate with individual doctors, nurse and administrators in both government and non-government sectors. The RFs play a crucial role in facilitating the establishment or enhancement of palliative care services. Following the commencement of services at these newly established/enhanced centres, the RFs work closely with these centres to evaluate the impact of the collaboration. RFs distribute a monthly questionnaire through Google Forms to our collaborating partners. The questionnaire aims to capture information on the number of new patients reached each month. RFs provide support to the partners in understanding and submitting these reports by sharing documented guidelines.

Results: Among the 110 partners who shared their reports, the team was able to reach out to approximately 19,840 new patients so far in the year 2023.

Conclusion: The collaborative model is pivotal for reaching out to more patients needing palliative care across India. Collaborations with local palliative care centres allow better penetration into the communities and higher sensitivities toward cultural nuisances while expanding outreach.

58. M. Arjun

Paediatric Palliative Care Referral in Non-Cancer Neurological Conditions at a Quaternary Care Government Hospital for Children

M. Arjun[1], I. Archana[1], T. Usha Rani[1], Bollabina Suresh Kumar Yadav[1], Gayatri Palat[1], Soundarya[1]

[1]Department of Palliative Medicine, MNJ Institute of Oncology, Hyderabad, India
E-mail:dr.arjunmp@gmail.com

Introduction: Paediatric palliative care tends to children with life-limiting or life-altering medical illnesses who may face the end of life imminently, but most of them will likely survive many years or decades. The goal of paediatric palliative care is to decrease the suffering and to improve the quality of life of both children and family members suffering from illness.

Aim: This study aimed to understand the profile of children who are suffering from neurological conditions who are receiving palliative care services and also to understand their symptom burden.

Methods: Retrospective case chart review and data were reviewed from registers maintained by the paediatric palliative care team from a time frame of June 2022 to October 2023. The study was conducted in a 1200-bedded quaternary paediatric government hospital in the state of Telangana.

Results: During this period, a total of 690 referrals were made to the Paediatric palliative care team, of which 436 referrals (64%) were for neurological conditions. Of the neurological conditions, 49% were suffering from HIE with expected or anticipated global developmental delay and global developmental delay, followed by Hydrocephalus. With regard to symptom burden, the most common symptoms children were suffering from were pain, seizures, spasticity, dystonia neuro-irritability, feeding issues and immobility.

Conclusion: Neurological conditions form a huge proportion of paediatric palliative care referrals, and they suffer from a very high symptom burden. Paediatric palliative care can improve the quality of life of these children and parents by its holistic approach.

59. Sahal Thafeem

Life Changing Screening Tools for Palliative Patients Implementation of Distress Thermometer, Patient Health Questionnaire-9 and General Anxiety Disorder -7 in Palliative Home-Care Patients: A Study from Northern Kerala

Sahal Thafheem[1], Rari Rahman[1], Shinsi Kasim[1], P. A. Ajisha[1], Shamsudheen[1], Uwais[1], Vaseel[1], Sabah[1], Jayakrishnan[1], Shabna[1], Femitha Fathima[1]

Department of Palliative Medicine, IQRAA-Thanal Pain and Palliative Care Centre, Kozhikode, Kerala, India.
E-mail: thafheemsahal@gmail.com

Introduction: Distress is considered the 6th vital sign[1], and it is widely recognised that distress and psychological issues such as anxiety and depression are higher among palliative patients. A distress thermometer (DT) is developed by the National Comprehensive Cancer Network to screen for distress among cancer patients. Patient Health Questionnaire (PHQ-9) and General Anxiety Disorder (GAD-7) Scale are the other two screening tools which screen for depression and anxiety, respectively. This study shows how incorporating these three screening tools improves the quality of life of patients and, thereby, families.

Aim: This study aimed to improve the quality of life (QOL) of palliative patients by screening them for distress, depression and anxiety to address the root cause comprehensively.

Methods: A validated distress thermometer, with a scale ranging between 0 and 10, was applied to 100 palliative patients in a home-care setting. The source of distress is identified from the problem list translated questionnaire. Patients who scored more than 5, with higher psychological issues, were screened with GAD-7 and PHQ-9 to detect anxiety and depression, respectively. Patients who scored more than 10 in GAD-7 and PHQ-9 were managed medically by a palliative care doctor or by a psychiatrist. Concurrent counselling sessions were also given. Those who scored below the cutoff value were followed up. Other social interventions were taken care of by community volunteers.

Results: A distress thermometer was applied to 100 palliative patients in a home-care setting. Among them, 40% of patients have scored 5 or above. Out of 40%, GAD-7 and PHQ-9 were applied among 26 patients (those who met the criteria). Among them, 38% scored more than 10 for GAD-7 and 30% for PHQ-9. Antipsychotics were started for 46% of patients, either by a palliative care doctor or a Psychiatrist. Counselling was given to about 90% of patients.

Conclusion: Patient care in palliative care requires a comprehensive approach that considers emotional evaluation tools to improve the QOL of patients.

REFERENCE

1. Howell D, Olsen K. Distress-the 6th Vital Sign. Curr Oncol 2011;18:208-10.

60. Dr Sreedevi Warrier

Examining the Impact of a Faculty Development Programme in Integrating Palliative Care into Undergraduate Medical Education in India

Sreedevi Warrier[1], Daniel Afolayan[2], Scott Berry[2], Nicholas Coffie[3]

[1]Department of Pallaitive Medicine , Trivandrum Institute of Palliative Sciences, Thiruvananthapuram, Kerala, India, [2]Department of Oncology, Queen's University, [3]Office of Professional Development and Educational Scholarship, Queen's University, Kingston, Ontario, Canada.
E-mail: drsreedevi@palliumindia.org

Introduction: The National Medical Council of India initiated a new Competency-Based Medical Education curriculum for MBBS in 2019. The main barrier to its implementation is the lack of experts to teach palliative care modules. Trivandrum Institute of Palliative Sciences (TIPS) developed a program to empower medical college faculty in teaching modules addressing the relevant competencies in the curriculum.

Aim: We evaluated the effect of the Faculty Development program in palliative care on the faculty trainees' confidence in their knowledge of palliative care and their perceived ability to teach palliative care to undergraduate medical students in India.

Methods: The Faculty Development Programme was implemented among four faculty cohorts in India. Pre- and post-program surveys assessing participants' confidence in their knowledge of palliative care and their perceived ability to teach palliative care were conducted. Data were analysed using descriptive statistics and paired sample t-tests.

Results: Ninety-seven faculty trainees completed the program. About 62% were female, 53% were aged between 31 and 40 years, and 53% worked at Medical Colleges. About 38% were Anaesthesiologist, and 23% were Community Medicine Physicians. About 76% had no prior experience teaching palliative care. The program had a significant effect on trainees' confidence in their knowledge of palliative care ($t = -4.66$, $P < 0.001$) and their perceived ability to teach palliative care ($t = -6.03$, $P < 0.001$).

Conclusion: The TIPS Faculty Development Programme improved faculty trainees' confidence in their knowledge of palliative care and their perceived ability to teach palliative care to Undergraduate Medical Students in India.

61. Ashika Padival

A Study of the Clinical Outcomes and Survival of Patients with Venous Thromboembolism among Patients with Gynaecological Malignancies

Ashika Padival[1], Bijal M. Patel[2], Chetana D. Parekh[1], Ruchi Arora[1]

[1]Department of Gynaecological Oncology, The Gujarat Cancer and Research Institute, Ahmedabad, Gujarat, India.
E-mail: drashikapadival@gmail.com

Introduction: Venous thromboembolism has a higher incidence among cancer patients, given the hypercoagulable state. It is the leading cause of mortality among gynaecological cancer patients.

Aims: This study aimed to study the clinicopathological characteristics of patients with gynaecological malignancies diagnosed with deep vein thrombosis (DVT) and study the impact of DVT on overall survival.

Methodology: A retrospective study was conducted in our department from 1 January 2019 to 31 December 2021. It included patients with gynaecological malignancies diagnosed with DVT. Variables related to cancer and treatment were obtained from the medical records. The imaging modality used and details of DVT and its treatment were recorded. The patients were followed up with Doppler at 3 monthly intervals till 1 year.

Results: Eighty-two patients were included in the study (uterine – 13.4%, cervical – 41.46% and ovary – 39.02%). The most common histology was squamous cell carcinoma (39.02%) in cervical cancer and high-grade serous carcinoma (31.7%) in ovarian cancer patients. About 50% of the patients were Stage 3. Lower limb DVT was seen in 95.12% and acute thrombus in 84.15%. Enoxaparin was used for the treatment of DVT in 56% of the patients. Pulmonary embolism had occurred in 10.97%. After 1 year, complete resolution of the thrombus was seen in 43.9%. The overall survival after 2 years was 75.6%.

Conclusion: This study showed that among patients with gynaecological cancer diagnosed with DVT, The presence of stage 3 cancer, acute thrombus, and use of chemotherapy were poor prognostic factors. The study also showed that patients who were diagnosed with DVT and had not received cancer-directed treatment had worse survival (27%) compared to those who received treatment.

62. Dr. Rashi

Unveiling the Journey: A Comprehensive Exploration of Palliative Care Survival Dynamics Using the Palliative Performance Scale

Rashi Sankhla[1], Manoj Kamal[2], Jagdish[3], Suman Kanwar[4], Mansukh[5], Rekha Gehlot[6], Manshi Kumari[7], Srikanth S[8], Bharat Paliwal[9], Jyotirmay Dhenwal[3], Meenu Yadav[3]

Departments of [1]Medical, [2]Anaesthesia and Critical care, [3]Nursing, [4]Physiotherapy, [6]???, [7]Social Work, [8]Community Medicine and Family Medicine, [9]Anaesthesia and Critical Care, All India Institute of Medical Sciences, Jodhpur, Rajasthan, India.
E-mail: rashisankhla04@gmail.com

Introduction: The palliative performance scale (PPS) stands as a pivotal tool in predicting the survival time of palliative patients, crucial for formulating comprehensive care plans. This study, conducted from August 2022 to July 2023, sought to assess the survival dynamics of palliative patients, identify associated factors and evaluate the alignment of survival times.

Aim: The study had three primary objectives: (1) to evaluate the survival time of palliative patients, (2) to identify factors influencing survival time, and (3) to assess the congruence of survival patterns through the application of the PPS.

Methods: A cross-sectional study design was employed within a home-based palliative care project. Patient data sourced from case files within the home-based care program were analysed in accordance with predefined objectives. The analysis included demographic details, diagnostic information and PPS scores.

Results: Among the 210 registered patients, 82.24% had cancer diagnoses, and 17.76% had non-cancer conditions. The mean age was 61.91 years

(Standard deviation = 18.24), with 66.15% being male and 33.85% female. Survival dynamics were categorised based on initial PPS scores: Patients surviving <30 days had a mean PPS of 45.25, those surviving 31–90 days had a mean PPS of 63.23, and those surpassing 90 days had a mean PPS of 70.2. Non-cancer patients experienced no deaths within the first 3 months. Patients surviving more than 91 days consistently exhibited a PPS score mean of 68.5.

Conclusion: This study provides valuable insights into the survival dynamics of palliative patients, emphasising the significance of the PPS in guiding care plans. The findings contribute to the understanding of factors influencing survival times and offer a benchmark for assessing the congruence of survival patterns within this patient population.

63. Dr. Viswanath

Neglect among Elderly Cancer Patients: Development of Instrument for Measurement of Prevalence in Puducherry Region

N. Viswanath[1], Sonali Sarkar[1], Adinarayanan[2],
K. Gunaseelan[3], Mahalakshmy[1]

Departments of [1]Preventive and Social Medicine, [2]Anaesthesiology and Critical Care, [3]Radiation Oncology, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India.
E-mail: drviswanathn@gmail.com

Introduction: Neglect of care for elderly cancer patients has been observed by community-based palliative care teams, lacking documentation due to the unavailability of validated tools for measurement. We developed a new tool to measure neglect.

Aims: This study aimed to find the prevalence and circumstances influencing neglect of elderly cancer patients using the Scale for Evaluation of Neglect in Elderly with Cancer (SENILE-C) during the process of validation in the Puducherry region.

Methods: Neglect of care by the family was assessed from three perspectives: elderly cancer patients, their family members and community members using SENILE-C during the pilot testing phase of validation. Circumstances leading to neglect were assessed from in-depth interviews, key informant interviews of various stakeholders and also from the narrative part present in SENILE-C.

Results: Of 35 sets of stakeholders (35 cancer patients, 30 family members and 5 community members), neglect was detected in 14 families (40%); one was completely left alone without any form of care, 5 (14%) were forced to live alone despite having family members in the same village and 5 (14%) forced to live in corridors. Only 7 (50%) among 14 were aware that they were neglected. Circumstances leading to neglect were poor income, low literacy, distance of hospital from patient's home, alcohol addiction of family member, property issues between patient and family member and increased out-of-pocket expenditure.

Conclusion: The high prevalence of neglect emphasises the need for interventions to improve caregiving at home for elderly cancer patients with limited access to hospitals. The complex nature of neglect calls for a holistic approach.

Ethics approval: Obtained from the Institute Ethics Committee, JIPMER, Puducherry.

64. Dr. Ritabrata

Palliative Sedation in Adults Admitted in a Hospice Setting

Ritabrata Bandyopadhyay[1], Gayatri Palat[1], Anuradha[1]

[1]MNJ Institute of Oncology and Regional Cancer Centre, Hyderabad, Telangana, India.
E-mail: ritabrata.rb.rb@gmail.com

Introduction: Palliative sedation (PS) is the monitored use of medications intended to induce a state of decreased or absent awareness (unconsciousness) at the end of life (EOL) to relieve the burden of otherwise intractable suffering in a manner that is ethically acceptable to the patient, family and health-care providers. A hospice is a place designed to provide palliative care and emotional support to the terminally ill in the homelike setting so that quality of life is maintained and family members and active participants in care. The hospice of this study is in Hyderabad and has 22 beds under the Pain Relief and Palliative Care Society.

Aim: This study aimed to evaluate demographics, diagnosis, symptom needing PS, medications used and outcomes.

Methods: This was a retrospective case-sheet study of a period of 6 months (1/5/2023–30/11/2023).

Results: During this period, a total of 516 patients were admitted (with readmission), of which 16 (3.1%) patients got PS. Eight (50%) of 16 patients had severe refractory dyspnoea, 6 (37.5%) of them were with terminal restlessness, and 2 (12.5%) of them were with refractory pain. Out of 16 patients, 2 (12.5%) were admitted with non-cancer diagnosis. Only 1 patient was discharged, 15 (93.75%) of them passed away, and all of them were peaceful death. Medications used will be discussed.

Conclusion: A hospice relieves the burden of otherwise intractable suffering in EOL by means of PS.

65. Reshma Mohandas

Advanced Dementia: A Cross-Sectional Study on Care Needs

Reshma P. Mohandas[1], Priya Treesa Thomas[2],
Suvarna Alladi[3], Subasree Ramakrishnan[3], Faheem Arshad[3]

[1]PhD Scholar, Department of [2]Psychiatric Social Work, [3]Neurology, National Institute of Mental Health and Neuro Sciences, Bengaluru, Karnataka, India.
E-mail: reshmapmohan1@gmail.com

Introduction: Dementia is one of the most common causes of later-life disability, characterised by significant deterioration in cognitive functioning and behavioural changes. Families play an essential part in caring for the elderly. Post-diagnostic care for persons with chronic neurological diseases such as dementia is multifaceted and consists of medical, rehabilitative, psychological and social care, in addition to meeting the welfare needs of the patient and the family caregivers. The present study aims to understand the care needs, practices, challenges and opportunities of people living with dementia in the Indian context.

Methods: A prospective, cross-sectional and interview-based study is conducted among the persons diagnosed with Dementia who are taking treatment under the Department of Neurology, National Institute of Mental Health and Neuro-Sciences, Bengaluru. Ten patient-caregiver dyads were interviewed in-depth to understand their experiences and care needs. The interviews were transcribed and thematically analysed. Recruitment was stopped when the data saturation was reached.

Results: Patients living with dementia have complicated healthcare demands. Several themes emerged from the interviews that highlighted the information needs and support to manage the care of the patient, behavioural changes, feeding and toilet issues. Family members also required ongoing care coordination.

Conclusion: A better understanding of the care situations of persons with care requirements, needs and support for dementia during the transitions of care are highlighted. The present study will bring out the information, rehabilitation and health-care needs that may differ at different stages of recovery, in the sociocultural context.

66. S. Aishwarya

Swallow Screening Tools in Detecting Dysphagia in Amyotrophic Lateral Sclerosis -Findings from a Study on 80 Persons with Amyotrophic Lateral Sclerosis

Srirangam Yathiraj Aishwarya,[1] Seena Vengalil[2], Saraswathi Nashi[2], Madassu Keertipriya[2], Gargi S. Kumar[1], H. Chandrika[2], Atchayaram Nalini[2], Priya Treesa Thomas[3], Belur Keshavaprasad Yamini[4]

[1]Neuro Palliative and Supportive Care Project, National Institute of Mental Health and Neuro Sciences, [2]Department of Neurology, National Institute of Mental Health and Neuro Sciences, Departments of [3]Psychiatric Social Work and [4]Speech Pathology and Audiology, National Institute of Mental Health and Neuro Sciences, Bengaluru, Karnataka, India.
E-mail: syaishwarya@gmail.com

Introduction: Bulbar impairment is documented in almost 85% of individuals with Amyotrophic Lateral Sclerosis (ALS).[1] Various screening tools like Repetitive Saliva Swallow Test (RSST) (RSST, non-diet) that has a specificity of 93% and Yale Swallow Protocol (YSP) (YSP, diet) has a sensitivity of 96.5% (Warner *et al.*, 2013)[2] have been used to mitigate the issue of silent aspiration risk during clinical swallow screening.

Aim: The study aimed to find the role of swallow screening tools in detecting dysphagia among Persons with ALS (pALS).

Methods: The study consisted of 80 pALS (18 Bulbar Onset-BO and 62 Spinal Onset-SO) with a mean age of 51.7 + 11.95 years. RSST, YSP and Salivation, as well as Swallow subsections of Amyotrophic Lateral Sclerosis Functional Rating Scale-Revised (ALSFRSR) were administered for all the pALS.

Results and Conclusion: The mean duration of the first symptom and bulbar symptoms are 16.42 + 12.2 months and 4.95 + 5.3 months, respectively. Among the ALS, 69.41% (59) reported bulbar symptoms, and 30.59% (26) reported no bulbar symptoms. About 61.11% (11) BO and 24.19% (15) SO failed in RSST and YSP. In the BO, nine failed on RSST, and five persons failed on YSP. Among these 14, three failed on both RSST and YSP. In SO, nine failed on RSST and eight on YSP. Among these 17, three failed on both. Although the 7 (38.89%) BO and 19 (30.64%) SO passed in both of the swallow screens, they had scored less in ALSFRS-R on the Swallow and Saliva subsections. These findings suggest that swallow screening tools may not be solely sufficient to identify the dysphagia. Added information from ALSFRS-R would lead the clinician to the next step in the evaluation and management of dysphagia during palliative care in pALS.

REFERENCES

1. Wijesekera LC, Leigh PN. Amyotrophic Lateral Sclerosis. Orphanet J Rare Dis 2009;4:3.
2. Warner HL, Suiter DM, Nystrom KV, Poskus K, Leder SB. Comparing Accuracy of the Yale Swallow Protocol when Administered by Registered Nurses and Speech-Language Pathologists. J Clin Nurs 2013;23:1908-15.

67. Dr. Aanchal Arora

Palliative Care Interventions for Patients with Bone Metastasis and Evaluation of its Effectiveness and Barriers: A Systematic Review and Meta-Analysis

Aanchal Arora[1], Viswanath Narendiran[2], Sourav Biswas[3], Nidhi Gupta[4]

[1]Department of Community Medicine, Post Graduate Institute of Medical Education and Research, Chandigarh, Departments of [2]Preventive and Social Medicine and [3]Radiation Oncology, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, [4]Government Medical College and Hospital, Chandigarh, India.
E-mail: aanchalarorabh8@gmail.com, drviswanathn@gmail.com, souravbiswassrb.sb@gmail.com, nidhiguptaonco@gmail.com

Introduction: In the realm of advanced cancer care, palliative interventions serve as a vital but often underexplored avenue. As conventional treatments wane, patients, particularly those with bone metastasis, resort to exploring various available options.

Aim: This study aimed to evaluate interventions in various dimensions of palliative care, assess effectiveness and barriers and describe availability across different healthcare levels among patients with bone metastasis.

Methods: Search was done in the Pub-Med, Cochrane Library and Epistemonikos databases, supplemented by reference tracking and consultations with experts to identify relevant literature. Included studies with qualitative, quantitative or mixed-methods designs concerning interventions for use in various domains of palliative care for people with bone metastases. Study selection was done independently by two review authors, followed by methodological quality assessment for heterogeneous study designs. Network meta-analysis was employed to evaluate the effects of these interventions.

Results: Palliative radiotherapy, bisphosphonates, radionuclide therapy, tumour-directed chemotherapy, hormone therapy, the World Health Organisation analgesic ladder, and emerging targeted therapies in combination with psychosocial, mental and spiritual support are various palliative care interventions available that have proven benefits. Palliative radiotherapy showed consistent pain relief for bone metastases, improving quality of life. Early adoption of palliative care, prompt referral and home-based palliative care from the primary healthcare level was associated with reduced hospital admissions and less aggressive end-of-life care, emphasising the potential benefits of timely and homely interventions.

Conclusion: This study emphasises adopting a personalised, collaborative and multidisciplinary approach to palliative care, which would be effective. Primary healthcare awareness of various palliative interventions is crucial for improved quality of life.

68. Sathish Kumar

Unmet Needs of Advanced Cancer Patients, Caregivers and Healthcare Professionals

Sathish Kumar[1], Surendran Veeraiah[1], Sathyamurthi[2]

[1]Department of Psycho-Oncology, Cancer Institute, [2]Madras School of Social Work, Chennai, Tamil Nadu, India.
E-mail: sathishmsw@hotmail.com, v.surendran@cancerinstitutewia.org, ksmmssw@gmail.com

Introduction: Advanced cancer patients typically have a variety of unmet needs, including those for medical communication and information, psychological and emotional needs, physical needs and symptom management, daily living requirements, spiritual, social and financial needs as well as issues with relationships and a decreased quality of life. It is essential to understand the unique needs and challenges of cancer patients, their caregivers and health-care professionals in palliative care settings.

Aim: The study aims to understand the unmet needs of advanced cancer patients, caregivers and health-care professionals.

Methods: An explorative study snapshot approach was used. The participants were selected through maximum variation purposive sampling. A total of 25 participants were selected for the study. A semi-structured interview guide was used to conduct the in-depth interviews. The demographic data were analysed descriptively and verbatim obtained were coded and analysed using thematic analysis.

Results: In total, eight themes emerged with the following themes: (i) Biopsychosocial needs; (ii) Financial needs; (iii) Need for personal care; (iv) Need for provincially accessible care; (v) Need for shared decision making; (vi) Informational needs: (vii) Education and training needs and (viii) Need for policy changes.

Conclusion: Biopsychosocial needs comprising physical, psychological and social well-being are the felt need of the hour among patients, caregivers and health-care professionals. Adding to this, the financial burden remains a greater concern for patients and caregivers.

69. Suhana Sulfiker

Caregiver Burden in Paediatric Oncology – A Prospective Observational Study from a Tertiary Care Centre in India

Suhana Sulfiker[1], Seema Mishra[1], Sushma Bhatnagar[1], Rachna Seth[2], Sameer Bhakshi[3], Deepam Pushpam[3], Rakesh Garg[1], Nishkarsh Gupta[1], Vinod Kumar[1], Sachidanand Jee Bharati[1], Brajesh Kumar Ratre[1]

Departments of [1]Onco-anaesthesia and Palliative Medicine, [2]Paediatric Oncology and [3]Medical Oncology, All India Institute of Medical Sciences, New Delhi, Delhi, India.
E-mail: suhanasulfiker@gmail.com

Introduction: Childhood cancers are known to evoke many emotional reactions in the primary caregiver, which may impair their social roles and well-being. Parenting a child diagnosed with cancer causes distress to parents and siblings. Although various studies have been done to assess the caregiver burden of paediatric cancer patients worldwide, few studies have been done in the Indian population.

Aims: This study aimed to assess the caregiver burden of parents of children with cancer and to evaluate the factors affecting it.

Methods: This was a prospective observational study done in the departments of Palliative Medicine and Paediatric Oncology at All India Institute of Medical Sciences, New Delhi. After obtaining ethical approval from the Institute Ethical Committee, parents of children with cancer were recruited prospectively, and their burden was assessed using the Zarit Burden Interview (ZBI) scale. Social support was assessed using a multi-dimensional scale of perceived social support (MSPSS) score.

Results: A total of 100 parents were assessed. The median duration of illness was 18 months (Interquartile range [IQR] – 4–43 months). Median ZBI score was 45.5 (IQR – 31.75–80.00). Mothers (median ZBI score – 55.2) showed more burden of disease ($P = 0.04$) as compared to fathers (median ZBI score – 43.5). No significant difference was observed in the burden of parents when solid and haematological malignancies were compared. Parents of patients with no insurance schemes showed more burden than those with benefit schemes ($P = 0.01$). No significant correlation was obtained between the MSPSS score and the ZBI score.

Conclusion: Most of the parents had moderate-severe burdens. Associated contributing factors were found. Initiatives should be made to address these issues from the beginning.

70. Pallavi Ghosh

Comparison of Quality of Death in Actively Dying Cancer Patients Receiving Early Versus Late Palliative Care: An Observational Cohort Study

Pallavi Ghosh[1], Praneeth Suvvari[1], Praveen Kumar Kodisharapu[1]

[1]Basavatarakam Indo-American Cancer Hospital and Research Institute, Hyderabad, Telangana, India.
E-mail: pallavighosh94@gmail.com, praneethsuv@gmail.com, drprawin78@gmail.com

Introduction: Death is an inevitable last process and natural progression of life; we as a society feel uncomfortable talking about the dying process. This robs us of the ability to discuss the dying process openly and unable us to make informed decisions regarding it. India is 59th among 81 countries on the Quality of Death Index.[1] Most of the available evidence in India focused on resource availability, training in end-of-life care, availability of narcotics, etc., as a yardstick for the quality of death.[2] There is meagre evidence with respect to the hospital-based quality of death. With the integration of palliative care, it is believed that we can achieve that[3], but evidence on how it impacts the quality of death is scarce.

Aims: This study aimed to assess the quality of death and dying (QODD) in patients who died in various settings in hospitals with early versus late integration of palliative care.

Methods: Patients who are in the actively dying stage and with established futility of treatment in various wards of the hospital are identified. Data was collected about their preference for the place of death, time of palliative consult, adequacy of symptom control, etc. After death, within 14 days, an assessment of the quality of death is done by QODD (31 questions).

Results: Preliminary results from 33 patients showed Quality of Death in early palliative (physical symptom-80% ± 16% and psychological-85% ± 5%) and in late palliative (71% ± 16% and 40% ± 10%) integration.

Conclusion: This is an ongoing study, but preliminary results showed that integration of palliative care in the early stage after establishing the futility of care would provide a better quality of death.

REFERENCES

1. Quality of Death Index. Pallium India 2022. Available from: https://palliumindia.org/2022/01/quality-of-death-index-2021 [Last accessed on 2023 Mar 27].
2. Finkelstein EA, Bhadelia A, Goh C, Baid D, Singh R, Bhatnagar S. Cross Country Comparison of Expert Assessments of the Quality of Death and Dying. J Pain Symptom Manage 2021;63:e419-9.
3. Effects of Early Integrated Palliative Care in Patients with Lung and GI Cancer: A Randomised Clinical Trial.

71. Suman Tiwari

Lignocaine-Based Mouth Rinse versus Steroid-Based Mouth Rinse for Management of Oral Mucositis in Head-and-Neck Cancer Patients

Suman Tiwari[1], Dimple Pande[1], Saveena Gulati Raheja[1],

Madhu Dayal[1], Deepa Kerketta Khurana[1],
Anoop Raj Gogia[1], Sujata Chaudhary[1]

[1]Department of Anaesthesia and Intensive Care, VMMC and Safdarjung Hospital, New Delhi, India.
E-mail: drdimplepande@gmail.com

Introduction: Oral mucositis is one of the most common distressing symptoms in head and neck cancer patients.

Aim: This study aimed to study and compare the analgesic efficacy of lignocaine-based mouth rinse (2% viscous lignocaine with 25 mg diphenhydramine) and steroid-based mouth rinse (dexamethasone 0.2 mg/ml in boroglycerine) in terms of improvement of pain scores and analgesics use for the management of oral mucositis in head-and-neck cancer patients.

Methods: Study design: This was a prospective, randomised and comparative study. All head-and-neck cancer patients of age ≥18 years having oral mucositis were included in the study. After a thorough oral examination and clinical assessment, all patients were given mouth rinses as per group allocation for 4 weeks or till the numeric rating scale (NRS) ≤1 or till the functional impairment scale (FIS) becomes 1, whichever is longer.

Parameters Assessed: (1) The World Health Organization (WHO) grading of mucositis. (2) FIS. (3) Eastern cooperative oncology group score. (4) NRS for pain. (5) Side effects.

Results: Gender, diagnosis distribution, and the initial WHO grade of mucositis did not significantly differ. Notable distinctions in NRS score were seen at the 3rd and 4th weeks, indicating a statistically significant decrease in pain for Group L compared to Group S. These findings suggest a potential sustained benefit in pain reduction for Group L for the study, particularly in the later weeks.

Conclusion: Lignocaine-based mouth rinse may be considered a better option over steroid-based mouth rinse in terms of improvement in NRS score.