

## Poster Presentation: Awards

### PP-1

**Dr. Seema R. Rao**

#### Psychiatric Referrals at an Inpatient Hospice for Cancer Patients: A Retrospective Audit

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#### ABSTRACT

**Objectives:** Patients in palliative care experience significant psychiatric comorbidities often underrecognised and undertreated. This negatively impacts palliative care outcomes, with patients reporting higher symptom burden, greater functional impairment, lower quality-of-life and increased healthcare utilisation. Psychiatrists in interdisciplinary teams can contribute uniquely to the care of these patients and their caregivers. This audit aims to analyse the characteristics of psychiatric referrals in an inpatient hospice.

**Materials and Methods:** A retrospective audit of medical records of inpatients referred for psychiatric consultation in the hospice was analysed from January 1, 2024, to July 31, 2024. Descriptive statistics was used to summarise data.

**Results:** Of the 595 patients, 20 (3.4%) were referred for psychiatric evaluation, indicating low referral rates. The mean age was  $44 \pm 11.3$ ; 50% were male; 45% were married and 55% belonged to the lower-income group with head-and-neck cancer being the predominant site. 55% had a history of psychiatric illness and 55% had substance use disorder. The mean distress thermometer score was 6. Major psychiatric diagnoses were delirium (35%), depression (25%) and adjustment disorder (20%). 30% of those referred had suicidal ideation, and 50% expressed a desire for hastened death. The mean time from admission to referral was 92 days, from referral to death 25 days, with 50% lost to follow-up. Haloperidol, mirtazapine and midazolam were the commonly prescribed psychotropics.

**Conclusion:** This audit highlights the low referral rates to psychiatry and a pattern of late referrals, suggesting gaps in timely mental health support, which has the potential to impact the quality of life and death adversely.

**Keywords:** Psychiatry, Hospice, Mental health, End of life care

### PP-2

**Vineela Rapelli**

#### The Nurse Narrative

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#### ABSTRACT

**Objectives:** Pain Relief and Palliative Care Society is a registered charity organisation and one of the largest palliative care service providers in the country which has 36 in-patient facility called Kumudini Devi Hospice, 12 van home-based palliative care programmes and palliative care units embedded in the MNJ Government Cancer Hospital and Niloufer Government Children's hospital.

**Materials and Methods:** Dealing with children living with life-limiting/life-threatening diseases and providing care to the kids and families is the most difficult and challenging part of our care. Caring for every child in palliative care (PC) is a new learning worthwhile sharing and disseminating. Pediatric Palliative Care (PPC) requires adequately trained and skilled nurses and well-qualified and experienced counsellors because of the sensitivity, stress and emotions involved constant upscaling of nurses' knowledge and continuum in training and learning is important to have a good quality PPC programme and this was initiated mainly with the intent of a nurse perspective. Fortnightly academic sessions are conducted within the teams having the concept of 'All Teach, all Learn' where the team who are directly involved in child care in either of the service delivery present the most challenging/difficult child. It took off in July 2023 and completed 1 year. These case-based discussions are moderated by Dr. Gayatri Palat who is the head of department (HOD) of palliative care and also supported by 2 senior paediatricians and paediatric palliative care consultants who have been working with our organisation for more than 13 years.

**Results:** Self-reflection of the PPC team in providing care to the child and family which involves the entire team part of the discussions including difficult symptom management, challenging emotional/spiritual issues, complicated end-of-life care and providing good end-of-life care.

**Conclusion:** In the past 1 year, we have done 35 sessions, inclusive of case presentations, teaching sessions and reflections. Interaction between different teams of service delivery (hospital, home care and hospice) and also discussed, what better could have been done and how.

**Keywords:** Nurse Narrative, Teaching, Pediatric Palliative Care, Academic sessions, pediatricians

## PP-3

Rajika Kurup

**Emotional Intelligence and Spirituality amongst Children with and Without Life-Limiting Illness**

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## ABSTRACT

**Objectives:** Spirituality influences how children view life; they openly discuss their faith and related matters without necessarily being prompted by adults. They employ spirituality to interpret their experiences, especially those involving death or hardship. Emotional intelligence (EI) is crucial and can significantly impact children's ability to cope with illness, manage stress and maintain psychological well-being. This study explores the relationship between EI and spirituality amongst children with and without life-limiting illnesses, aiming to identify differences and correlations between these attributes.

**Materials and Method:** A comparative cross-sectional study assessed EI and spirituality levels in two groups of 200 children (those with life-limiting illnesses and those without) aged between 12 and 15 years using the TEIQue-ASF and an adapted Youth Spirituality Scale with consecutive sampling for data collection. The investigator sought consent from parents and assent from participants.

**Results:** Statistical analysis revealed that children with life-limiting illnesses had significantly higher EI and spirituality score more than their healthy peers. Pearson's correlation analysis further indicated a positive relationship between EI and spirituality in both groups, with a stronger correlation observed amongst children with life-limiting illnesses.

**Conclusion:** The findings suggest that higher EI and spirituality serve as adaptive responses in children with life-limiting illnesses, aiding in coping and resilience. Integrating EI and spirituality into holistic paediatric care, especially in palliative settings, may enhance psychological well-being and supporting children's coping mechanisms.

**Keywords:** Spirituality, Palliative care, paediatric, life limiting illness, adolescence, children, pediatric palliative care, adolescents, life limiting illness, emotional intelligence.

## PP-4

Dr. Manoj Ravi

**Acute Pain, Personalised, Timely Relief: Role of Patient-Controlled Analgesia in Palliative Care**

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## ABSTRACT

**Objectives:** Pain management is a cornerstone of palliative care, for patients experiencing acute pain due to a life-limiting illness or treatment-related complications. Patient-controlled analgesia (PCA) has emerged as a critical tool in this context. PCA allows for a tailored timely management of pain in the ward, empowering the patient to feel control at a time when control seems elusive. This system ensures consistent relief while minimising delays from person/system factors, thus reducing the distress caused by unrelieved pain and enhancing patient/caregiver satisfaction. By bridging the gap between effective pain relief and patient autonomy, we hereby describe the outcome of using PCA for pain relief in a Quaternary referral centre's palliative care unit.

**Materials and Methods:** This is a prospective study at a Multispecialty Quaternary Care Centre over a period of 6 months, which includes inpatients with cancer and non-cancer pain who were treated using the PCA delivery system. An Excel sheet documented the demographic data, diagnosis, cause of pain, and numeric rating scale (NRS) score at initiation (Day 0), Day 1, Day 2 and Day 3, along with breakthrough doses. A survey was conducted at the time of discharge using a Likert scale to document the benefits/burden of the PCA delivery system amongst the patient, caregiver and nursing professionals. The Statistical Package for the Social Sciences software is used to analyse the data.

**Results:** The study is ongoing, and the results will be presented at the conference.

**Conclusion:** This study aims to highlight the importance of PCA in the palliative care setting. The study conclusions will be presented at the conference.

**Keywords:** Patient Controlled Analgesia, Pain Crisis, PCA, Acute Pain Management, Palliative Care, Cancer Pain, Non-Cancer Pain, Breakthrough Pain

## PP-5

Nanda C. Prem

**Cross-Sectional Study on the Distress Level of Parents of Children with Serious Illness Using the Distress Thermometer-Parents**

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## ABSTRACT

**Objectives:** Parents of children with serious illnesses face emotional, physical, social and parenting-related concerns. Early identification of their distress using the Distress Thermometer-Parents can help align them with necessary resources. This study aims to assess the distress levels of parents using the Distress Thermometer-Parents, which includes a score (0-10) and a problem list covering practical, social, emotional, physical, cognitive and parenting domains.

**Materials and Methods:** A cross-sectional descriptive study was conducted on 20 parents of children with serious illnesses admitted to the paediatric haemato-oncology, paediatric surgery and paediatric nephrology wards of a multispecialty academic hospital. Data were collected using the validated Distress Thermometer-Parents through structured interviews. Responses were recorded in Microsoft Excel and analysed.

**Results:** Fathers reported higher distress levels (mean = 8.90, standard deviation [SD] = 1.45, median = 9.00) compared to mothers (mean = 7.20, SD = 1.03, median = 7.00), indicating a 23.6% higher distress score in fathers. The distribution of domains is as follows: practical (Fathers 69%, mothers 67%) family/social problems (Fathers 34.09%, mothers 50%), emotional concerns (fathers 66.67% mothers 54%), physical problems (fathers 50%, mothers 45.7%) cognitive problems (fathers 18.18% mothers 15%) and parenting problems (fathers 63.64%, mothers 54%). Practical issues, such as finance, work and childcare, were prominent amongst fathers, while mothers faced difficulties related to parenting, emotions and talking about the illness.

**Conclusion:** The study found that fathers experienced higher distress than mothers, with practical and emotional concerns being the most distressing for both. Identification of the most distressing concerns using distress thermometer-parents allows us to tailor the supportive measures according to the individual family needs, and thus, we recommend routine use of this tool.

**Keywords:** Distress of parents, seriously ill children, Social, emotional, practical, physical, problems.

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