

Signs of depression were evident in 2. The median global QoL was high for all. Based on ESAS the top 3 most common symptoms were tiredness, anxiety, and decreased well-being. In EORTC QLQ C-15-PAL, the 5 most frequently reported symptoms were weakness, tiredness, pain, trouble sleeping, and anorexia.

Conclusions: Studies with TC in busy outpatient clinics are practical. There was a 100% completion rate and it took on average just over ten minutes to complete. Clinic wait time can be usefully employed for this purpose. The information gathered prior to physician encounter was useful in clinical practice. Patient and physician acceptability for these quick and useful TC based surveys was excellent.

Abstract number: P324

Abstract type: Poster

They Still Grieve - A Nationwide Follow up of Young Adults Two to Nine Years after Losing a Sibling to Cancer

Sveen J.¹, Eilegård A.², Steineck G.^{3,4}, Kreicbergs U.^{5,6}

¹Uppsala University, Uppsala, Sweden, ²Karolinska Institutet, Stockholm, Sweden, ³Karolinska Institutet, Department of Oncology and Pathology, Stockholm, Sweden, ⁴Gothenburg University, The Sahlgrenska Academy, Department of Oncology, Gothenburg, Sweden, ⁵Karolinska Institutet, Department of Women's and Children's Health, Stockholm, Sweden, ⁶Sophiahemmet University College, Stockholm, Sweden

Aim: The aim of the study was to assess the prevalence of unresolved grief in bereaved young adult siblings.

Methods: The study was a Swedish population-based study of young adults who had lost a brother or sister to cancer, two to nine years earlier. Of 240 eligible siblings, 174 (73%) completed a study-specific questionnaire. This study focused on whether the respondents had worked through their grief over the sibling's death, and to what extent.

Results: Thirteen (7%) of 174 bereaved siblings reported that they had not worked through their grief at all, and 79 (45%) reported that they had worked through their grief to some extent.

Conclusion: The results suggest that even two to nine years after the loss of a sibling to cancer, more than half of the bereaved young adults had not worked through their grief. This may be an indication that young adult sibling's grieving process is prolonged.

Abstract number: P325

Abstract type: Poster

Do you Have a Daughter? Patient Characteristics and Location of Death in a Community-based Palliative Care Practice in Ontario (Canada)

Klinger C.A.¹, Aldridge L.², Thompson B.E.³

¹University of Ottawa, Department of Medicine, Division of Palliative Care, Ottawa, ON, Canada, ²Family Physician in Palliative Care, Ottawa, ON, Canada, ³University of Ottawa, Department of Family Medicine, Ottawa, ON, Canada

Aim: Family physicians play a crucial role in community-based palliative care. With further emphasis on home care/a home death and in line with Andersen's behavioural model of health care utilization, predisposing, enabling and need factors for patients' access to service/their location of death are hypothesized.

Population: All deceased palliative care cohort patients (as defined by the Gold Standards Framework and Ontario Health Insurance Plan palliative care billing codes) cared for by an Ontario-based physician practice during the 2012 calendar year (N = 98).

Design: Exploratory study employing a retrospective chart review. Linkage to 2006 Census Tract Profiles and a previous, local neighbourhood survey in the public domain for socio-economic status profiles.

Analysis: Frequency analysis of demographic data from the physician practice's charts.

Results: Patients (male: 52%, female: 48%) with an average age of 71 years (range: 36 - 92) and an average Palliative Performance Scale score of 53 at admission (range: 10 - 80) spent an average of 67 days (range: 1 - 637) under the practice's care. Most (93%) had a cancer diagnosis (mainly lung and gastro-intestinal) with non-cancer diagnoses the remainder. With the majority of patients having one (39%) or more (43%) caregivers - many being daughters - about 41% died at home, 19% on a dedicated palliative care unit, 17% in residential hospice, 16% in hospital and 7% in a retirement home.

Conclusion: Bivariate (chi-square and Fisher's exact test for low cell count) and multivariate logistic regression analyses to determine significance and to assess determinants of place of death are ongoing. The study is set to fill a gap in the literature and to enhance community-based service provision in order to better meet the complex needs of community palliative care populations.

Funding: This study is supported by a 2013 Janus Research Grant from the Research and Education Foundation of the College of Family Physicians of Canada.

Abstract number: P326

Abstract type: Poster

"FEAR OF DYING": Conceptual Proposal for Improving Nursing Care at the End of Life. Preliminary Results

Fernández-Donaire L.¹, Monforte-Royo C.², Aradilla-Herrero A.¹, Edo-Gual M.¹, Fernández-Narváez P.¹, Maté-Méndez J.³, Tomás-Sábado J.¹

¹EUI Gimbernat, Universitat Autònoma de Barcelona, Nursing, Sant Cugat del Vallès, Spain, ²Universitat Internacional de Catalunya, Sant Cugat del Vallès, Spain, ³Institut Català d'Oncologia, l'Hospitalet de Llobregat, Spain

Aim: To validate the diagnostic label Fear of the dying process, its definition, defining characteristics (DC) and related factors (RF), for inclusion in the taxonomy of the North American Nursing Diagnosis Association (NANDA), and validate nursing activities related to the label.

Methods: The validation process was conducted in three phases. In the first phase through the Delphi method, a questionnaire was administered to a group of experts with the intention of reaching a consensus for the definition, DC and RF of the label; the proposal was submitted to NANDA. In the second, we conducted a Nominal Group twice to design and agree on nursing activities related to the label. Finally, we administered a questionnaire to a group of experts to validate the usefulness in clinical practice of the selected activities through a new Delphi method. The results were statistically analyzed using SPSS 20.0 for Windows.

Results: The initial questionnaire contained 16 DC and 17 RF. After successive evaluations of the first expert panel, data was retained with a median >3 and suggestions were added, resulting in a total of 15 DC and 19 RF. The resulting 44 nursing activities Nominal Group were categorized into five labels; 11 incorporating aspects of "assessment", 11 reflected "therapeutic interventions", 8 were related to the "information and/or health education", 10 referred to the "environment" and 4 impinged on the "effectiveness evaluation". The results of the last phase are being analyzed.

Conclusions: We have obtained nursing care proposal for patients at the end of life using Delphi and Nominal Group technique. We will obtain consensus on nursing activities for patient care on the human response to the "Fear of dying".

Abstract number: P327

Abstract type: Poster

Prospective Multicentre Comparative Study of Syringe Driver Practices within Palliative Care Service Providers in New South Wales, Australia

Moore H.M.^{1,2}, Daniels B.^{3,4}, Chye R.^{1,2}

¹Sacred Heart Health Service, St Vincent's Hospital, Palliative Care, Sydney, Australia, ²St Vincent's Clinical School, University of New South Wales, Sydney, Australia, ³Translational Cancer Research Network, Sydney, Australia, ⁴Prince of Wales Clinical School, University of New South Wales, Sydney, Australia

Introduction: Syringe drivers are considered a safe and convenient method of drug delivery. Single and multiple

drugs can be continuously infused, usually over 24 hours, into subcutaneous tissue (arm/chest/abdomen/thigh). Indications include the inability to take oral medication and symptom control.

Aim: Compare current syringe driver practices and review of adverse events in patients receiving medication via a syringe driver in five hospitals across New South Wales, Australia.

Method: A prospective cross sectional survey involving five hospitals was administered to participants (nurses) over 12 weeks. Participants completed daily non-identifiable questionnaires pertaining to each palliative care in-patient's syringe driver prescription.

Statistical analysis: Performed using generalized estimating equations and logistic regression.

Results: 129 patients received medication via a syringe driver. Pain was the commonest indication. The majority of syringe drivers contained 1 drug (range 1-4). 28 patients (22%) experienced at least one complication. Ketamine and methadone administration were significantly associated with an increase in likelihood of adverse event (odds ratio (OR), 3.08; 95% confidence interval (CI), 1.50 to 6.31; P=0.002 and OR, 2.97; 95% CI, 1.13 to 7.81; P=0.03 respectively). Morphine administration was associated with a significant decrease in the likelihood of an adverse event (OR, 0.36; 95% CI, 0.15 to 0.88; P=0.02). Duration of needle placement was associated with a significant decrease in the likelihood of an adverse event (OR, 0.73; 95% CI, 0.60 to 0.88; P=0.001).

Conclusion: Syringe drivers have good utility in the palliative care setting, however caution must be employed when administering certain drugs due to increased likelihood of adverse events.

Future work: Discussion regarding hospital policies and examining drug combinations used in clinical practice and available compatibility data on those combinations.

Abstract number: P328

Abstract type: Poster

Use of Chemotherapy and Target Therapy in the Last Weeks of Life

Ebert Moltara M., Pahole Golicnik J., Vidali G., Saje A., Ivanetic M., Zist A., Cervek J.

Oncology Institute of Ljubljana, Medical Oncology, Ljubljana, Slovenia

Introduction: Overuse of chemotherapy and target therapy (Cht) is one of identified indicators of aggressive care near the end of life. In analyze completed in 2009, results have revealed high percentage of patients (pts) with advanced cancer receiving Cht in their last 4 and 2 weeks of life in our hospital. Since then several presentation and educational events were organized to guide