Supportive and palliative care research and audit conference

Wednesday 30 November 2016

Oral and poster abstract submission template

Abstracts must conform to the following requirements:

- Include a short title (up to 20 words) and the author's names (asterisk the presenting author)
- Maximum length: 250 words
- Structure: background/objectives, methods, results, implications
- Include presenting author's contact details (including name, job title, institution and email address).

Abstracts should be submitted to samantha.wilkinson@srft.nhs.uk by 5pm on Friday 30 September 2016.

Title: Patient wellbeing and caregiver burden in long-term neurological conditions: Baseline results from the OPTCARE Neuro trial
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Abstract

Background:
Approximately 10 million people in UK are affected by long-term neurological conditions (LTNCs). Many have inadequate symptom control and social support with a high burden for informal caregivers. The OPTCARE Neuro trial is evaluating the effectiveness of short-term integrated palliative care for LTNCs patients and their caregivers. Here we explore the association between patient quality of life (QoL) and mental health and caregiver burden.

Methods:
The sample included 80 patient-caregiver pairs. Caregiver burden was measured using the Zarit Burden Inventory (ZBI-12; 0=no burden to 48=high burden). Patient QoL was measured using the EQ5D questionnaire and mental health using the Hospital Anxiety and Depression scale (HADS). Linear regression was used to test for associations.

Results:
Carers were 67.50% female with a mean age of 65.13yrs (SD=12.41). The mean caregiver burden was 16.95 (SD=8.84, range: 0-38, median=16.50). Poorer patient QoL (b=.80,

p=.001) and higher patient depression (b=.65, p=.040) were associated with greater caregiver burden; no association was found for patient anxiety (b=.43, p=.097). After adjusting for caregiver factors (age, illness, gender, education, employment) and patient diagnosis and illness duration, the association between patient depression and caregiver burden was attenuated whilst patient QoL remained significant (b=.83, p=.003). The model explained 39.25% (p=.003) of the variance.

Implications:
Our results support the idea that patient QoL is associated with caregiver burden. Improvements in patient QoL through the provision of palliative care, may have associated benefits for caregivers. The ongoing OPTCARE Neuro trial will provide further evidence to explore the impact of early palliative care in this population.