

Conflict of Interest

None

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Abstract ID: 104

Frequency and trends in deaths at nursing homes in older people: population-level study using death-certificate data in 18 countries

Topic: Public Health Palliative Care

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Background: The ageing of societies has increased the importance of nursing homes as place of death.

Objectives: We aim to compare cross-nationally the frequency of nursing homes as place of death (PoD) and the trends over time between different age groups of people aged 70 or older across a 10-year period (2012–21).

Design: Population-level analysis of aggregate death certificate data.

Design and/or Method: We sought national PoD data from vital registries of 47 countries varied in UN Regions and were able to include 26, 18 with PoD categories that we identified as “nursing homes or similar” (NH; e.g., “nursing home”, “care home” or “nursing/long term care”). We described the percentage of NH deaths by age group (70–79y, 80–89y, ≥90y) and country, per cause of death [cancer – ICD-10 codes C0–C97 (except C91–95) and dementia – F01–03, G30, G31], and period (2012–13, . . ., 2020–21).

Results: We analysed 37.1 million deaths of people aged ≥70 (70–79y: 30.2%; 80–89y: 43.6%; ≥90y: 26.2%). NH deaths increased with age in every country (overall – 70–79y: 18.2%; 80–89y: 26.5%; ≥90y: 37.5%). For cancer deaths, this happened in every country (overall – 70–79y: 20.4%; 80–89y: 25.1%; ≥90y: 33.5%) and dementia in 12 countries (overall – 70–79y: 51.7%; 80–89y: 53.9%; ≥90y: 59.5%). There was no consistent time trend across countries in the percentage of NH deaths; most common was a constant increase until the pandemic and a reduction afterwards but only in 6 countries or less per age group.

Conclusion: Subject to the limits of comparability of PoD categories across countries, we observed that nursing homes are a relevant place of death in older people, especially for those above 90y and that the majority of deaths occurred there when cause was dementia. Countries should include nursing homes in their classification of PoD and allocate palliative care resources according to needs in this setting.

Trial Registration (if applicable)

N/A

Funding Source

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Conflict of Interest

None

POSTER ABSTRACTS

Abstract ID: 2

Exploring the lived experience of cachexia for individuals with end-stage kidney disease and the interrelated experience of their carers

Topic: Engaging and working with patients, informal caregivers and citizens to shape palliative and end of life care, caregiving and bereavement

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Background: Cachexia is an important consideration in the person-centred care that is needed in end-stage kidney disease (ESKD). However, given that clinical guidelines relating to cachexia in ESKD are largely absent, this is an unmet care need.

Objectives: To understand individuals' experiences of cachexia in ESKD and the interrelated impacts on carers in their lives to inform guidelines and future ESKD service planning.

Design: A purposive sampling strategy is being used to recruit individuals living with ESKD who have cachexia and their carers (n = 12) across two nephrology directorates, within two healthcare trusts in the United Kingdom. Interviews are audio-recorded, transcribed verbatim and analysed using interpretative phenomenological analysis. Ethical approval for this study was granted by the Office for Research Ethics Committees Northern Ireland (REC Reference: 22/NI/0107).

Results: Analysis has generated five preliminary themes: reduced appetite; reduced functionality;

weight loss interpreted as a bad sign; social impact of cachexia; tension over feeding. Data reflects the multidomain impact of cachexia on patients with ESKD, impacting on biological, psychological and social domains. Furthermore, analysis confirms that the impact of cachexia in ESKD affects not only patients but also their loved ones who care for them in the domiciliary setting.

Conclusion: These preliminary insights are a critical first step in the development of care that both recognises and responds to the needs of this population. The findings of this study will help healthcare providers understand the challenges that individuals with ESKD and their carers face in relation to cachexia and inform future clinical practice guidelines. Further research and supportive interventions which are co-designed to address the multifaceted impact of cachexia in ESKD are urgently required.

Trial Registration (if applicable)

N/A

Abstract ID: 3

Examining the acceptability and feasibility of the Compassionate Mindful Resilience (CMR) programme in Adult Patients with Chronic kidney disease: The COSMIC Study findings

Topic: Compassionate Communities

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Background: People with advanced kidney disease face multiple challenges associated with the disease and renal replacement therapy such as increased anxiety and depression. The COSMIC study aimed to support a new service development project, in collaboration with Kidney Care UK, by implementing the Compassionate Mindful Resilience (CMR) programme, developed by MindfulnessUK, and explore its feasibility for patients with stage 4 or 5 kidney disease and kidney transplant recipients.

Objectives: N/A

Design: N/A

Methods: A multi-method feasibility design was utilised. Participants (n = 75) over 18 years, from