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Healing Hearts and Communities

COLLEGE OF PALLIATIVE MEDICINE OF SRI LANKA
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Abstracts of Oral and Poster Presentations

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ORAL PRESENTATIONS

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OP 01

SYSTEMATIC REVIEW ON EFFECTIVENESS OF INTERVENTIONS IN RAISING AWARENESS ON PALLIATIVE CARE AMONG CAREGIVERS OF DEMENTIA PATIENTS

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Background: Dementia is a prevalent neurocognitive disorder with disability and dependency. As no cure, palliative care plays a pivotal role in management. Hence raising capacity on that, among care givers will invariably help to improve quality of life in both patient and the care giver. This study aimed to systematically review interventions aimed to enhance awareness on palliative care among dementia caregivers.

Methods: Total of 1610 articles were found with searches in PubMed, EMBASE, Cochrane Library, PsycInfo, Clinical key and Hinari databases. Following deduplication, there were 732 articles. Screening was done by two independent reviewers using criteria; relevance to palliative care among dementia patients, presence of a measurable outcome and interventions done for the care givers. Third reviewer was involved in solving selection disputes. In the second-round, ten articles were selected. Study design, participants, interventions, findings of outcome measures were extracted. Risk of bias assessment was done with RoB2, AXIS and CasP. Meta-analysis was not performed following the heterogeneity assessments. PROSPERO registration is pending.

Results: There were five descriptive studies and five clinical trials. Seven studies were done in European countries. Sample sizes ranged from 38 to 207. Form of interventions varied from giving psychoeducation, workshops, booklets, formation of peer groups. Four studies had used validated tools to assess the quality of life and knowledge level. Notable outcomes of interventions included significant improvement in caregiver competence score ($p=0.0358$; $t=5.14$); increased level of knowledge on community support service utilization ($p=0.02$); advanced care planning ($p<0.001$); end-stage palliative service ($p<0.001$) and reduction in decisional conflicts ($p<0.001$). Stronger knowledge score gain (Chi-squared=22.21; $p<0.001$ and Wilcoxon signed rank test $z=-4.427$; $p=0.000$) was shown in other two studies.

Conclusion: Palliative care interventions seemingly to be effective in raising awareness among care givers of dementia patients. More studies need to be encouraged.

Key words: Dementia, palliative care, raising awareness, caregivers

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OP 02

PSYCHOLOGICAL DISTRESS AND ITS ASSOCIATED FACTORS AMONG PATIENTS RECEIVING PALLIATIVE CARE IN HOSPICES ACROSS MATARA, ANURADHAPURA AND JAFFNA, SRI LANKA

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Background: Psychological distress among patients receiving palliative care in hospices has limited research attention, especially in Sri Lanka.

Methods: A descriptive, cross-sectional study was conducted to describe the proportion of psychological distress among palliative patients in three hospices situated in Matara, Anuradhapura and Jaffna, Sri Lanka. Patients who were admitted for at least two weeks at the time of data collection were recruited consecutively, obtaining a sample size of 50. Data were collected from June to July 2023, using an interviewer-administered questionnaire incorporating 10-question, Kessler Psychological Distress Scale (K-10) which has been validated for Sri Lanka, considering a cut-off of 16 points.

Results: Majority of the participants were aged 50-60 years (n=38; 76%); Sinhala, Buddhists (n=46; 92%); diagnosed of Cancer (n=45; 90%); males and females were equally distributed; educated up to ordinary level (n=19; 38%); (n=23; 46%) employed in the private sector, with an average monthly family income in the range of Rs. 10,000 - Rs. 49,000 (n=42; 84%). Of the participants, 40% (n=20) had to travel >70km to hospice; 56.6% (n=45) used public transport. The duration of last stay in the hospice among 74% (n=37) of the participants ranged from one to three months; 28% (n=14) were hospitalized at least once during the last year; 96%, (n=48) had not received regular psychological support; while 88% (n=44) had the opportunity to be involved in their advanced care plan. Psychological distress was present among 70% (n=35) of the participants, more among females ($p<0.0001$); aged 50 years or more ($p<0.0001$); who had at least one child ($p<0.0001$); with an education less than ordinary level ($p<0.0001$); and those hospitalized at least once during the last year ($p<0.0001$). Self-employed participants ($p<0.0001$); who used public transport ($p<0.0001$); received regular psychological support ($p=0.002$); and those involved in their own care plan ($p=0.001$) were less likely to experience psychological distress.

Conclusion: There is a strong association between various factors including regular psychological support and patient involvement in their care plans and the proportion of psychological distress among palliative care hospice patients.

Key words: Hospice, Palliative Care, Psychological distress

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OP 03

BUILDING OF COLLABORATIVE PARTNERSHIP FOR PALLIATIVE CARE SERVICE DELIVERY IN COLOMBO REGIONAL DIRECTOR OF HEALTH SERVICES AREA

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Background: Sri Lanka is currently in a demographic transition where more people are aging and suffering from non-communicable diseases and needing more palliative care services. But in Sri Lanka, there is a lack of systematic and methodical provision of palliative care to the relevant receiver in need. Addressing this gap, an innovative system is developed in Colombo Regional Director of Health services (RDHS) area on provisioning of needed medical appliances, ultimately helping in creating a conducive environment for patients and care givers.

Description: Palliative care is provided by Public Health Nursing Officers (PHNO). Although the government has provided medical appliances beneficial for many individuals, there were situations where these resources were insufficient or not meeting the needs of certain patients. Therefore, a combination of government, private and local and foreign partnership support, for a more comprehensive approach to meet the individual medical needs was a felt need. As an initiative, a list of well-wishers was contacted by the officials at Colombo RDHS office. A social media network was developed. Several discussions were held via virtual platform. PHNOs of Colombo district were instructed to make a list of patients in their service area who needed palliative care and aiding medical appliances. Next, patients were linked to the local hospital for follow up.

Results: Following development of collaborative partnership several appliances were distributed according to the priority list developed by PHNOs. With the donations, patients on palliative care were supplied with three air mattresses, one walker and one nebulizer. Patients who need wound care or dressing were linked with the local hospitals. Provision of gauze and relevant wound dressing items were thereby provided and followed up by the area PHNO.

Conclusion: Collaborative partnership is crucial for the provisioning of improved palliative care services with provisioning of medical appliances to meet the needs of the patients.

Key words: Palliative care, Medical appliances, Collaborative partnership

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OP 04

EFFECTIVENESS OF PALLIATIVE CARE INTERVENTIONS IN PAIN MANAGEMENT OF CHILDREN: SYSTEMATIC REVIEW

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Background: Pain management is a crucial part of pediatric palliative care. There are many pharmacological and non-pharmacological methods used in this. This systematic review aimed at assessing the effectiveness of different types of palliative care interventions in pain management of children.

Methods: Five databases; PubMed (84), EMBASE (559), Cochrane Library (27), CINAHL (28) and Clinical key (275) were searched, and 973 articles were found initially. Following deduplication, two reviewers independently screened articles with title and abstract in the first round and complete articles in the second round. The screening questions included were having an intervention on palliative care, including children, and improvement of pain was the main outcome. Two reviewers screened articles independently. A third was involved in resolving any mismatches of selection. Study design, participants, intervention, and outcomes were extracted by two reviewers independently. Risk of bias assessment was done using GRADE guideline for randomized and observational studies. Since heterogeneity was detected, meta-analysis was not done.

Results: Thirteen articles were selected with three clinical trials, one survey and nine retrospective case-based interventions. In nine studies, only pharmacological methods were used, in two non-pharmacological methods and in another two mixed interventions were used. In almost all (n=13) studies, the main outcome was pain management. Wong-Bakers FACES scale was the most common pain scale used in five studies. The population included were from infants to 18 years old. Among the non-pharmacological interventions, aroma therapy (n=1) and aquatic therapy (n=1) were used. Aroma therapy as a supportive treatment significantly improved the pain ($p<0.0001$). Among pharmacological methods, opioids, analgesics and sedatives were used and five articles discussed the effectiveness of opioids. Methadone was mentioned as more effective than other opioids ($p=0.05$) in five articles. As shown in two studies, buccal diamorphine method and transdermal Fentanyl method significantly decreased the pain ($p<0.001$). Using mix method improved the outcomes (n=5).

Conclusion: Palliative care interventions improve pain management. Further research must be promoted to compare the effectiveness of different modalities.

Key words: Pediatric, Palliative care, Pain management, Opioids

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OP 05

INNOVATIVE ONLINE APPLICATION TO FACILITATE THE DELIVERY OF PALLIATIVE CARE IN MANNAR DISTRICT

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Background: Terminal illnesses impose associated physical, psychological, social and financial impacts among patients and caregivers. Palliative care is offered to those who require it, through a multi-disciplinary approach. A significant coordination and continuity across the health system is essential for the delivery of optimum palliative care. The district health team of Mannar innovated an online application to facilitate the quality delivery of palliative care services.

Description: Main domains of information which are needed to develop a database in managing palliating patients were assessed. This assessment was done by involving all stakeholders with the view of provision of holistic care, in an integrated manner with a multi-disciplinary approach. Variables on details of the patient, clinical details and medications, past medical and surgical history were identified as one domain. Nutritional status, financial status and the supportive systems were determined as two other domains. The pain scale, the dates of changing of catheters, cannulas and tracheotomy tubes and referral details were incorporated other domains as well. A database was thus developed. All patients who were under care with main iinternventions were displayed in the dashboard.

Results: Ninety-three patients have registered through this online application for palliative care home visit services. Dates needing device-changing were shown as pop-up messages making it easier to plan the activities. Family members were also able to see the comprehensive care given by the public health staff to their respective patient. When the patient gets admitted to a healthcare institution, the patients' medical details were digitalized making it more continent for the treating physician in managing the patient.

Conclusion: Innovative online applications facilitate the delivery of quality palliative care and also improve the quality of life of patients and caregivers. Also, these potentially enable better planning, implementation, monitoring and evaluation of palliative care services.

Key words: Palliative care, Online application, Mannar, Innovative

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OP 06

CHALLENGES IN IMPLEMENTING PALLIATIVE CARE SERVICES IN DEVELOPING COUNTRIES: PROTOCOL OF A SYSTEMATIC REVIEW

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Background: Palliative care, a vital component of comprehensive healthcare is an interdisciplinary medical specialty, focusing on preventing and relieving suffering and improving quality of life of patients with serious and/or life-threatening illnesses, as well as their families. While, developing countries are experiencing a surge in mortality and morbidity with non-communicable diseases, heightening the necessity of effective palliative care programs, face distinctive challenges and a significant gap between the demand and supply of palliative care in their health services. This systematic review primarily aims to identify challenges faced by developing countries in implementing palliative care services and secondarily, to assess the exerted actions to overcome these challenges.

Proposed Methods: A literature search was conducted following PRISMA guidelines. PubMed, Cochrane, Google Scholar and Semantic Scholar databases were used to identify studies reporting challenges in implementing palliative care in developing countries using pre-specified keywords. Original research and review articles published during 2013-2022, reporting challenges in implementing palliative care services in developing/low-or-middle income countries, focusing on the adult population were included in the current review. Studies published in languages other than English language, studies from developed countries, on paediatric palliative care, case series, case reports, essays, chapters in books, conference articles/abstracts, editorials, thesis, dissertations, and studies in which full texts were not available were excluded.

Results: A total of 354 publications were identified through the search of four databases and after removing duplicates 341 studies were screened for eligibility. After browsing the title and abstract of each study, the full texts of 133 studies were assessed for eligibility of which, 41 studies were eligible for inclusion in the systematic review.

Conclusion: Primarily, the challenges that were faced by the developing countries in implementing palliative care services globally will be identified following this review. Further, the review will assess the actions exerted across the world in order to overcome these challenges and thereby, provide recommendations to address the distinctive challenges and enhance palliative care services implementation in developing countries including Sri Lanka.

Key words: Palliative care, Implementation, Developing countries, Challenges, Low and middle income

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OP 07

KNOWLEDGE, PERCEPTIONS AND PRACTICES OF PALLIATIVE CARE AMONG TRAINEES ATTENDING THE "WOUND CARE ONLINE CERTIFICATE COURSE" ORGANISED BY THE COLLEGE OF PALLIATIVE MEDICINE OF SRI LANKA: UNDERSTANDING FUTURE TRAINING NEEDS

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Background: One of the largest challenges in provisioning Palliative Care (PC) is the lack of knowledge and poor perception that results in doctors' rigid, paternalistic attitudes. This study aimed to assess the knowledge, perceptions and practices of PC among trainees attending an online course, to understand palliative care training needs.

Methods: An online survey was conducted to explore the current knowledge, perceptions and practices of doctors. The online survey was completely anonymous and no sensitive personal information was recorded. Survey contained 30 questions aimed to assess various components of PC [key concepts (5), pain management (5), other common symptom assessment and management (10), perceptions (5), and practices (5)] and mailed to all 100 Doctors registered. Only 72 (72%) doctors responded.

Results: Among the responders, 58.3% were males, 41.7% were females. Sixty (83.3%) of the respondents have never undergone any form of PC training. Out of the 20 questions on Knowledge, 80.6% (n=58) had answered 11-15 questions correctly. Only 9.7% (n=7) had more than 16 correct answers. None had answered all questions correctly. On basic concepts of PC, 43.1% (n=31) had answered all correctly. On pain management, only 4.2% (n=3) had answered all questions correctly while, the majority 38.9% (n=28) had two correct answers. On other symptom control and management, the majority (34.7%) had only seven correct answers. On perceptions, 87.5% agreed that "Working with palliative patients are more challenging than with other patients" and 52.8% agreed "The provision of palliative care requires emotional detachment" while, 26.4% disagreed and 20.8% stayed neutral. The majority (95.6%) agreed that there should be more training opportunities for doctors on PC. On practices, 55.6% stated they always perform a holistic needs assessment, 38.9% always followed the SPIKES protocol, 34.7% always referred to the chronic pain management guidelines and 83.3% always provided patients and their families with adequate information on illness, treatment and quality of life.

Conclusion: The participants' knowledge and practices of PC were inadequate. Future training programmes should aim to address the identified training needs to improve knowledge, perceptions and practices of PC among doctors.

Key words: Knowledge, Perceptions, Practices, Palliative care, Needs assessment

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OP 08

EFFECTIVENESS OF EDUCATIONAL INTERVENTIONS TO IMPROVE QUALITY OF LIFE OF PATIENTS WITH CHRONIC KIDNEY DISEASE: A SYSTEMATIC REVIEW

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Introduction: Chronic Kidney Disease (CKD) is a growing global health concern. Educational interventions offer potential to enhance CKD patients' well-being. The aim of this systematic review was to assess the impact of educational interventions on the quality of life (QoL) of patients with CKD by Randomized Control Trials (RCT).

Methods: Relevant studies were identified through a systematic search of four databases including PubMed, EMBASE, Cochrane Central Register of Controlled Trial, and Google scholar. The titles and abstracts of the retrieved studies were screened by two reviewers independently. Discrepancies were resolved by consulting a third reviewer. The risk of bias was assessed according to the GRADE approach. Meta-analysis was avoided due to heterogeneity. The protocol of the study was registered in PROSPERO (CRD42023433957).

Results: A total of 435 articles were identified. Of these, 15 RCTs met the inclusion criteria after duplicates were removed. All 15 articles had low risk of bias assessment. Six studies were conducted in Iran and two in Hong Kong. Most of the studies (n=6) used the KDQOL questionnaire, while the remaining studies utilized the EuroQol, HRQoL, and WHOQOL questionnaires. Eight studies included both in-person and phone-based components as part of the educational intervention, while only three studies used in-person educational activities. In contrast, one study combined in-person education with mobile app and phone follow-up, while another mixed it with text messages. One study used mobile app and phone follow-up, another relied on texts messages for education. Out of the 15 studies, 11 showed statistically significant improvements of QoL following educational intervention. Three studies with only in-person interventions, one with in-person along with mobile app and phone usage, and one with text messaging intervention all resulted in significant results. Six of the eight studies that combined in-person with telephone follow-up intervention revealed statistically significant results.

Conclusion: There is a limited availability of educational interventions to improve the QoL of CKD patients. Therefore, educational interventions should be scientifically developed and implemented to improve QoL of CKD patients.

Key words: Chronic Kidney Disease, Quality of Life, Educational interventions

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OP 09

IMPACT OF PAIN MANAGEMENT IN IMPROVING THE QUALITY OF LIFE AMONG PAEDIATRIC PATIENTS WITH HAEMATOLOGICAL MALIGNANCIES RECEIVING PALLIATIVE CARE: A SYSTEMATIC REVIEW PROTOCOL

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Background: Haematological malignancies are a leading cause of mortality and morbidity among paediatric patients. Pain is a frequent symptom associated with this disease condition due to disease, treatments (chemotherapy, radiation), procedures, and complications. This systematic review aimed to assess the impact of pain management on the quality-of-life improvement in paediatric patients with haematological malignancies.

Proposed Methods: Our search strategy will incorporate terms such as 'pain management', 'quality-of-life', 'paediatric', 'haematological malignancies', and 'palliative care', combined using Boolean logic. Included in the review will be original research studies published in English, with accessible full papers. Studies involving participants up to the age of 19 years and with concomitant other illnesses that may induce pain will be excluded from the review. A comprehensive literature search will be conducted across electronic databases, including PubMed, CINAHL, Hinari, and Cochrane Library. Two independent reviewers will screen titles and abstracts of identified studies using Rayyan and EndNote software. Any disparities will be resolved through discussions. Full-text articles meeting inclusion criteria will be evaluated. Data extraction will adhere to a standardized form, completed by two reviewers independently. For risk of bias assessment, relevant bias evaluation tools will be applied, according to study designs. An aggregate measure for pain management effectiveness in enhancing patient quality of life will be computed, utilizing random effects meta-analysis. Heterogeneity will be quantified using the I^2 test; if exceeding 75%, sub-group analysis will elucidate heterogeneity causes.

Results: The findings from this review can provide evidence-based insights to inform optimized pain management strategies for paediatric patients with haematological malignancies, thereby enhancing their overall quality of life.

Key words: Pain management, Quality of life, Paediatric, Haematological malignancies

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OP 10

HOMECOMING HOPE: EMPOWERING LIVES THROUGH A VITAL PALLIATIVE CARE SUPPORT SYSTEM FOR PATIENTS IN MANNAR

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Background: Palliative care is of paramount importance in enhancing the quality of life and alleviating suffering for patients with serious illnesses. Home-based palliative care offers comfort and support, allowing patients to receive personalized care in the familiar surroundings of their homes.

Description: In Mannar, the Regional Directorate of Health Services (RDHS) took the initiative to establish a palliative care team to provide comprehensive services to patients in need. Patients were referred from hospitals, Medical Officer of Health, self-referral, and relatives. The home visits were initiated by RDHS Mannar and carried out by a dedicated team comprising medical specialists, medical officers, public health nursing officers (PHNOs), and palliative care nursing officers. The team's services included catheter care, nasogastric tube care, physiotherapy, nutritional support, counseling services, pain management, and wound care. These services aimed to address the physical, emotional, and psychological needs of patients, ensuring holistic care in the comfort of their homes.

Results: Since January 2022, a total of 19 patients have received palliative care through the home visit programme and continues to provide support to 15 patients currently under their care. The palliative care team's dedication is evident in their regularity of visits, with every patient being attended to once every two weeks. Home visits are carried out twice a week, ensuring that patients have access to timely and consistent care.

Conclusion: The establishment of a palliative care team and their home visit programme in Mannar has proven to be a crucial support system for patients in need. By providing comprehensive care tailored to each patients' requirements, the team has managed to enhance the quality of life for those facing serious illnesses. The ongoing commitment to visits demonstrates the dedication of the palliative care team in their mission to provide comfort, dignity, and relief to patients and their families during challenging times.

Key words: Palliative care, Home visits, Quality of life

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OP 11

COST EFFECTIVENESS OF PALLIATIVE CARE INTERVENTIONS FOR ADULT PATIENTS WITH ADVANCED CANCER: A PROTOCOL FOR SYSTEMATIC REVIEW

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Introduction: Evaluating the cost-effectiveness of palliative care interventions offers insights into resource allocation, healthcare collaboration, and decision-making. It encourages a holistic approach to care that balances clinical effectiveness with economic considerations, ultimately benefiting both patients and the healthcare system. This systematic review will be conducted to describe the palliative care interventions available for adult patients with advanced cancer and to assess the cost-effectiveness of those interventions.

Proposed Methods: Adult patients with advanced cancer receiving palliative care interventions will be compared with patients receiving standard care or alternative interventions to assess cost-effectiveness of palliative care interventions. A comprehensive search will be conducted in PubMed, HINARI, ClinicalKey, IRIS and Embase databases using key words and mesh terms related to palliative care, cost-effectiveness, and advanced illness. The screening questions include studies in which the primary data is quantitative, the study population is adults with advanced cancer, interventions are related to palliative care, and outcomes are measures related to cost effectiveness. Two independent reviewers will screen the studies and those that do not meet the criteria will be excluded. Any discrepancies will be resolved through consultation with a third reviewer. Data extraction will be done by a standardized data extraction form developed to capture relevant information from the included studies. Risk of bias will be assessed according to GRADE guidelines and ROBINS-I. Cochrane Review Manager will be used for data analysis, data synthesis and creating forest plots. Clinical, methodological and statistical heterogeneity will be assessed. If homogeneity is detected, meta-analysis will be done using the Mantel-Haenszel method. Prospero registration for this study has been applied.

Key words: Palliative care, Cost-effectiveness, Advanced cancer

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OP 12

PALLIATIVE CARE AS A HOLISTIC APPROACH: MULTI-SECTORIAL INVOLVEMENT TO ESTABLISH PALLIATIVE CARE IN COMMUNITY

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Background: Palliative care is known as an active holistic care of individuals across all ages with serious health-related suffering due to severe illness. It needs to have multi-sectorial involvement of both health and non-health sectors to provide holistic care. Apart from physicians, nursing and para medical staff, it requires the involvement of multiple social categories to provide palliative care in the community.

Description: As an initiative to deliver palliative care services at the community level, Public Health Nursing Officers (PHNO) were appointed in Battaramulla area. However, as the system was implemented recently, and is still evolving, only a handful of people are aware of the importance and availability of these services. As a successful solution for this issue, collaborations were made with local authorities and government officers. At the monthly conference of the divisional secretariat (DS) office, the PHNO addressed the local authorities such as the commissioner of the urban council, *Grama Niladharis*, development officers, counselors in DS office and public health staff. In this multi sectorial platform, the importance and availability of community-based palliative services has been highlighted. Once the government authorities are convinced, marked improvement in palliative care service delivery has been noted.

Results: Since the initiation of addressing government officers at the monthly conference, the number of patient referrals by the community has risen. Each month, around 100 participants have been addressed. Each month 2-3 referrals have been received by the community, other than those who are referred from hospitals. The referral methods include self-referrals, referrals by government officers via letters and phone calls. Again, linking with the government officers has enabled to have a better follow-up of the patients. Also, it enabled to provide a holistic care for patients with social and economic aspects.

Conclusion: Newly implemented community based palliative care programme would gain many benefits by empowering the local authorities and government officials and welcoming their involvement. Also, it highlighted the fundamental definition of ‘holistic’ palliative care.

Key words: Community palliative care, Holistic approach

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OP 13

PALLIATIVE CARE SERVICE FOR A BEDBOUND PATIENT DIAGNOSED WITH TYPE 2 DIABETES MELLITUS, HYPERTENSION AND CHRONIC KIDNEY DISEASE: A CASE REPORT

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Background: Palliative care provides an evidence-based approach to treating patients with chronic kidney disease and comorbidities, such as diabetes and hypertension. It is an interdisciplinary, holistic approach that focuses on symptom management, quality of life, and the physical, emotional, and spiritual well-being of the patient and their family. The goal is to improve the patients' quality of life while ensuring optimal treatment of the underlying conditions.

Description: A 70-year-old woman with a history of chronic kidney disease, type 2 diabetes, and hypertension had been struggling with medication compliance. She lost both her husband and only child, and her sister, who is also a hospital staff member, is her only care giver. The patients' compliance has been further impacted by the limited support and availability of her care giver, which has contributed to her deteriorating condition. The patient is currently followed up at the family medicine clinic of a base hospital. The patient has mobility limitations and requires assistance from her care giver for activities of daily living. She is catheterized and the care giver is struggling to balance her work and home life while caring for her sister. The patient was evaluated by the Public Health Nursing Officer (PHNO) and home-based palliative care was offered to help improve her quality of life.

Results: The PHNO provided counselling to the caregivers and patients on a regular basis. She arranged for a supply of medication from the local clinic and developed a daily reminder system for taking the medication. She also encouraged the patient to listen to religious sermons via radio at home and developed a timetable for her daily activities. These facilitated easier and quality support offered by the patients' caregivers for the patient.

Conclusion: Home-based palliative care must be customized to improve patients' and care givers' health. Care giver health must also be addressed. Bed bound patients with comorbidities require comprehensive support while addressing the caregiver's well-being.

Key words: Home-based palliative care, Chronic kidney disease, Care giver

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OP 14

EFFECTIVENESS OF PALLIATIVE CARE INTERVENTIONS IN NEONATAL INTENSIVE CARE UNITS (NICUs) IN IMPROVING PARENTAL QUALITY OF LIFE: A SYSTEMATIC REVIEW

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Introduction: Palliative care for a neonate refers to holistic care provided for both the neonate and family from the point of disease diagnosis, throughout the life, at the time of death and beyond. It is supposed to improve the quality of life (QoL) of both the neonate and family in physical, emotional, social and spirituals domains.

Methods: Total of 363 articles were found from four data bases: EMBASE, CINAHL, PubMed and Clinicalkey. After deduplication, the first round of article screening was done with going through the title and abstract and the second round with full articles. Three screening questions were; whether the study was related to neonatal palliative care, whether the setting taken as NICUs and whether selected outcome includes QoL. A total of nine articles were selected after screening. Risk of bias assessment was done using GRADE guideline for randomized clinical trials and observational studies. Screening and data extraction were done by two independent reviewers with a third intervening in discrepancies. Since heterogeneity of studies, meta-analysis was not done.

Results: Of the selected articles, there were six (06) qualitative studies, and 1 each of cross-sectional, cohort and randomized clinical trials. Most of them (n=7) were based in United States, Spain and Turkey. Study populations included parents (n=8) and health care providers(n=1). Themes that emerged from qualitative studies included better communication with parents, being sensitive and empathetic, letting them to create memories with children, providing practical help and understanding. It was reported in two articles that providing early palliative care would reduce the grief response in relation to improving quality of life emotionally. Another study stated that all parents who received palliative care had recommended the services to future parents. Further, another study demonstrated that inclusion of parents in decision making in palliative care process would improve their psychological health. ($p=0.015$)

Conclusion: Palliative care interventions, initiated in NICUs would improve the quality-of-life parents.

Key words: Neonate, Quality of life, Palliative care

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OP 15

PROSTHETIC AND ORTHOTIC CARE FOR A TERMINALLY ILL LOWER LIMB AMPUTEE WITH MULTIMOBIDITIES: A CASE STUDY

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Background: The management of patients whose disease does not respond to curative treatment does not merely include pain and other symptoms control. Preventing and mitigating suffering from physical, psychological, and social problems and improving their quality of life is paramount.

Description: A 57-year-old obese business owner was diagnosed with multi-morbidities (Heart failure following Myocardial Infarction, Atrial Fibrillation, Spinal TB, L/ Renal calculi, Stroke with Right hemiplegia, Diabetic Mellitus), underwent left below knee amputation due to chronic infected ulcer in 2022. He was wheelchair-bound, dependent for his activity of daily living (ADL). Being dependent on ADL and his altered body image following amputation leads him to depression. He was referred to the Rehabilitation hospital Ragama for further rehabilitation in August 2022.
A multidisciplinary care team was involved in his rehabilitation. The patient's goal was to walk with aid and attend to his social activities. Following pre-prosthetic management, which was done by physiotherapists and occupational therapists, customized transtibial prosthesis for amputated left lower limb (LL) and ankle foot orthosis for paralyzed right /LL was developed by a prosthetist and Orthotist at Rehabilitation Hospital Ragama. A cardiology referral was done before starting the gait training and the patient was discharged on 06/12/2022 after completing gait training. The patients' goals were achieved. He was able to stand and ambulate with a walker, partially independent on his ADL and also, he could attend his daughter's wedding after 4 months. His depressive symptoms were diminished with his achievements.

Conclusion: Prosthetic and orthotic care for terminally ill amputees play a significant role in enhancing their dignity, autonomy, and quality of life during their remaining time.

Key words: Prosthetic orthotic care, Limb loss, Quality of life, Multiple pathologies

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OP 16

MENTAL WELLBEING AND ITS ASSOCIATED FACTORS AMONG PATIENTS RECEIVING PALLIATIVE CARE IN HOPICES IN MATARA, ANURADHAPURA, AND JAFFNA, SRI LANKA

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Introduction: The mental wellbeing of patients in palliative care hospices remains relatively understudied, particularly in the context of Sri Lanka. The study describes the proportion of mental wellbeing and factors associated among patients receiving palliative care in three hospices in Matara, Anuradhapura and Jaffna, Sri Lanka.

Methods: A descriptive, cross-sectional study was conducted among patients admitted to the selected hospices for at least two weeks at the time of data collection by consecutive recruitment (N=50). Data were collected from June to July 2023, using an interviewer-administered questionnaire incorporating 14-question, Warwick Edinburgh Mental Well-being Scale (WEMWBS) which had been validated for Sri Lanka, considering the cut-off of 40 points and above to denote non-satisfactory mental well-being.

Results: Most participants were Sinhala, Buddhists (92%; n=46), diagnosed with cancer (90%; n=45), 76% (n=38) aged between 50-60 years. Males and females were equally represented. Thirty-eight percent (n=19) had attained ordinary level education, 46% (n=23) worked in the private sector. 40% (n=20) travelled >70km to the hospice, 56.6% (n=45) used public transport, 42% (n=84%) showed average monthly family income ranging between Rs. 10,000 - Rs, 49,000. The last hospice stays for 74% (n=37) varied between one to three months, while 28% (n=14) were hospitalized at least once in the previous year. A majority (96%, n=48) had not received consistent psychological assistance, but 88% (n=44) had the opportunity to participate in planning their advanced care. Mental wellbeing was satisfactory among 80% (n=40) of the participants. Unsatisfactory mental wellbeing was common among females ($p=0.001$) aged ≥50 years ($p<0.001$), married ($p<0.001$), with children ($p=0.003$), with an education below ordinary level ($p<0.001$), self-employed ($p=0.05$), who had to travel ≥50km to the hospice ($p<0.001$), been hospitalized at least once during the last year ($p<0.001$), and not being involved in their own advanced care plans ($p=0.005$)

Conclusions: There is a significant link between different sociodemographic factors and the occurrence of unsatisfactory mental wellbeing in palliative care patients in hospices.

Key words: Hospice**,** Mental wellbeing, Palliative Care

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OP 17

EFFECTIVENESS OF MINDFULNESS-BASED INTERVENTIONS FOR REDUCING PSYCHOLOGICAL DISTRESS AMONG HEALTHCARE WORKERS MANAGING PALLIATIVE PATIENTS; A SYSTEMATIC REVIEW

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Introduction: Healthcare workers (HCWs) providing care to palliative patients are consistently susceptible to psychological distress. Initiatives centered around mindfulness are being conducted to enhance the mental wellbeing of HCWs. To assess the effectiveness of such initiatives, a systematic review was conducted.

Methods: This was conducted adhering to the PRISMA guidelines. We identified 3296 studies in PubMed, EMBASE, and CINAHL, using keywords 'mindfulness'/'meditation', and 'palliative care' or their related variations, within the context of HCWs. The studies were selected through a three-stage screening process facilitated by Rayyan software, based on HCWs managing palliative patients; involved mindfulness-based interventions; primary outcome focused on reducing psychological distress, stress, or grief. The risk of bias assessment was conducted using ROBINS-I criteria. The screening and data extraction were independently performed by two reviewers, with a third reviewer engaged in conflict resolution.

Results: After deduplication, 3287 articles were identified, and seven articles were selected for the synthesis of systematic review. Given the absence of randomized trials, a meta-analysis was not conducted. Among the selected, six studies employed quasi-experimental designs with pre/post-test assessments, while one study utilized a prospective cohort design with mixed methods. Clinical heterogeneity was observed in the study population representing different categories and sample size ranging from 20-90. Further, the mindfulness-based interventions considered were meditation sessions, educational training, and training-practice combined sessions. These interventions differed from 6 weeks-1 year on a regular/intermittent basis with different time durations and showed a significant reduction in secondary traumatic stress ($Z=-4.21$, $p<0.001$), stress ($p<0.0001$), distress ($p\leq0.04$), distress score ($p<0.001$) and work-related distress ($p<0.01$).

Conclusion: Mindfulness-based interventions (MBIs) appear to reduce the psychological distress among HCWs managing palliative patients. However, the quality of studies was inconsistent. Further research is recommended.

Key words: Mindfulness-based interventions, Psychological distress, Healthcare Workers, Palliative patients

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OP 18

ARE WEBINARS EFFECTIVE IN TEACHING MANAGEMENT OF CHRONIC WOUNDS TO DOCTORS? A CASE STUDY

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Introduction: Chronic wounds are a significant burden to the health care system. Webinars are a method of online teaching used in many subjects. However, it has its limitations in Medicine, especially in topics such as wound care which needs hands on clinical experience. However, most doctors are involved in wound care in their day-to-day practice. This case study explains the execution of a webinar programme on wound care by the College of Palliative Medicine of Sri Lanka for doctors, incorporating their own wound care practise.

Methods: An online certificate course was designed to cover all basic aspects of chronic wound management. Eminent resource persons were recruited, and the programme was planned with 45 min lectures followed by discussions with real life scenarios. It comprised of seven lectures conducted over four days on consecutive Saturdays. The lectures were delivered from 9pm to 11pm. A lecture challenging the current practice of the participants was included to ignite an internal discussion. An assignment was given at the start of the programme to elaborate how the concepts taught in the programme were applied in the participants' own practice. The programme was advertised on the college Facebook page and other social media platforms and pages.

Results: There were 115 registrants. The participants were limited to 100 due to the limitations in the webinar platform used. Of the participants, 43% were females and 57% were males; 87% were from the government sector; 85% were form the clinical sector of which 63% were involved in wound care related work. The average attendance was 85.5% per day. The response rate for the assignment and completion of the course was 85%. Of them (85%), all (100%) declared the programme is a success and rated it as very useful. The knowledge gained was rated at 9-10 by 80 (94%) and effectiveness of the delivery method was rated at 6-10 by 78 (92%) in a 10-point scale; all (N=85; 100%) declared the assignment was thought provoking and course content was related today today clinical work.

Conclusion: The acceptance and perceived effectiveness of the web-based approach to teach basic wound care was high. The causes for non-completion and the variance in the perceived effectiveness must be studied further.

Key words: Webinar, Teaching, Chronic wounds management

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OP 19

EFFECTIVENESS OF BEREAVEMENT SUPPORT FOR CAREGIVERS IN PALLIATIVE CARE: A PROTOCOL FOR A SYSTEMATIC REVIEW

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Introduction: Caring for patients in palliative care extends beyond the death of a patient, demanding significant emotional and physical efforts from caregivers. Bereavement support plays a vital role in promoting the well-being and resilience of caregivers, enabling them to overcome the challenges of grieving and adapt to life after the loss. However, Sri Lankan caregivers lack formal preparation and structured support, highlighting the need for effective interventions. This protocol is for a systematic review which will be aimed to assess the effectiveness of bereavement support interventions for caregivers in palliative care.

Proposed Methods: A systematic review of studies up to 31st May 2023 will be conducted. The following databases will be searched: PubMed, ClinicalKey, and HINARI. Two reviewers shall independently screen potential articles for inclusion and disagreements shall be resolved by consensus. Non-English studies, qualitative studies, unpublished works, and non-caregiver populations will be excluded. A descriptive synthesis of the evidence obtained is planned. The primary outcomes will be caregivers' emotional wellbeing, coping mechanisms and quality of life. Methodological quality will be evaluated using GRADE criteria for randomized and observational studies based on study design, bias, consistency, precision, and directness. For non-randomized interventional studies ROBINS-I criteria will be used. A standardized data extraction form will capture study details, intervention specifics, and outcomes. The certainty assessment will be reported alongside the findings. This systematic review protocol has been prepared according to the Preferred Reporting Items for Systematic reviews and Meta-analyses for Protocols (PRISMA-P) 2015 statement.

Results: This review's findings will guide tailored bereavement support strategies to enhance caregiver well-being and contribute to improved palliative care practices in Sri Lanka and beyond.

Key words: Systematic review, Bereavement support, Caregivers, Palliative care, Effectiveness

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OP 20

DO WE HAVE A PLACE FOR PROSTHESIS FOLLOWING LIMB AMPUTATION IN HIGH GRADE SARCOMA PATIENTS? AN ATTEMPT TO RESTORE QUALITY OF LIFE FOR A CHILD WITH ADVANCE STAGE OSTEOSARCOMA: CASE STUDY

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Background: Osteosarcomas is a deadly malignant bone tumour known to cause widespread metastasis as early as at the time of diagnosis limiting the survival of the patients. Limb amputation is done to achieve local control of the disease followed by chemotherapy and radiotherapy to control metastasis. Palliative care plays a major role in these patients managing symptoms and improving quality of life.

Description: A 14-year-old girl was diagnosed with osteosarcoma in right femur in 2017 and underwent limb sparing surgery and chemotherapy in India. She had normal life following that and was re-diagnosed with osteosarcoma left lower limb in February 2020. The depressed wheelchair bound girl was referred to Ragama rehabilitation hospital following a left lower limb above knee amputation and completion of chemotherapy for osteosarcoma at Maharagama Apeksha Hospital in August 2020. The aim was to restore the functional mobility of the child to improve quality of life. A customized transfemoral prosthesis was developed in prosthetic and orthotic clinic following a model formation within one month of the referral and the child was given a gait training to carry out activities and counselling sessions were carried out simultaneously. The child was assessed during follow up clinics on activities of daily living.

Results: The child gradually achieved functional mobility and her depressive symptoms improved significantly. She again started schooling in January 2021 with the prosthesis and had a satisfactory life until she died in January 2022 due to liver metastasis.

Conclusion: Customized prosthesis development and training need to be considered even in advance soft tissue cancer patients to achieve quality of life and to improve self-esteem.

Key words: Osteosarcoma, Prosthesis, Palliative care, Quality of life

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OP 21

EFFECTS OF THE MULTIDISCIPLINARY APPROACH IN PALLIATIVE CARE OF ADVANCED CANCER PATIENTS COMPARED TO STANDARD ONCOLOGY MANAGEMENT: PROTOCOL OF A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background: Early initiation of palliative care has shown beneficial effects on the quality of life and symptom intensity among advanced cancer patients. Moreover, the multidisciplinary team (MDT) approach in palliative care has been shown to improve quality of life and other favorable outcomes in different site-specific cancers. This systematic review and meta-analysis will compare the effectiveness of MDT in palliative care versus the standard oncology care alone in enabling favourable health outcomes i.e., quality of life, survival, symptom intensity and psychological distress in advanced cancer patients.

Proposed methods: A systematic review of studies done up to 31st May 2023 will be conducted. MEDLINE (via PubMed), Clinical Key, HINARI, EMBASE, and Scopus databases will be searched. The gray literature found in the relevant institutions, trial registers, repositories and unpublished or ongoing studies will also be considered. Two reviewers will independently screen the potential articles for inclusion and disagreements shall be resolved by consensus. Non-English studies and qualitative studies will be excluded. A descriptive synthesis of the evidence obtained is planned. The primary outcome will be the quality of life of the patients with advanced cancer and the additional outcomes will be pain reduction, improvement in survival, and reduction of psychological distress. Methodological quality will be evaluated using GRADE criteria for randomized and observational studies, based on study design, bias, consistency, precision, and directness. For non-randomized interventional studies, ROBINS-I criteria will be used. A standardized data extraction form will capture study details, intervention specifics, and outcomes. The certainty assessment will be reported alongside the findings. The preferred reporting items of Systematic reviews and Meta-analyses (PRISMA) guidelines will be used when publishing.

Results: The findings will be provided as the ratio of risks for binary data and the standardized mean difference for continuous data. The study will provide insights into the effectiveness of the MDT of palliative care over usual care for advanced cancer patients.

Keywords: Advanced cancer, Multidisciplinary approach, Palliative care, Quality of life, Survival

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POSTER PRESENTATIONS

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PP 01

HELPING IN A STRUGGLE THAT NEVER ENDS: PROVISION OF CARE FOR A PATIENT WITH A LIFE-LONG DISABILITY: A CASE STUDY

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Background: Congenital neurological disorders are a group of disorders which are present at birth, related to brain and spinal cord malformations and can cause lifelong disability. Therefore, palliative care services play a huge role in these patients.

Description: A 60-year-old female, unmarried, has been diagnosed with a congenital neurological disorder at birth. She has poor muscle tone and power in bilateral upper and lower limbs. However, with successful treatment including physiotherapy, she had been able to walk with support and to perform most activities of daily living (ADLS) by herself. She is educated up to O/Ls. Following a fall, she suffered a fracture in the left lower limb. Currently she is wheel-chair-bound patient and is being looked after by her sister's family.

Three years ago, she developed uterine prolapse to which she was denied surgical treatment due to complexity of her medical condition. The prolapse has gradually increased and has ulcerated causing pain and discomfort. Adding to this, she recently developed bilateral gradual hearing loss, for which she was given hearing aids. She also is a known hypertensive with morbid obesity.

She currently receives home-based palliative care from the Public Health Nursing Officer, in relation to pain management, wound care and physiotherapy. She manages to perform some ADLS such as self-grooming and feeding. Both the patient and caregivers were counseled on improving mental and spiritual well-being. She does paint, reads during leisure time, and engages in religious activities.

Conclusion: Introducing home-based palliative care services has improved the quality of life of this patient who is immobile with life-long disability. Since such patients are unable to visit hospitals to obtain palliative care services, introduction of home-based palliative care would allow patients to receive health services catered to their individual needs.

Key words: Palliative care, Disability, Life-long

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PP 02

AN EFFORT IN IDENTIFYING PATIENTS NEEDING PALLIATIVE CARE AND EXPLORING THEIR NEEDS WITHIN COLOMBO REGIONAL DIRECTOR OF HEALTH SERVICES AREA

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Background: Efforts have been made to develop palliative care service provision in Sri Lanka. Considering the growing need for such services, more steps need to be taken to streamline this service provision. As a first step to address this, a format was created by Colombo Regional Director of Health Services (RDHS).

Methods: Public health Nursing Officers (PHNO) are responsible for provision of palliative care at grass root level in Sri Lanka. Initial discussions were held regarding the eligibility criteria for palliative care service requirement. PHNOs were instructed to keep records on all eligible individuals who need palliative care in their service area along with giving them a reference number. Public Health Midwives and Public Health Inspectors were also addressed during monthly conferences and in-service sessions to support in identifying eligible individuals requiring palliative care. Issues related to Data-base expansion were regularly discussed at RDHS level with participation of all PHNOs in the district. All the hospitals in the RDHS area were instructed to send details on such patients to the relevant PHNOs. A resource dispensing inventory was also developed.

Results: Development of a systematic reporting method facilitated communication, resource allocation, holistic care planning and ensured quality care provision. All PHNOs (n=6) in the Colombo RDHS area were able to gather information of about 25 individuals per PHNO requiring palliative care services, within the Colombo district. Further discussions at RDHS level were arranged to build a monitoring and evaluation system for palliative care service provision.

Conclusion: Availability of a systematic reporting method to identify the patients' needs in palliative care and maintaining a registry made the foundation in streamlining the provision of palliative care services within the district.

Key words: Palliative care, Streamlining, Registry

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PP 03

IMPROVING END-OF-LIFE CARE: HOME-BASED PALLIATIVE CARE INTERVENTIONS FOR A PATIENT WITH CHRONIC KIDNEY DISEASE: A CLINICAL CASE REPORT

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Background: Chronic kidney disease is a debilitating condition characterized by the progressive decline of kidney function. In older adults with multiple comorbidities, chronic kidney disease can pose significant challenges to their overall well-being and quality of life. As disease advances, patients often require multiple hospital admissions, making it essential to explore palliative care interventions to enhance patient comfort and improve their end-of-life journey.

Description: A 76-year-old male, burdened by diabetes mellitus, hypertension, chronic obstructive pulmonary disease, and ischemic heart disease, and has been experiencing progressive chronic kidney disease. The patient is currently receiving follow-up care at a tertiary care hospital and has had multiple hospital admissions due to complications related to the illness. Despite the challenges posed by his health conditions, the patient enjoys good social support from his family. A comprehensive symptom management plan was implemented to alleviate pain, breathlessness, and other distressing symptoms associated with the disease and its comorbidities. This involved the use of medications and non-pharmacological interventions. A dietary plan was tailored to accommodate the patients' specific dietary restrictions and disease-related requirements to maintain optimal nutrition. Psychological support was provided to the patient and his family to address the emotional challenges that accompanied chronic illness. PHNO was engaging in open discussions with the patient and his family about their preferences and goals of care to establish an advance care plan that respects the patients' wishes through regular home visits.

Conclusion: Incorporating home-based interventions for patients with chronic kidney disease and multiple comorbidities can significantly improve their quality of life. By addressing these needs, patients and their families can navigate the challenges of terminal illness with enhanced support and dignity. The provision of home-based palliative care empowers patients to live with greater comfort and autonomy while maintaining their connection with their loved ones during their end-of-life journey.

Key words: Chronic kidney disease, Palliative care, End-of-life journey

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PP 04

PALLIATIVE CARE IN IMMOBILE, SENILE, PATIENT IN SOCIOECONOMIC DEPRIVATION: A CASE REPORT

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Background: In the later stages of life, senile, immobile patients need comfort and support to live with dignity in achieving healthy aging. These supports may include pain management, physical comfort, counseling, and other forms of emotional support, such as companionship, and other strategies that reduce psychological suffering. To establish individualized programs that respect the patient's preferences and values, caregivers work closely with families. Palliative care strives to improve the overall quality of life, lessen pain, and offer a peaceful and sympathetic atmosphere for senile, immobile people.

Description: Mrs. MAK, a 79-year-old, has been unwell for the past six years and has been unable to walk for the last three years. She has been diagnosed with bronchial asthma and has experienced multiple falls due to her mobility-related challenges. A proper diagnosis has been lacking. She has been offered services by the Public Health Nursing Officer (PHNO). These services entail home-visits with physiotherapy, education on wound and bedsore care, nutrition guidance, counseling, emotional support, and moral encouragement. Notably, the family of Mrs. MAK with limited income has received specific nutritional advice in getting a cost-effective selection of healthy dietary items.

Conclusion: Methodologies like community-based palliative-care are the way forward for achieving restfulness in the later stages of life. Provision of similar services for senile community members who have certain limitations such as mobility, would enable proactively attending to the needs of the senior citizens. It also potentially minimizes senior citizens from developing conditions that are serious and terminal that might need palliative care. Hence it will be a cost-effective strategy for the country in minimizing the morbidity associated with aging. A service package targeting the well-being of senior citizens must be developed within the life-cycle-based approach of service delivery.

Key words: Palliative care, Senile, Immobile, Healthy aging, Caregiver

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PP 05

FIELD LEVEL PALLIATIVE CARE INTERVENTIONS FOR A BED RIDDEN PATIENT: A CASE REPORT

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Background: Home-based palliative care needs to be provided for unconscious bedridden patients. They need special attention and a comprehensive care provision to ensure optimum level of wellbeing. This often becomes emotionally and physically challenging for family members and care givers. The guidance given by a skilled health officer could make home-based palliative care easier in many aspects.

Description: 92 years old Mrs. X, with dementia, accidentally fell at home six months ago. Following admission to hospital, she had reduced level of consciousness. She was diagnosed with non-ST elevation myocardial infarction with cardiogenic shock. Furthermore, Mrs. X was diagnosed with anaemia and pre-renal acute kidney injury. Currently, the patient is unconscious, and bed ridden. Her daughter is looking after her. Patient had a follow-up hospital visit in one month for a CT scan. She was not admitted to hospital and the Public Health Nursing Officer (PHNO) was contacted and requested to offer services. PHNO is offering her services including NG tube insertion, catheter care, bed bath, providing advice and checkups for bed-sore prevention and counselling to the caregiver. A caregiver’s mental wellbeing is also assessed occasionally and support is given by PHNO during her regular visits.

Conclusion: Taking care of an unconscious bed ridden patient includes multiple tasks to prevent complications and to improve patients’ overall health. During this process, caregivers face challenges that include maintenance of supportive medical appliances. By providing services in a home-based environment by a skilled health officer reduces the caregiver burden and also, patient is getting optimum care with available facilities. Promoting and increasing the number of skilled staff for field level home-based palliative care services is not only beneficial to the patients but also to the caregivers.

Key words: Bed ridden patients, Palliative care, Home-based care, Dementia

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PP 06

EMPOWERING COMFORT AT HOME: HOME-BASED PALLIATIVE CARE FOR AN ELDERLY PATIENT WITH CHRONIC LIVER CELL DISEASE: A CASE REPORT

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Background: Chronic liver disease is a progressive condition characterized by the gradual impairment of liver function. This debilitating illness can lead to a myriad of symptoms, including abdominal pain, fatigue, and reduced quality of life. Effective palliative care is crucial in managing symptoms, enhancing patient comfort, and promoting the patient's overall well-being.

Description: An 88-year-old female, with chronic liver disease, who lives with her daughter has diabetes mellitus and hypertension which further compounded her health challenges. The patient has not been followed up with any clinic for her illness, making her susceptible to frequent episodes of symptom exacerbation. Eighteen months back a patient experienced acute liver failure and was treated in a hospital. Currently, she complains of generalized abdominal pain, indicating the progression of her liver disease. Furthermore, the family support is inadequate, placing an additional burden on her well-being. The care for this patient is to manage her symptoms effectively and improve her quality of life within the comfort of her own home. Tailored treatment planned to address abdominal pain involving the use of pain medications, dietary modifications, and lifestyle adjustments. Scheduled visits are done by the Public Health Nursing Officer to provide comprehensive assessments and care coordination. Counseling and emotional support to the patient and her family to address fears and uncertainties associated with the illness are given. A patient’s good spiritual health incorporated into the palliative care plan facilitated respecting patients’ beliefs and values.

Conclusion: Home-based palliative care interventions play a crucial role in enhancing the quality of life for elderly patients with chronic liver disease. A patient-centered approach through addressing symptom management, and emotional and spiritual well-being, can significantly improve the patients’ comfort and overall satisfaction. Providing home-based palliative care can empower the patient to experience compassionate and comprehensive support, allowing her to age gracefully and maintain her dignity while living with chronic liver disease.

Key words: Chronic liver disease, Cirrhosis, Home-based palliative care

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PP 07

AN INNOVATIVE APPROACH TO OVERCOME PSYCHOLOGICAL MORBIDITIES AMONG SPINAL CORD INJURY PATIENTS: A CASE STUDY

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Background: 'Spinal cord injury' (SCI) results in a catastrophic effect on the physical, psychological, and social well-being of its victims. Even in this day and age, relatively little attention is paid to the psychological suffering that a functionally dependent person endures after experiencing an SCI. There are many associated factors contributing to psychological morbidities, increasing the burden of the disease.

Description: An individualized counseling program was initiated targeting needy SCI patients followed up at the Rheumatology and Rehabilitation Hospital, Ragama. The ward personnel directed the potential clients among SCI patients for the program but, it was open to anyone. Individual counseling was provided according to a structured methodology by a trained medical officer. Thirty- to forty-five-minute individual sessions were conducted. It included a description of the patients' SCI, discussions on how to lead a fulfilling life while disabled, using personal examples and the presentation of inspirational videos and readings. Patients were given a contact number for further consultations if necessary.

Results: Ninety-five SCI patients in total were offered these services so far, and five of them had carcinomas. The interventions greatly aided in open communication, emotional support, and the control of pain and symptoms within the group. Qualitative feedback shows this approach provides comfort and dignity while also increasing the chances of accelerated physical recovery. Counseling was shown to assist not only patients but also their families in navigating the challenges of the disease.

Conclusion: The provision of innovative methodologies can help improve the quality of life for patients with disabilities, including those who require palliative care. In chronic disabling conditions like SCI, promoting the mental well-being of the patients would provide many benefits to the patients as well as the caregivers. The possibility of expanding these services must be explored.

Key words: Spinal cord injuries, Psychological status, Psychological morbidities, Functional dependency

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PP 08

UTILITY OF EFFECTIVE PALLIATIVE CARE FOR A PATIENT WITH VASCULAR PARKINSONISM- A CASE REPORT

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Background: Vascular Parkinsonism (VP), a secondary form of Parkinson's disease, resulting from reduced brain blood flow due to vessel damage or strokes, mirrors Parkinson's symptoms. Motor and non-motor impairments like bradykinesia, tremors, and cognitive impairments are common. Its unique rapid progression and resistance to standard treatments pose challenges. Palliative care offers solace and guidance for those facing complications of VP.

Description: At the age of 72, Mrs. GNN encountered a significant intensification of her medical symptoms, leading to multiple instances of falling during her time abroad. Subsequently, she was diagnosed with VP, resulting in the prompt commencement of treatment. The primary emphasis of her treatment focused in palliative care, which has been administered with the dedicated assistance of a Public Health Nursing Officer (PHNO). PHNO has done a series of home-visits. She has advised the caregivers to encompass rehabilitation physiotherapy as well as a demonstration on bedsores/wound management. Counseling including aspects like emotional and moral encouragement has been done. Health promotional advice had been offered on nutritional well-being. Both the patients and the caregivers were targeted for those interventions accordingly.

Conclusions: In this case, it was seen that palliative care enhanced well-being, improved clinical symptoms, including pain, and aided in navigating complex decisions and emotions. Home-based palliative care has the potential to provide significant benefits in addressing chronic conditions like VP, thereby enhancing the well-being of patients and their caregivers. This case illustrated how physiological challenges such as repeated falls, frequent infections, pressure-sores, muscle contractions, and psychological concerns like anxiety about children and low mood have been effectively managed through palliative care. Additionally, social dynamics such as role-reversal between husband and wife have also been handled. There is a pressing need to further advocate for and promote community-oriented palliative care to address such conditions effectively.

Key words: Vascular parkinsonism, Palliative care, Field services, Rehabilitation, Counselling

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PP 09

ENHANCING WELLBEING AND COMFORT: A HOLISTIC APPROACH TO HOME-BASED PALLIATIVE CARE FOR A PATIENT WITH QUADRIPLEGIA: A CASE REPORT

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Background: A Stroke, depending on its severity, can affect a persons' functions and everyday life. The effects of quadriplegia can be wide ranging causing an impact on physical, mental, social and spiritual wellbeing of a person. When curative treatment is no longer an option, palliative care can provide the physical and emotional needs for the patient at the comfort of his own home and surroundings.

Description: A 78 years old, unmarried male, with a medical history of diabetes mellitus and hypertension has been suffering from quadriplegia for the past seven years. He is being taken care of by his sister and brother-in-law. Taking into consideration the condition of the patient and the capacity of the caregivers, palliative care interventions are in place to optimize the patients' quality of life. Wound cleaning and dressing is done every other day by a male nurse and routine medications are given to control his comorbidities. Since the patient is in the comfort of his own home and around his loved ones, further emotional support is provided. The public health nursing officer visited the family regularly to give advice regarding patient management and to arrange any health-related community-based services. This helped reduce the caregiver burden which generally poses as a challenge in home based palliative care.

Conclusion: Home based palliative care provides an individualized care plan tailored for the patient which helps him to cope with his illness in his familiar surroundings. It also manages symptoms and other needs of the patient. It supports the family and caretakers of the patient through guidance and service provision. Most importantly, it provides a holistic approach to patients receiving palliative care to reach and maintain their optimal wellbeing.

Key words: Stroke, Quadriplegia, Home-based palliative care

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PP 10

FIELD LEVEL PALLIATIVE CARE SERVICES PROVISION FOR A PATIENT WHO IS UNDERGOING CHEMOTHERAPY: A CASE REPORT

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Background: Chemotherapy is one of the standard treatments used to control the growth of cancer cells. Chemotherapy is usually given in cycles with different time durations and patients may get various side effects of various intensities. These patients need supportive care not only to manage side effects, but also for ensuring optimum quality of life. Identification and the provision of such services would increase the quality of life of both patients and caregivers.

Description: Mrs. X, 57-years old, unmarried lady was diagnosed with endometrial cancer in 2018. She had developed several complications as well. She had undergone several investigations, surgeries and currently is on chemotherapy. Also, at the time of data collection, she had diabetes, hypertension and had recently undergone cataract surgery. Her caregivers were her own sister's family. Overall care, including financial support, was given by them. Mrs. X understood her condition and offered her fullest support for home-based palliative care. She consumed her medicines and attended clinic visits without fail as per her clinic records. The Public Health Nursing Officer had regularly visited her, counselling and necessary advice were given to improve her mental wellbeing. Pain management medications and other medications were delivered to her from the local hospital.

Conclusion: Availability of skilled service providers on palliative care in the field is advantageous to the community. Since provisioning palliative care is a complex approach, better understanding and accepting the dynamics of the disease condition by the patient reduced the caregiver burden. Also, this will allow the patients to be more receptive and compliant with all field-care services like counselling, pain management and regular follow-up.

Key words: Palliative care, Chemotherapy, Field care, Endometrial cancer

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PP 11

HOME-BASED CARE INTERVENTIONS FOR A PATIENT WITH CERVICAL RADICULOPATHY: A CASE REPORT

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Background: Cervical radiculopathy is a debilitating condition that can severely impact a patients' quality of life. For elderly patients with comorbidities like diabetes mellitus and hypertension, home-based care interventions can be a valuable alternative, focusing on symptom management, improving comfort, and enhancing the patients' overall well-being.

Description: A 68-year-old female, a mother of four, has been suffering from cervical radiculopathy. She also has a medical history of diabetes mellitus and hypertension and has been regularly following up in a tertiary care hospital. Surgical correction was recommended as a potential treatment option, but the patient declined due to concerns expressed by her daughters. Considering her decision and the complexity of her medical conditions, the patient was evaluated and offered home-based palliative care interventions to facilitate her daily activities and improve quality of life. Pain Management and symptom control is achieved through medications, physiotherapy, and non-pharmacological interventions like gentle exercises. As the burden of the condition also affected their psycho-social well-being, emotional support to the patient and her family offered through regular counseling by PHNO. Regular visits by PHNO ensured proper management of diabetes mellitus and hypertension, and other medications, to prevent complications and maintain optimal health.

Conclusion: Home-based care interventions play a crucial role in improving the quality of life for elderly patients, who may not be candidates for surgical correction. By focusing on pain management, symptom control, emotional support, and holistic care, it is possible to alleviate suffering, enhance their functional abilities, and provide comfort and dignity during the medical conditions. These interventions can be implemented to patients who warrant palliative care as well, by creating a supportive environment that is conducive to their overall well-being.

Key words: Home-based palliative care, Cervical radiculopathy, Case report

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PP 12

A NOVEL STRATEGY FOR RAISING AWARENESS ON FIELD LEVEL PALLIATIVE CARE THROUGH COLLABORATIVE ENGAGEMENT OF THE VOLUNTARY COMMUNITY ORGANIZATIONS

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Background: Goal of palliative care is to improve the quality of life of patients and their families by addressing physical, emotional, social, and spiritual wellbeing. Achieving this goal is only possible if the public is aware of field-based palliative care, as otherwise a conducive environment and necessary collaborations are not achieved.

Description: An initiative was commenced at Battaramulla area to increase the awareness among the members of the community voluntary organizations and to advocate the office bearers of those, on field-based palliative care. The content area needed for this activity was prepared using the experiences acquired during the provision of serve delivery by the area Public Health Nursing Officer. Expert input was also obtained. By consulting the community members, a list of community-based voluntary organizations was prepared including the days in which their meetings will be held. The office bearers of these organizations met and advocated on the importance of field-based palliative care. Appointments to conduct awareness sessions by visiting during their regular meetings were obtained.

Results: Multiple awareness programs were conducted at field level with the support of community volunteers and health officers. The initiative is ongoing currently. The organizations visited include elderly committees, welfare society meetings, ladies' committees, Samurdi meetings, Mother Support Group meetings and schools-based meetings. The topics discussed during the awareness programmes included counselling sessions for elders, importance of uninterrupted consumption of their medications and regular clinic visits, exercises and importance of physiotherapy and other related timely topics. The number of participants varied from program to program, with 50- 60 in elderly committees and 30-40 in ladies' committees. A logbook was maintained for all these sessions with signatures of the participants.

Conclusion: Open discussions with members of the community voluntary organizations help to improve overall community awareness and public engagement for palliative care service provision in the field level. By conducting such programmes, the service availability will be publicized, and more patients will obtain palliative care services.

Key words: Palliative care, Field-level services, Awareness on palliative care, Collaborative efforts, Community organizations

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PP 13

ENHANCING PALLIATIVE CARE: EMPOWERING HEALTHCARE PROFESSIONALS AND COMMUNITY THROUGH AWARENESS PROGRAMMES

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Background: The lack of awareness about palliative care often leads to suboptimal care for terminally ill individuals. Recognizing the importance of palliative care awareness, the Regional Directorate of Health Services (RDHS) in Mannar initiated a series of Palliative Care Awareness Programmes.

Description: The team comprising medical specialists, medical officers, public health nursing officers (PHNO), and a palliative care nursing officer conducted informative sessions to enhance understanding and appreciation for palliative care for healthcare professionals, school children and public in Mannar. The programme covered topics on community perception in palliative care, wound care, holistic & ethical approaches in palliative care, palliative care and human connection, the concept of a "Good Death," management of pain in terminal care and home settings and addressing misconceptions about morphine. Importance of Multisectoral coordination for palliative care was also emphasized.

Results: Total of four programmes conducted for 200 healthcare professionals and eleven sessions were conducted for a total of 360 school children and public in Mannar. By involving these audiences, the programme aimed to create an informed society capable of supporting individuals facing life-limiting illnesses. The success of the palliative care awareness programmes prompted the team to conduct follow-up programmes, seeking feedback from participants to improve future sessions continually and fostered an evolving approach to palliative care education. It led to the development of a proper pathway for patient referral, facilitated the establishment of comprehensive palliative care teams, integrating various healthcare professionals to provide holistic care, and equipping caregivers with the necessary skills and knowledge to care for their loved ones compassionately.

Conclusion: Palliative care awareness programmes proved instrumental in disseminating knowledge and fostering a deeper understanding of palliative care among healthcare professionals and public. Continued efforts in this direction will undoubtedly contribute to improving the overall quality of life for patients and their families in the future.

Key words: Palliative care awareness, RDHS Mannar, Caregiver training for palliative care

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PP 14

PALLIATIVE CARE SERVICES FOR A PATIENT DIAGNOSED WITH SENILE DEMENTIA: A CASE REPORT

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Background: Senile dementia is a progressive neurodegenerative condition which affects higher cognitive functions thus, activities of daily living. There is a rise in the prevalence of senile dementia in aging populations creating challenges for patients and caregivers. Home-based palliative care interventions offer both parties a conducive domestic environment.

Description: An 80-year-old lady, a mother of two children, from Battaramulla, was diagnosed with senile dementia for two years. She was previously diagnosed to have type 2 diabetes mellitus for 20 years and was followed up at a tertiary care hospital initially. Later, she was referred back to the family medicine clinic of a divisional hospital. Drug compliance was unsatisfactory due to less availability of essential medication. Due to short term memory impairment and disorientation, she was referred to a psychiatry clinic and treatment was initiated. The patient managed to do her activities of daily living with the help of a neice, living nearby. The rest of the household chores were done by her husband as she found it difficult to engage on those. This patient was evaluated by the Public Health Nursing Officer (PHNO) and offered home-based palliative care interventions.

Care giver counselling and regular patient counselling was done by the PHNO. PHNO has made regular visits; has discussed with the local hospital clinic to ensure the continuous supply of her medication; developed a daily reminding system of time for taking medication and advised to listen to sermons via radio at home. PHNO also had helped to develop a timetable for the patient and care givers so that they will not miss any of the patients'essential activities of daily living.

Conclusion: Home-based care interventions need to be customized according to the patients and care givers' requirements. Care giver support and health also need to be addressed further in provisioning of palliative care for patients with dementia.

Key words: Palliative care, Home-based interventions, Dementia, Caregiver

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