

ABSTRACTS
PRE CONGRESS

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PP 01**EXPLORING THE PERSPECTIVES AND LEARNING EXPERIENCES ABOUT PALLIATIVE CARE AMONG THE FIRST BATCH OF NURSING STUDENTS ENROLLED IN THE OPTIONAL PALLIATIVE CARE NURSING COURSE AT THE UNIVERSITY OF PERADENIYA: A PROTOCOL**

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Background: Improving education on palliative care in undergraduate nursing programs is important to enhance students' knowledge, skills and clinical experience and to improve the quality of patient care. The University of Peradeniya recently introduced a palliative care nursing course for nursing students as an optional one, allowing students to acquire theoretical and clinical knowledge and relevant skills and to apply them to palliative care. Building knowledge on how these students experienced palliative care is important to improve the quality of the undergraduate nursing program. Aim is to explore the perspectives and learning experiences of the first batch of nursing students who studied palliative care optional course at the University of Peradeniya.

Methods: A qualitative research design will be used to obtain data from students who enrolled in the optional palliative care nursing course. Data will be collected using in-depth interviews with a validated semi structured interview guide focusing on acquisition of knowledge and skills, the development of attitudes, the impact of practical experience, and the level of satisfaction derived from the learning process. Data collection will be continued until the data saturation is reached Interviews will be recorded and transcribed them verbatim before data analysis. Thematic analysis will be employed. Ethics approval will be sought from the Ethics Committee of Faculty of Allied Health Sciences, University of Peradeniya.

Discussion. The study aims to identify the knowledge level and experience of nursing students about palliative care. The results of this analysis will help to improve the theoretical knowledge and practice of students in palliative care and also enhance ways to the delivery of palliative care.

Keywords: Nursing students, palliative care nursing, knowledge



PP 02

A QUALITATIVE EXPLORATION OF THE ROLE OF A PALLIATIVE CARE PHARMACIST IN SRI LANKA: A PROTOCOL

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Background: The need for palliative care (PC) is rising due to aging populations and increase in non-communicable diseases (NCD). PC is delivered through a well-established system involving multidisciplinary teams consisting of physicians, nurses, pharmacists and other healthcare professionals. The involvement of pharmacists in PC is crucial due to usage of complex medication regimens, and they have a major role in promotion of medication safety and medication therapy optimisation. Yet, their involvement remains limited and there is a lack of sufficient evidence regarding their role and contribution to PC settings. This study aims to fill the important knowledge gap by exploring the role, contribution and challenges of pharmacists involved in PC in Central Province of Sri Lanka (SL).

Methods: This qualitative study will be conducted among pharmacists working in PC units of selected government hospitals in the Central Province of SL. This study will employ face-to-face semi-structured interviews, guided by a semi-structured interview guide, conducted by a study investigator with purposively selected pharmacists. The guide covers six main areas, including participant demographics, pharmacist contribution to PC, specific pharmacist roles and their implementation, challenges they faced, and finally, suggestions for improving PC. The sample will consist of 5-20 pharmacists based on data saturation. Data will be analysed using Colaizzi's seven up method of thematic analysis. Ethical approval will be obtained from Ethics Review Committee, Faculty of Allied Health Sciences, University of Peradeniya. Administrative permissions will be taken from hospital authorities, and written consent will be obtained from participants prior to data collection.

Discussion: The results of the study will provide valuable insights into the palliative care experiences and challenges of pharmacists providing palliative care in the Central Province of Sri Lanka.

Keywords: palliative care, pharmacist, role



PP 03

UNDERSTANDING PATIENT EXPERIENCES OF RADIOACTIVE IODINE TREATMENT IN SRI LANKA: A PROTOCOL OF A QUALITATIVE STUDYDassanayake HDWTD¹, Hathurusinghe HDHN¹, Madhushani GDCK^{1*}, Keerthisinghe MCM¹¹*Department of Nursing, Faculty of Allied Health Sciences, University of Peradeniya**Corresponding author - chaturangikakeerthisinghe97@gmail.com**Background:** Radioactive Iodine (RAI) therapy has been a standard treatment for differentiated

thyroid cancer for over eighty years. While its clinical efficacy is well established, the emotional and psychological experiences of patients undergoing RAI therapy remain underexplored. Patients may experience physical side effects like fatigue, nausea, and appetite loss, along with emotional responses including anxiety, fear, and uncertainty. Despite its increasing use, limited research exists on how Sri Lankan patients perceive and cope with RAI treatment. This study aims to explore the experiences of patients who have undergone RAI treatment for thyroid conditions, focusing on both pre-treatment and post-treatment phases and emotional impacts of RAI therapy among patients treated in a government hospital in Sri Lanka.

Methods: A qualitative methodology will be employed, utilizing semi-structured in-depth Interviews with purposively selected participants aged 18 and above who were diagnosed with papillary or follicular thyroid cancer and received RAI therapy within the past year. Interviews will continue until theoretical saturation is reached. Participants will be recruited over two months from a tertiary care hospital in Sri Lanka. Verbatim transcripts will be analyzed using Colaizzi's phenomenological method to extract key themes. To make this rigorous, the framework of trustworthiness by Lincoln and Guba will be observed, which stresses credibility, transferability, dependability and conformability. The ethical approval will be obtained from the Ethics Committee of the Faculty of Allied Health Sciences, University of Peradeniya. Administrative permission will be obtained from the respective hospital authorities.**Discussion:** This study seeks to highlight the emotional journey of patients and their coping strategies during RAI therapy. It is important to comprehend those experiences to enable healthcare providers to enhance pre-treatment counselling, expectations, and more support and caring treatment. And it affects psychosocial support and health education in oncology practices, too. The findings will provide valuable context-sensitive, patient-based advances in RAI treatment methods in Sri Lanka.**Keywords:** Thyroid cancer, Radioactive iodine, Patient experience, Qualitative research, Sri Lanka, Emotional wellbeing

PP 04

SLEEP QUALITY AND QUALITY OF LIFE AMONG PATIENTS WITH CANCER WHO ARE ATTENDING A CANCER CLINIC AT THE GENERAL HOSPITAL VAVUNIYA

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Background: Poor sleep quality is a common, under-recognized issue among cancer patients, with significant physical and psychological consequences on their Quality of Life (QOL). However, its prevalence and associated factors remain underexplored in Sri Lanka. This study aimed to assess sleep quality, QOL, and associated factors among adult cancer patients receiving treatment at the oncology clinic of General Hospital Vavuniya.

Methods: A Descriptive cross-sectional study was conducted among 138 patients with cancer aged 18 years or older selected through simple random sampling and provided informed consent. Data was collected using interview-administered Pittsburgh Sleep Quality Index and SF-36 Health Survey. Data analysis was done using SPSS v26.0. Descriptive statistics and ANOVA were done, and significance level was considered at $p < 0.05$.

Results: Among 138 participants, most were female (57.2%) with mean age 51.71 ± 9.024 (range: 36-72). A majority were married (91.3%), Tamil (50.7%), and educated up to O/Ls (63.8%). Breast cancer (31%) and lung cancer (14%) were most common, with 68.8% receiving chemotherapy and 77.5% reporting metastasis. Sleep quality assessment revealed that none had good sleep quality; 64.5% experienced moderate difficulties, and 25.4% severe sleep difficulties, based on global PSQI scores (range: 8–17, mean 7.12 ± 3.34). More than half (52.9%) of participants reported poor overall quality of life (range: 21-78, mean 53.76 ± 12.84). One-way ANOVA revealed significant associations between QOL and monthly income ($p = 0.007$), family support ($p = 0.024$), and BMI category ($p = 0.043$). Pearson correlation analysis showed a very weak, non-significant relationship between global PSQI scores and QOL ($r = -0.022$, $p = 0.794$), indicating sleep quality did not significantly predict quality of life in this sample.

Conclusion: Enhancing family support and addressing financial and nutritional needs through targeted interventions may improve overall well-being and quality of life. Further research is needed to identify the exact causes of poor sleep quality and poor quality of life among these patients.

Keywords: Quality of Life, Sleep Quality, Cancer



PP 05

CULTURAL COMPETENCY IN PALLIATIVE CARE NURSING: A SCOPING REVIEW OF CURRENT EVIDENCE ON CARING STRATEGIES AND BARRIERS

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Background: Delivering culturally competent palliative nursing care is essential to meeting the complex needs of patients at the end of life. As healthcare becomes increasingly multicultural, nurses must integrate cultural values, beliefs, and preferences into palliative care delivery. Understanding the current state of cultural competence in palliative care nursing practice is crucial for improving care delivery and patient outcomes. Objective is to map the global evidence on current care strategies and barriers related to cultural competence in palliative care nursing.

Methods: A scoping review was conducted by adopting the Arksey and O'Malley framework. A systematic search of CINAHL, PubMed, Google Scholar, and ScienceDirect databases was conducted for studies published between January 2020 and June 2025. The key terms included “Palliative care”, “nurse,” and “Cultural competence”. Studies that focus on cultural competency in palliative care nursing published in English were incorporated into the present study. Out of 788 articles, 23 met the inclusion criteria following PRISMA-ScR guidelines. Data were extracted for current care strategies, barriers, and analyzed using descriptive and thematic synthesis.

Results: Review identified four key care-delivering strategies: (1) Culturally tailored communication, including using preferred language, involving family in decision-making, and understanding cultural norms around truth-telling and prognosis disclosure. (2) Use of interpreters and cultural mediators to bridge language gaps and clarify culturally influenced expressions of pain, grief, or symptoms; (3) Respect for cultural rituals and practices related to death, dying, and after-death care, particularly in hospice and home-based care settings and (4) Patient-centered care frameworks that incorporate individual values, religious beliefs, and preferences for care delivery. Barriers to care were identified as lack of training and awareness, time constraints, language barriers, institutional limitations, and moral distress.

Conclusion: Culturally competent palliative nursing care enhances patient-centered outcomes. Addressing training gaps and systemic barriers is essential to support effective, culturally sensitive end-of-life care.

Keywords: Palliative care, Nursing, Barriers, Care strategies



PP 06

SPIKES PROTOCOL IN BREAKING BAD NEWS IN PALLIATIVE CARE NURSING: A SCOPING REVIEW OF AWARENESS, BARRIERS AND FACILITATORS

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Background: Breaking bad news (BBN) is a fundamental communication skill in palliative care, where nurses serve as primary communicators with patients and families during critical end-of-life discussions. The SPIKES protocol (Setting, Perception, Invitation, Knowledge, Emotion, Strategy & Summary) provides a structured framework for delivering difficult news effectively, yet there is limited evidence of its awareness and use among nurses in palliative settings. Objective is to map existing literature on nurses' awareness of the SPIKES protocol and identify barriers and facilitators to BBN in palliative care.

Methods: A scoping review was conducted following Arksey and O'Malley's framework. A systematic search of PubMed, ScienceDirect, Google Scholar, and CINAHL databases was conducted for peer-reviewed studies published between 2020 and 2025. Articles examining nurses' knowledge, awareness, or application of the SPIKES in palliative care were included. Out of 85 articles, 12 met the inclusion criteria following the PRISMA-ScR guidelines. Miller's Pyramid of Clinical Competence was used as a theoretical framework to extract the levels of awareness and application. Facilitators, and barriers were analyzed using descriptive and thematic synthesis.

Results: Findings revealed that most nurses were either unaware of the SPIKES or had only superficial knowledge of its steps, corresponding to the “Knows” level of Miller’s Pyramid. A smaller number had received training or participated in educational programs, leading to improved understanding and application of the protocol, aligning with the “Knows How” level. Observational and simulation-based training allowed nurses to demonstrate practical use of SPIKES (“Shows How”), though real-world integration (“Does”) was limited. Key barriers included lack of institutional training programs, time constraints, emotional burden, and cultural considerations. Facilitating factors encompassed organizational support, clinical experience, and availability of interdisciplinary consultation.

Conclusion: Nurses in palliative care often lack awareness and systematic use of the SPIKES protocol. Systemic barriers outweigh individual ones, highlighting the need for institutional support, simulation-based training, and cultural competency programs to enhance breaking bad news communication skills.

Key words: Awareness, Nurses, SPIKES, Breaking Bad News, Palliative Care



PP 07

KNOWLEDGE, ATTITUDES, AND PRACTICES AMONG NURSING OFFICERS REGARDING PAIN MANAGEMENT IN PALLIATIVE CARE PATIENTS IN APEKSHA HOSPITAL, SRI LANKA

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Background: Effective pain management is vital in palliative care to enhance patient comfort. Nursing officers, having a good knowledge, favorable attitudes, and correct practices in cancer palliative care can enhance patients' quality of life and improve evidence-based care delivery.

Methods: A descriptive cross-sectional study was conducted among 255 nurses selected through simple random sampling from all wards and units of Apeksha Hospital. Data were collected using a pre-tested (Cronbach's alpha - 0.632), self-administered questionnaire comprising 45 items assessing knowledge, attitudes, and practices (KAP) regarding pain management in palliative care patients. Data was analyzed using SPSS V25. Descriptive statistics Chi square and Pearson's correlation were used to evaluate KAP scores and relationships.

Results: Among 255 participants, the majority were female (96.1%), over 30 years old (63.3%), Buddhist (98.4%), and had a nursing diploma (94.9%). Most worked in oncology wards (47.3%) or radiotherapy units (35.5%), with 75% having 1–5 years of experience. Only 23% attended a pain management workshop, and 19.5% had prior palliative care training. The mean knowledge, attitude, and practice scores were 12.85 ± 0.96 , 43.76 ± 1.96 , and 45.55 ± 2.37 , respectively. Overall, 90.6% demonstrated good knowledge, 88.6% had positive attitudes, and 87.8% showed good practices regarding palliative pain management. Significant associations were found between knowledge, attitudes, and practices with religion ($p = 0.007$), working section ($p \leq 0.007$), education level ($p \leq 0.021$), marital status ($p \leq 0.005$), prior palliative unit experience ($p < 0.001$), and workshop participation ($p \leq 0.02$). Correlation analysis showed positive, significant relationships between knowledge and attitudes ($r = 0.313$, $p < 0.001$), knowledge and practices ($r = 0.395$, $p < 0.001$), and attitudes and practices ($r = 0.593$, $p < 0.001$).

Conclusion: Most nursing officers exhibited good knowledge, attitudes, and practices regarding palliative pain management. Regular workshops, targeted training, and clinical updates are recommended to sustain and enhance competencies, ensuring consistent, evidence-based care for palliative patients.

Keywords: Palliative Care, Pain Management, Nursing Officers, Knowledge, Attitudes, and Practices (KAP), Sri Lanka



PP 08

FACTORS ASSOCIATED WITH CANCER PAIN AMONG ADULT CANCER PATIENTS ATTENDING APEKSHA HOSPITAL, MAHARAGAMA, SRI LANKA

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Background: The prevalence of cancers is increasing globally and in Sri Lanka. Cancer pain is a common, debilitating symptom that patients are suffering. Therefore, identifying factors associated with cancer pain is essential to improve its management. This study aimed to determine the factors associated with cancer pain among adult patients attending Apeksha Hospital, Maharagama, Sri Lanka.

Methods: A descriptive cross-sectional study was conducted with the participation of 309 adult patients with cancer attending Apeksha Hospital, Sri Lanka. The Validated Short Form Brief Pain Inventory (SF BPI) was administered to assess the pain. Descriptive statistics and the Chi-square test with risk estimates were performed using SPSS version 26. Statistical significance was set as $p < 0.05$. Ethical approval was obtained from the Ethics Review Committee, Faculty of Medicine, University of Colombo.

Results: The mean (\pm SD) age of the study sample was 51.20 (\pm 10.16). The majority of the participants were females (72.8%, 225). Chi-square tests with risk estimates revealed that participants aged below 53 years had significantly higher odds of experiencing cancer pain (OR = 2.23; 95% CI: 1.40–3.54), while those with lower educational levels (OR = 0.61; 95% CI: 0.38–0.97) and lower monthly income (OR = 0.59; 95% CI: 0.37–0.95) had significantly lower odds of pain. Presence of comorbidities increased the reporting of pain (OR = 1.81; 95% CI: 1.14–2.89), whereas those receiving chemotherapy and radiotherapy were less likely to report pain compared to those on other treatments (OR = 0.50; 95% CI: 0.31–0.81). All associations were statistically significant ($p < 0.05$).

Conclusion: Sociodemographic and health-related factors were significantly associated with cancer pain, emphasizing the need for tailored pain management strategies in cancer care.

Keywords: Cancer pain, Adult patients, Associated factors, Apeksha Hospital



PP 09

QUALITY OF LIFE AMONG PATIENTS WITH ASTHMA ATTENDING THE MEDICAL CLINIC AT A SELECTED HOSPITAL IN GALLE DISTRICT, SRI LANKA

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Background: Asthma is a chronic lung disease caused by inflammation that affects people of all ages. Improper asthma management can significantly impact quality of life including physical, emotional, occupational, and social aspects which vary among individuals. Therefore, it is essential to develop more effective strategies to improve patient outcomes. This study aimed to assess the asthma control, quality of life and its interrelationship among patients with asthma at Teaching Hospital Karapitiya, Sri Lanka.

Methods: A descriptive cross-sectional study was conducted among 151 asthma patients attending the medical clinic at Teaching Hospital Karapitiya. Participants were recruited using systematic random sampling method. Data were collected through a validated interviewer-administered questionnaire, consisting of Asthma Quality of Life Questionnaire (AQLQ) and the Asthma Control Test (ACT). The AQLQ contained 32 items across four domains: symptoms, activity limitations, emotional function, and environmental stimuli. Asthma control was categorized as uncontrolled (<15), partially controlled (16–19), well controlled (20–24), and completely controlled (25). Data were analyzed using SPSS version 25. Ethical approval was obtained from the Ethics Review Committee of KIU.

Results: Among the participants, 57% were male and 70.8% were > 50 years of age. Based on the ACT, 15.2% had uncontrolled asthma, and only 4% reported complete control. The mean ACT score was 18.90±3.43 while mean AQLQ was 141.22±14.72. While score of 4 indicates a moderate degree of impairment in AQLQ, 12.6% of the patients reported a value less than 4. The correlation between asthma control and AQLQ reported as $r=0.188$, $p=0.02$. The linear regression revealed that every 1-point increase in ACT score increased AQLQ score by 0.808 units ($\beta =0.808$).

Conclusion: only a limited proportion of patients achieved complete asthma control, indicating impaired asthma control among the majority. Many reported poor asthma-related quality of life, highlighting the need for targeted clinical interventions to enhance asthma control and improve patient outcomes.

Keywords: Asthma, Quality of Life, Asthma Control Test



PP 10

QUALITY OF LIFE AND ASSOCIATED FACTORS AMONG PATIENTS WITH CHRONIC KIDNEY DISEASE ATTENDING TO THE BASE HOSPITAL CHEDDIKULAM, SRI LANKA

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Background: Chronic kidney disease (CKD) is associated with significant morbidity, mortality, healthcare cost and reduced quality of life (QoL). This study aimed to assess QoL and associated factors among patients with CKD attending to Base hospital Cheddikulam, northern province, Sri Lanka.

Methods: A descriptive cross-sectional study was conducted among 333 consenting patients with CKD, 18 years or older, who visited the renal clinic at Base hospital Cheddikulam recruited using convenience sampling technique. Data was collected using interviewer administered KDQOL-SF™ (Kidney Disease Quality of Life Short Form) tool. Data was analyzed using descriptive statistics, chi-square and Pearson correlation tests in SPSS v25.0.

Results: Among participants, 61.9% were male, mean age 51.05 ±11.7 years, 85.6% married, and 53.2% Tamil. Nearly half (48.3%) had primary or no education. Most (66.9%) earned less than Rs. 30,000 monthly. Regarding clinical history, Majority (45.9%) had been diagnosed with CKD for 4–5 years, while 61.3% were in stage 4 and 38.4% in stage 3. Comorbid conditions included diabetes (32.1%), hypertension (30.3%), cardiovascular diseases (23.4%). The majority (61.9%) were receiving hemodialysis, while 38.1% were on medication. Regarding healthcare access, 61.0% visited a hospital or clinic weekly for CKD management, and 48.9% lived within 1–5 km of a healthcare facility. However, 57.7% found healthcare costs unmanageable, and 70.0% lacked health insurance. The mean KDQOL score was 44.06 ±6.02, with majority (69.7%) reporting moderate and 30.3% good quality of life. Significant associations with QoL included age, nationality (p=0.006), employment, income, CKD duration and stage, comorbidities, treatment type, physical activity level, social support (p=0.031), psychological factors, and healthcare access (p<0.001). Knowledge on treatment adherence significantly correlated with QoL (r=0.407, p<0.001).

Conclusion: Socioeconomic and educational disadvantages were prevalent among participants. Improving access to supportive care, health care, knowledge sources and income-related support may contribute to better QoL outcomes in this population.

Keywords: Chronic Kidney Disease, Quality of Life, Associated Factors



PP 11

ATTITUDES AND DETERMINANTS TOWARDS PALLIATIVE CARE AMONG NON-PALLIATIVE CARE NURSES IN A SELECTED HOSPITAL IN SRI LANKA

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Background: Palliative care plays a critical role in enhancing the quality of life for patients facing terminal illnesses. This study investigates the attitudes and determinants towards palliative care among non-palliative care nurses at the National Hospital of Sri Lanka (NHSL), Colombo.

Methodology: A descriptive cross-sectional survey was conducted among 331 nurses working in non-palliative care units/wards at the National Hospital of Sri Lanka, utilizing the Frommelt Attitudes Toward Care of the Dying Scale (FATCOD) to assess their attitudes.

Results: Among the participants, majority were female (82.8%), Sinhala (95.5%) and mean age was 31.81±6.68 (range: 24–59) years. Only 25.4% had a bachelor's degree. Most had 1–5 years of experience (50.2%), were Grade III nurses (75.5%). The mean total score for the nurses' attitudes towards palliative care was 100.79 ±8.38 (range: 77–125), with 92.4% having a positive attitudes. A multiple linear regression model was conducted to examine the association between demographic and professional variables and total scores. The overall model was statistically significant, $F(9, 321) = 2.853, p = .003$, accounting for 7.4% of the variance in total scores ($R^2 = .074$). Among the predictors, nurses' grade ($\beta = 0.275, p < .001$) and years of working experience ($\beta = -0.258, p = .001$) emerged as significant predictors. Higher grades were associated with higher total scores, whereas higher working experience was associated with lower scores. Educational level also showed a statistically significant negative association ($\beta = -0.125, p = .025$), suggesting lower scores among those with higher educational qualifications. The Durbin-Watson statistics of 1.037 indicated no serious autocorrelation issues. Multicollinearity was within acceptable limits.

Conclusion: These findings suggest that while most nurses generally support palliative care, specific subgroups may benefit from further engagement and support to enhance their attitudes. Targeted educational and sensitization programs should be developed to reinforce positive attitudes among all nursing cadres. Additionally, further qualitative research is recommended to explore the underlying reasons behind the negative associations, to better tailor future interventions.

Keywords: Palliative care, Non-palliative care nurses attitudes, Sri Lanka.



OP 01**FACTORS ASSOCIATED WITH UNMET NEEDS OF INFORMAL CAREGIVERS OF PATIENTS WITH ADVANCED CANCER IN PALLIATIVE CARE AT APEKSHA HOSPITAL, SRI LANKA**

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Background: Cancer poses a major burden on patients, families, and healthcare systems. Informal caregivers (ICs) who provide critical support to patients often face unmet needs (UNs) that affect their well-being and caregiving ability. This study aimed to identify factors associated with UNs among ICs of patients with advanced cancer receiving palliative care (PC) at Apeksha Hospital, Maharagama, Sri Lanka.

Methods: A cross-sectional study was conducted among 422 ICs selected via convenience sampling. Data were collected through an interviewer-administered questionnaire, including socio-demographic and clinical factors. UNs were assessed using a Sinhala validated 35-item Comprehensive Needs Assessment Tool covering seven domains: healthcare staff/nurses' support and information (HNIN), physical/practical needs (PPN), medical officers' support (MON), psychological needs (PSN), social/family support (SFN), spiritual/religious support (SRN), and hospital services (HSN). Higher scores indicated greater UNs. Data were analyzed using descriptive statistics, independent t-tests, and ANOVA.

Results: The mean age of ICs was 43.1±14.9 years; 51.4% were female. The highest UNs were reported in the HNIN domain. The t-test found that younger age (p=0.031) and being employed (p=0.037) were associated with higher PSN. ICs with physical illness reported higher PPN (p=0.008) and SFN (p=0.025). Financial strain was linked to higher SRN (p=0.003) and HNIN (p=0.006), while higher emotional strain was reported due to lower needs in psychological (p=0.013), healthcare staff support/information (p=0.038), spiritual/religious support (p=0.043), and social-family support (p=0.046). According to the ANOVA, educational disruption due to caregiving increased HSN needs (p=0.032). Poor social support had higher UNs in SRN (p=0.011) and MON (p=0.023), and no family support caused higher SRN (p=0.050). Longer duration since the diagnosis reported the higher UNs in MON (p=0.042).

Conclusion: Several personal and caregiving factors significantly influence ICs' UNs, especially in PSN and HNIN domains. Addressing these needs is essential to strengthen caregiver support and enhance the quality of life of ICs in PC. To obtain a better understanding among ICs, a qualitative approach is required.

Keywords: Associated factors, Informal caregivers, Comprehensive care needs



OP 02

CHALLENGES ENCOUNTERED BY INFORMAL CANCER CAREGIVERS IN PALLIATIVE CARE AT APEKSHA HOSPITAL, SRI LANKA: A QUALITATIVE STUDY

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Background: Cancer causes significant challenges to family members/informal caregivers in addition to the patients. Informal caregivers (ICs) play a critical role in supporting patients with advanced cancer, particularly in palliative care settings. However, caregiving often imposes emotional, physical, and social burdens on ICs, which are frequently overlooked. Objective is to explore the challenges and unmet needs faced by informal caregivers accompanying hospitalized patients receiving palliative care.

Methods: A qualitative descriptive study was conducted at Apeksha Hospital, Maharagama, involving purposively selected ICs of patients with advanced cancer. Data were collected through in-depth, semi-structured interviews with 10 participants, continuing until data saturation. Face validity was conducted. Ethical and institutional approval was obtained. Interviews were audio-recorded, transcribed verbatim, and translated into English. Content analysis was performed using Graneheim and Lundman's method, ensuring trustworthiness throughout the process.

Results: Mean age of the participants was 42.10 ± 18.74 years, predominantly Sinhalese Buddhists, with equal gender representation. Of the sample, 90% were married, 80% were educated up to the secondary level, currently not working, and cared for <3 years, and 30% discontinued their education due to caregiving. Further, 40% of ICs were perceived as having moderate and higher social support, and 50% received less family support. Two main themes emerged: Caregiver Needs (Sub-themes included Preparing for care giving roles and responsibilities and Holistic needs) and Caregiver Expectations (Sub-themes were Continuing education, Self-awareness, Support from healthcare staff, and Resilience).

Conclusions: The findings highlight the multifaceted experiences and challenges faced by informal caregivers. The care giving role often led to educational and occupational disruptions, with a significant portion reporting limited social support. Two central themes emphasize the importance of comprehensive support systems. These insights emphasize the necessity for targeted, culturally sensitive interventions to strengthen caregiver resilience and address their unmet social, emotional, and educational needs in maintaining overall quality of life in the palliative care setting.

Keywords: Challenges, cancer patients, informal caregivers.



OP 03

GLOBAL IMPACT OF CLIMATE CHANGE ON RESPITE CARE SERVICES: A SCOPING REVIEW OF CHALLENGES, ADAPTATION STRATEGIES

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Background: Climate change increasingly challenges health systems, with direct implications for respite care services, yet minimal studies have been conducted in this area. Understanding the intersection between climate change impacts and respite care delivery is crucial for building resilient, equitable health systems. Objective is to map the existing evidence on the challenges and adaptation strategies related to climate change and respite care services.

Methods: A scoping review was conducted following the Mak and Thomas framework. Systematic searches of PubMed, ScienceDirect, Google Scholar, and CINAHL were performed for studies published between 2020 and 2025 using the keywords “respite care,” “climate change,” and “health care.” Globally published, both empirical and review articles focusing on climate-change impacts within respite and health services were included. Following PRISMA-ScR guidelines, 19 out of 638 screened articles met the inclusion criteria and were included in the review. Data were analyzed using descriptive and thematic synthesis.

Results: The review identified three main challenges: (1) Service disruption (68% of studies); (2) Increased health risk for care recipients (84%), and (3) Economic and psychological strain on caregivers (53%). Climate-induced weather events disrupted respite care through infrastructure damage, transportation barriers, and power outages, resulting in facility closures and reduced respite bed availability. Sudden climate changes, including heatwaves, flash floods, and abrupt temperature shifts, exacerbated heat-related illnesses, respiratory conditions, and vector-borne diseases among care recipients. Climate-related financial hardships and climate anxiety increased caregiver stress while reducing financial access to respite services. Adaptation strategies identified included infrastructure resilience, including backup power and cooling systems, flexible service delivery models such as tele-respite, mobile respite units, and community partnerships and staff training to improve preparedness and coordinated responses during climate events.

Conclusion: Climate change disrupts respite care services globally. Implementing infrastructure resilience, flexible delivery models, and preparedness training can strengthen service continuity, reduce health risks, and support caregivers amidst climate-related challenges.

Keywords: Adaptation strategies, Respite care, climate change, health service resilience



OP 04**THE NUTRITIONAL STATUS AND ASSOCIATED FACTORS AMONG HOSPITALIZED ADULT PATIENTS WITH CANCER AT APEKSHA HOSPITAL, SRI LANKA**

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Background: Cancer cells have an increased energy and nutrient consumption, and with changes in patient's appetite and taste perception, can lead to reduced food intake and malnutrition. Side effects of cancer therapies, as; nausea, vomiting, diarrhoea, and mucositis, can further disrupt appetite, digestion, and nutrient absorption, contributing to malnutrition in patients with cancer. This study was to assess nutritional status and associated factors among hospitalized patients with cancer at Apeksha Hospital, Sri Lanka.

Method: A descriptive across sectional study was conducted among 232 patients with cancer at Apeksha Hospital during 2023. A general questionnaire was used to collect socio-demographic data, clinical data, dietary intake pattern and Malnutrition Universal Screening Tool (MUST) was used to assess the nutritional status. The data was analysed using descriptive statistics, Pearson Chi-square test in SPSS version 25. Significance considered as <0.05.

Results: Majority of the patients (45.7%) were in the 41-60 age group (mean 51.96 ±15.17), and the gender was equally distributed. Among them, 77.6% were Sinhalese, Buddhists 72.8%, and married 80.6%. Majority had cancers in the gastro-intestinal tract (28.4%), on chemotherapy (63.4%) when 79.3% had a less food intake due to; loss of appetite, altered taste, less food availability, mental stress, and adverse environment. Blood transfusion (2.6%) and increased appetite (1.3%) were the factors contributing to high food intake. Majority of the patients (57.76%) were at high risk of malnutrition. Statistically significant associations were found between the overall risk of malnutrition and the route of food intake (p=0.004), level of food intake (p<0.001), and presence of loss of appetite (p<0.001), presence of alterations in taste (p<0.001), less food availability (p=0.005), factors contributing to high food intake (p<0.001), and other factors like pain and wounds (p=0.002).

Conclusion: Majority of the patients at Apeksha Hospital, Sri Lanka, were at high risk of malnutrition. Factors associated with overall risk of malnutrition were loss of appetite, alteration in taste, less food availability, adverse environment, mental stress, and pain. It is also highly affected by the route of food intake, level of food intake, and blood transfusion.

Key words: Cancer, malnutrition, associated factors, screening



OP 05

PREVALENCE, SEVERITY, AND INTERFERENCE OF CANCER PAIN AMONG ADULT PATIENTS ATTENDING APEKSHA HOSPITAL, MAHARAGAMA, SRI LANKA

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Background: Cancer pain remains a significant clinical concern, adversely affecting the quality of life and functional status of patients. Understanding the prevalence, severity, and impact of cancer-related pain is essential for planning and implementing appropriate pain management strategies. This study aimed to assess the prevalence, severity and interference of cancer pain among adult patients attending Apeksha Hospital, Maharagama, Sri Lanka.

Methods: A descriptive cross-sectional study was conducted among 309 adult cancer patients attending Apeksha Hospital, Maharagama, Sri Lanka. Pain was assessed using the validated Short Form Brief Pain Inventory (SF-BPI). Data were analyzed using descriptive statistics with SPSS version 26. Ethical approval was obtained from the Ethics Review Committee of the Faculty of Medicine, University of Colombo

Results: The mean age of the study sample was 51.20 years (SD±10.16), and the majority of participants were female (72.8%, n = 225). The prevalence of cancer-related pain was 58.5% (n = 181). Among those reporting pain, 77.3% described it as mild, 13.3% as moderate, and 9.4% as severe. The mean scores for worst, least, and average pain were 5.58 (SD ±2.69), 2.57 (SD ±2.08), and 4.55 (SD ±2.12), respectively. The highest mean interference score due to pain was reported for enjoyment of life (mean = 4.66, SD 2.85), followed by sleep (mean = 4.52, SD ± 3.06). The lowest interference was reported in relation to interpersonal relationships (mean = 2.93, SD ±2.56).

Conclusion: The study findings highlight that over half of the adult cancer patients experienced pain, with a considerable proportion reporting moderate to severe intensity. Pain significantly interfered with key aspects of daily living, particularly enjoyment of life and sleep. These findings underscore the need for enhanced pain assessment and management interventions within oncology care settings to improve patient outcomes and quality of life.

Keywords: Cancer pain, Prevalence, Severity, Interference, Apeksha Hospital



OP 06

QUALITY OF LIFE AND ASSOCIATED FACTORS AMONG COMMUNITY-DWELLING OLDER ADULTS IN A SEMI-URBAN AREA IN COLOMBO DISTRICT, SRI LANKA

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Background: Population aging is a growing concern worldwide, due to declining fertility rates and increasing life expectancy, and they face various health challenges that impact their quality of life (QoL). Limited studies have been conducted in Sri Lanka to assess the quality of life and associated factors among older adults. This study aimed to assess the quality of life and determine the associated factors among community-dwelling older adults in the Homagama Divisional Secretariat (DS) area.

Methods: A descriptive cross-sectional study was conducted among 420 community-dwelling older adults aged ≥ 60 years in the Homagama Divisional Secretariat area. The cluster sampling technique was used to achieve the required study sample. Data was collected by using validated WHOQOL-BREF questionnaire. Data analysis was performed using SPSS (version 27.0). Descriptive statistics, Pearson's Chi-Square test and Pearson's correlation test were performed. The level of significance was set as <0.05 .

Results: The mean (\pm SD) age of the study sample was 69 (± 6.83) years. Majority (282, 67.1%) of the participants were females. Mean (\pm SD) score for physical, psychological, social relationships and environmental domains of QOL were 54.47(± 17.32), 54.64(± 17.48), 42.60(± 21.76) and 55.72 (± 16.48) respectively. All four domains were significantly associated with age, gender, marital status, chronic health conditions, sleep problems, exercise, diet, use of alcohol, use of antihypertensive drug, antihyperglycemic drug, lipid-lowering drug, monthly income, employment status and educational level ($p < 0.05$). There were statistically significant negative correlations of physical ($r = -0.375$, $p = 0.000$), psychological ($r = -0.206$, $p < 0.001$), social relationships ($r = -0.291$, $p < 0.001$) and environmental ($r = -0.285$, $p < 0.001$) domains of QOL with age.

Conclusion: The QoL among community-dwelling older adults in Homagama DS area is poor with the lowest mean for social relationships domain and associated with health and sociodemographic factors. This underscores the need for interventions targeting physical health, mental well-being and social support to enhance the well-being of older adults.

Keywords: Quality of life, Associated factors, Community-dwelling older adults, Semi-Urban area



OP 07

CAKE, COFFEE & TALKS OF DEATH: A QUASI-EXPERIMENTAL STUDY ON IMPACT OF DEATH CAFÉ ON STUDENT NURSES' ATTITUDE TO DEATH

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Background: In a world where death is seldom spoken about without discomfort, the Death Café (DC) is an opportunity for greater understanding and awareness around death and dying, in a relaxed informal setting. This exercise was introduced to create a safe, open space for student nurses to explore and discuss about death and reflect on the concept of a “good death”, thus enhancing preparedness for end-of-life care. Aim is to compare Attitude to Death scores among nursing students before & after Death Café

Methods: This single group study with Pre & Post-test design, had all 30, willing students of 1st Year BSc Nursing, recruited as per convenience. The concept of DC was shared, and two sessions were taken with 15 students each. Participants sat in close circles, interacting with the facilitator, who led the discussion with four questions, summed up and closed with a group hug in about an hour. Outcome Measures: i. Attitude to Death- measured using- a. Word count using Mentimeter online app, and b. Death Attitude Profile Revised (DAP-R) scale, given online via google form, just before and 7 days after session. ii. Feedback about session using an opinionnaire, 1 day after session.

Results: Students were females between 18 & 19 years, majority were Hindus (63.3%) and most didn't speak openly about death in their family. The Word Cloud analysis generated more (86%) negative words about death in the pre-test, with words ‘sadness’ and ‘depression’ predominant. In the post-test, negative words were fewer (62%), with ‘peace’ and ‘sad’ appearing as the most common words. The analysis of DAP-R scores with Student ‘t’ test, revealed statistically significant changes in dimensions of Fear of Death ($p= 0.0005$) & Death Avoidance ($p= 0.008$). Approach Acceptance to death remained consistently high, with minimal increase in Neutral and Escape Acceptance. In Feedback, almost all students indicated increased understanding of good death’, gained insights applicable to future practice, and found the session safe, engaging and respectful.

Conclusion: Death Café is an interesting and informal way of broaching the topic of death, which a nursing student needs to be prepared for, both to overcome their own fears and to prepare for their professional role where, facing death is inevitable.

Keywords: Death Café, Attitude to Death, Good Death, Word cloud



OP 08

NURSES' EXPERIENCES REGARDING COMMUNICATION WITH BYSTANDERS IN PROVIDING INFORMAL HOSPITAL-BASED CARE TO BEDRIDDEN PATIENTS WITH CANCER IN HOSPITAL SETTINGS

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Background: With the increasing shortage of nurses and rising workloads, bystanders have become an essential part of caring for bedridden cancer patients in hospital settings. As a result, effective nurse–bystander communication is vital for ensuring safe and coordinated patient care. However, international nurses have reported both positive and negative experiences regarding their interactions with bystanders. In Sri Lanka, the experiences of nurses concerning communication with bystanders in patient care have not been sufficiently explored. Objective is to explore nurses' experiences regarding communication with bystanders providing hospital-based care to bedridden cancer patients at Apeksha Hospital, Maharagama.

Methods: Seventeen nurses from two medical and surgical wards of Apeksha Hospital were purposively recruited for this qualitative descriptive study. Although twenty semi-structured individual interviews were planned, data saturation was achieved after the seventeenth interview, and the data were subsequently analyzed using thematic analysis. Ethical approval was obtained from the Ethics Review Committee of the Open University of Sri Lanka.

Results: Two themes emerged from the data: giving helping hands and keeping at arm's length. The first theme, giving helping hands, encompassed two subthemes: maintaining friendly communication (being approachable and sharing necessary information) and encouraging positive cooperation (allowing time for collaboration, acknowledging good work, and recognising that “they are also human beings”). The second theme, keeping at arm's length, included the subthemes of withdrawing from conflict-prone, non-compliant bystanders (avoiding arguments, bothersome conduct, and contradictory behaviours) and setting limits to manage unclear roles and unrealistic demands (preventing bystanders from acting as healthcare professionals or providing inaccurate patient care information).

Conclusions: The findings indicated that nurses had mixed feelings about their interactions with bystanders. While some valued friendly and supportive interactions, others illustrated the importance of setting limits to manage challenging behaviours and unrealistic expectations. Organizing communication skills workshops to clarify bystanders' roles and promote respectful, collaborative interactions is recommended.

Keywords: Nurses' experiences, Bystanders, Informal care, Bedridden cancer patients



OP 09

KNOWLEDGE, ATTITUDE, AND THEIR ASSOCIATED FACTORS TOWARDS PALLIATIVE CARE AMONG NURSES IN WESTERN PROVINCE, SRI LANKA

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Introduction: Palliative care plays a critical role in improving the quality of life for patients with life-limiting illnesses. Nurses are at the forefront of delivering this care, and their knowledge and attitudes significantly impact patient outcomes. However, limited research exists on nurses' preparedness in this field in Sri Lanka. Objective is to assess the knowledge, attitude, and their associated factors towards palliative care among nurses at selected hospitals in Western Province, Sri Lanka.

Methods: A descriptive cross-sectional study was conducted among 422 nurses from purposively selected three hospitals in the Western Province in mid-2024. Systematic random sampling was employed to recruit participants. Data were collected using a pre-tested self-administered questionnaire which included the validated Palliative Care Knowledge Questionnaire Basic (PCKQ-B) and the Frommelt Attitudes Toward Care of the Dying Scale. Data were analyzed using SPSS version 26.0. Descriptive statistics, Pearson's correlation, independent t-tests, and one-way ANOVA were applied. Ethical approval was obtained from the Ethics Review Committee of the Open University of Sri Lanka.

Results: A total of 422 participants responded, yielding a 100% response rate. The majority (56.4%, n=239) were aged between 25–30 years, and 50.9% (n=216) were diploma-qualified nurses. The mean knowledge score was 13.17 ± 2.19 (min-0, max-25), while the mean attitude score was 117.64 ± 8.67 (min-30, max-150). A significant negative correlation was observed between knowledge and attitude ($r = -0.408, p < 0.001$). Knowledge scores were significantly associated with gender, age, and years of experience ($p < 0.05$), whereas attitude scores were significantly associated with educational level and years of experience ($p < 0.05$).

Conclusion: The study highlights moderate knowledge and generally positive attitudes towards palliative care among nurses. However, the inverse relationship between knowledge and attitude underscores the need for targeted educational interventions that balance theoretical knowledge with empathetic care perspectives.

Keywords: palliative care, nurses, knowledge, attitudes



OP 10**WHAT CAREGIVERS NEED: EQUIPPING INFORMAL CAREGIVERS TO PROVIDE HOME-BASED PALLIATIVE CARE**

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Background: A significant proportion of caregiving activities in the home-based palliative care (HBPC) model must be undertaken by person(s) in a shared living situation with or closest to the patient, as the “primary caregiver”. However, their competence, willingness, and preparedness to take on this role, as well as end-to-end experience of the service is rarely documented.

Objectives: This study aimed to understand the experiences of informal family caregivers of the HBPC model and make recommendations for service improvement based on feedback from these experts by experience.

Method: This qualitative study used a multiple case study approach and was conducted in three Indian cities through three Non-Governmental Organizations (NGOs) providing home-based palliative care services for at least 20 years. In-depth interviews were conducted with 15 bereaved informal family caregivers (5 per NGO), who had cared for a relative with a life-threatening or life-limiting condition at home, 2-6 months after the patient had died. Respondents were sampled purposively, with variable ailment of patient and patient-caregiver relationship.

Results: Narratives of individuals accessing HBPC services from an NGO were compared and contrasted with each other (within case analysis), then across NGOs (cross case analysis), along 7 domains of enquiry, including their recommendations for the NGO. Caregivers typically prioritized caregiving above all else, and described the impact of this upon the physical, psychological, social, spiritual, and financial aspects of their life. Recommendations for services included offering homecare and in-patient hospice services on a continuum; addressing training, informational, and practical needs of caregivers; providing 24x7 homecare (including out-of-hours and weekends); and enhancing public awareness. Feminization of the caregiving role and being ‘sandwiched’ between multiple dependents were also observed.

Conclusion: Bereaved caregivers make pragmatic recommendations towards establishing comprehensive palliative care services, based on their experiences with NGOs providing HBPC services and the larger healthcare system.

Keywords: informal family caregivers, home-based palliative care, service improvement, NGOs, comprehensive palliative care services



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OP 01

EFFECTIVENESS OF STRUCTURED COMMUNICATION TOOLS FOR DISCUSSING GOALS OF CARE IN CANCER CARE SETTINGS: A SYSTEMATIC REVIEW

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Background: Goals-of-care (GOC) discussions are essential in cancer care to align treatment decisions with patients' values and preferences. Structured communication tools (SCTs) support initiating and conducting effective GOC conversations. However, the effectiveness of SCTs in improving patient-centred outcomes remains unclear.

Objective: To systematically review the effectiveness of SCTs in facilitating goals-of-care discussions among adult cancer patients.

Methods: A comprehensive search was conducted in databases including PubMed, Google Scholar, Clinical Key, and Cochrane Library from January 2000 to July 2025. Eligible studies included quasi-experimental trials, Randomized controlled trials (RCTs), cluster randomized trials, and cohort studies evaluating structured communication interventions. Two reviewers independently screened articles, extracted data, and assessed the Risk of bias using the ROB-I, ROB-I (Cluster), ROBINS-I V2, and ROBINS-E tools. A narrative synthesis was conducted. Outcomes of interest were broadly encompassed, including quality of life (QoL), psychological status, patient satisfaction, decisional conflict, hospice utilization, and advance care planning.

Results: From an initial pool of 310 articles, 25 studies met the inclusion criteria. SCTs varied widely and included FLEX Care, end-of-life (EOL) care planning, communication training, Loop intervention, Serious Illness Care Program, PCAD pathway, GOC conversation, and an adapted end-of-life care module, etc. Studies reported improved QoL (n=10), psychological status (n=3), patient/staff/caregiver satisfaction (n=3), decisional conflict (n=2), hospice utilization, and advance care planning (n=7). Mean scores for psychological distress participants receiving FLEX Care®-enhanced psychosocial intervention experienced a significant reduction in psychological distress compared to participants in the control setting (p<0.001). EOL discussions were associated with lower rates of ventilation (AOR=0.26, 95%CI=0.08-0.83), resuscitation (AOR=0.16, 95%CI=0.03-0.80), ICU admission (AOR=0.35, 95%CI=0.14-0.90), and earlier hospice enrolment (AOR=1.58, 95% CI=1.04-2.63). while longer hospice stays were associated with better patient QoL (p=0.01).

Conclusion: SCTs appear effective in improving the goals-of-care discussions in cancer settings, with benefits in care alignment and patient satisfaction. Implementation strategies and clinician training remain critical components for success.

Keywords: Goals of care, structured communication tools, cancer, palliative care, serious illness communication, shared decision-making, and advance care planning.



OP 02

EFFECTIVENESS OF PSYCHOLOGICAL INTERVENTION FOR PALLIATIVE CARE IN PATIENTS WITH ADVANCED CANCER: A SYSTEMATIC REVIEW

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Background: Diagnosis of an advanced cancer, psychological distress is elevated due to symptoms of the disease as well as impending mortality. This review aimed to assess effectiveness of psychological interventions to improve the quality of life and psychological symptoms in patients with advanced cancer undergoing palliative care.

Methods: A systematic search was conducted in PubMed (n=454), HINARI (n=245), Cochrane (n=207), EMBASE (n=81), clinical keys (n=18), semantic scholar (n=10) and CINAHL (n=1) databases published from 2015 to 2025. After de-duplication 659 articles remained. Randomized controlled studies in English language with quantitative data on adults with advanced cancer and compared psychological interventions to usual care with outcomes on quality of life and psychological symptoms were included. In the first-round titles and abstracts were screened and in the second round full articles were referred. Two authors performed screening of articles, risk of bias assessments using the RoB2 tool and data extractions independently, with disagreements resolved by a third. Meta-analysis was not performed due to heterogeneity. PROSPERO registration was done (CRD420251109552).

Results: Nine studies were selected after two selection-rounds. These included 2 articles with Cognitive Behavioral Therapy, 3 on mindfulness, 1 article each on; music therapy, logotherapy, psycho-educational intervention and technology-based approach. Reported benefits included reductions in fatigue (2 articles, $p < 0.05$), stress (2 articles, $p < 0.05$), anxiety about death (1 article, $p < 0.001$), and depressive symptoms (1 article, $p = 0.04$), as well as improvements in coping with COPE score of 10.21 (1 article, CI 7.22 to 12.70), pain-related self-efficacy (1 article, $p = 0.001$), quality of life (2 articles, $p < 0.05$) and existential loneliness (1 article, $p < 0.001$). One study on men with advanced prostate cancer reported a negative association between mindfulness-based Cognitive Behavioral Therapy on outcomes or engagement ($p = 0.086$) on first time point.

Conclusions: Psychological interventions among patients with advanced cancer can potentially enhance their quality of life and alleviate psychological symptoms.

Key words: palliative care, psychotherapy, psychological intervention, quality of life, depression, fatigue, coping



OP 03

EFFECTIVENESS OF SUPPORTIVE AND PALLIATIVE INTERVENTIONS IN MANAGING NEUROCOGNITIVE IMPAIRMENT AND DEMENTIA IN PEOPLE LIVING WITH HIV: A SYSTEMATIC REVIEW

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Background: HIV-associated neurocognitive disorders (HAND) continue to affect people living with HIV (PLHIV), despite effective antiretroviral therapy (ART). These cognitive impairments reduce quality of life and functional capacity. Supportive and palliative interventions may offer benefits, but a comprehensive evaluation of their effectiveness is lacking. The aim is to systematically review the effectiveness of supportive and palliative interventions in improving cognitive function, quality of life, and symptom burden among PLHIV-associated neurocognitive impairment or dementia.

Methods: A systematic search was conducted in PubMed, PLOS, Taylor & Francis Online, BMJ, and IRIS. Records were managed using Mendeley, with 1,116 citations identified and 724 unique articles screened. Twelve studies met the inclusion criteria. The review protocol was registered with PROSPERO (CRD420251104803). Eligible studies included adults PLHIV, evaluating supportive or palliative interventions for cognitive impairment or dementia. Randomized controlled trials (RCTs), non-randomized controlled trials (NRCTs), and observational studies were included. A meta-analysis was not conducted due to heterogeneity of study designs and outcome measures.

Results: Twelve studies were included: five RCTs, two NRCTs, and five observational studies. Quality of life (QOL) was assessed in five studies. Exercise-based interventions (3 studies) demonstrated significant improvements in QOL and executive function ($p < 0.05$). One cognitive training RCT showed sustained improvements in processing speed, depressive symptoms, and overall QOL ($p < 0.05$). A nurse-led palliative intervention also enhanced QOL and symptom relief ($p = 0.03$).

Eight studies evaluated cognitive outcomes. Pharmacological interventions (4 studies) including maraviroc and ACE inhibitors improved memory, processing speed, and neuroinflammation markers ($p = 0.01-0.04$; HR = 0.85). ART optimization (3 studies) showed modest but significant effects on global cognitive performance ($p = 0.02- < 0.001$). One observational study linked anemia and red cell indices with HAND severity ($p < 0.05$). Overall, most interventions demonstrated statistically significant benefits in at least one cognitive or QOL domain

Conclusion: Supportive and palliative interventions demonstrate potential in managing HAND among PLHIV.

Keywords: HIV, neurocognitive impairment, dementia, supportive care, palliative care



OP 04

INFLUENCE OF PALLIATIVE CARE ON QUALITY OF LIFE IN YOUTH WITH HIV/AIDS WITHIN THE WHO SOUTH-EAST ASIA REGION: A SYSTEMATIC REVIEW

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Background: Adolescents and young adults (ages 10–24) living with HIV/AIDS in the WHO South-East Asia Region face significant physical, emotional, social, and spiritual challenges. Palliative care aims to address these complex needs and improve quality of life. However, limited research has explored its impact on this population in the regional context.

Objectives: This systematic review aims to evaluate the influence of palliative treatment on the quality of life of young people with HIV/AIDS in countries in the Southeast Asian region.

Methods: A comprehensive search was conducted in PubMed, MEDLINE, Embase, Scopus, HINARI, and ClinicalKey using MeSH terms and keywords relevant to palliative care, HIV/AIDS, adolescents, and quality of life with region-specific filters. Studies using quantitative, qualitative, or mixed methods published in English were included. Two independent reviewers assessed eligibility and extracted data, with a third reviewer resolving discrepancies. The AXIS tool and CASP checklist were used to assess study quality. Due to heterogeneity, no meta-analysis was performed.

Results: From 1,157 identified records, six cross-sectional studies involving 1,389 participants met the inclusion criteria. Five studies used validated quality of life tools—WHOQOL-HIV BREF, PedsQL, and EORTC QLQ-C30—while one assessed QoL descriptively. Palliative care interventions, particularly those providing psychosocial and community-based support, were consistently associated with improved quality of life. Studies highlighted significant positive associations between social support and quality of life domains including emotional, physical, and social well-being ($p < .001$; $p < .01$). One study found that institutional care settings offering structured palliative and psychosocial services were linked to higher psychosocial functioning and fewer health complaints compared to home-based care (adjusted $\beta = -2.8$; $p = .04$). Additionally, access to antiretroviral therapy, nutritional support, and caregiver age influenced QoL outcomes. Notably, having a caregiver over age 45 was strongly associated with better QoL (OR = 9.52; $p = .036$). Despite improvements, fatigue and pain persisted, and overall global QoL remained moderate (mean score 47.4).

Conclusion: Palliative care shows promise in enhancing the quality of life for youth with HIV/AIDS in the South-East Asia Region, especially through psychosocial and community-level support.

Keywords: Youth, Adolescents, Young Adults, HIV/AIDS, palliative care, quality of life, WHO South-East Asia region



OP 05

FACILITATORS AND BARRIERS IN ACCESSING PALLIATIVE CARE SERVICES IN LOW- AND MIDDLE-INCOME COUNTRIES: A SYSTEMATIC REVIEW OF QUALITATIVE STUDIES

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Background: Access to palliative care is a global health priority, yet significant disparities exist, particularly in low- and middle-income countries (LMICs). Understanding the perspectives of patients and caregivers is essential to improving equitable access. This review synthesizes qualitative evidence on the barriers and facilitators to accessing palliative care services in LMICs.

Methods: A systematic search was conducted in PubMed, Clinical key and Google Scholar for studies published between 2000 and 2025 by two independent reviewers. This was followed by deduplication. The third reviewer intervened in resolving conflicts. Qualitative studies exploring facilitators and barriers to accessing palliative care in LMICs were included. Data were synthesized using thematic synthesis, and quality was assessed using the JBI Critical Appraisal Checklist for Qualitative Research. PROSPERO registration ID is 1109010.

Results: Following deduplication, title and abstract screening of 687 articles and 15 articles were selected for full text review. The included studies spanned LMICs in Asia and Africa, and involved diverse populations including patients, caregivers, healthcare providers, and policymakers. Common barriers included poor referral systems, centralized services, inadequate infrastructure, financial hardship, limited awareness, and cultural stigma. Facilitators involved provider training, positive attitudes, community-based care models, and stakeholder engagement. Studies emphasized the importance of holistic, culturally sensitive approaches and integration of palliative care into primary healthcare. Themes emerged around health system readiness, societal and cultural influences, and individual-level factors. Overall, improving education, decentralizing services, and fostering supportive provider-patient relationships were critical in enhancing accessibility and utilization of palliative care in resource-limited settings.

Conclusion: Access to palliative care in LMICs can be improved by addressing system gaps, raising awareness, decentralizing services, and promoting culturally sensitive, community-based care models.

Key words: Palliative care access, facilitators, barriers, low and middle income countries



OP 06

HOPE IN THE SHADOWS: RESTORING WELL-BEING IN A BEDBOUND PATIENT THROUGH COMMUNITY NURSING IN AN UNDERSERVED SETTING

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Introduction: Delivering healthcare to marginalised communities poses significant challenges and is often suboptimal. Among the many unmet needs, psychosocial well-being is frequently overlooked, despite being integral to holistic health — particularly in underserved populations.

Case presentation: Mr. AB, a 41-year-old unmarried man, has been bedbound since 2022 following a train accident that resulted in paraplegia and significant upper body weakness. He resides in an urban informal settlement and is cared for by his sister, his primary caregiver. He is a known hypertensive patient registered for follow-up at the nearest Primary Medical Care Unit. His repeated absence from clinic visits, despite his sister routinely collecting medications, was noted by the attending medical officer. Further inquiry revealed the circumstances of his disability and current living conditions. With the leadership of the institutional head, a home-based care plan was initiated to be delivered via the Public Health Nursing Officer (PHNO), supported by a healthcare assistant familiar with the locality.

The care plan included bi-monthly visits for blood pressure monitoring, physiotherapy, and blood sampling for investigations. Initially, the patient showed features of depression, confined to bed with limited interaction. However, through regular visits, trust and therapeutic rapport was developed. Over time, he regained upper body strength and can now sit upright. His mood has also improved; he is more engaged with care and expresses renewed optimism about life.

Conclusion: This case highlights how simple yet impactful measures by a primary healthcare team can significantly uplift the quality of life of a bedbound patient. It underscores the importance of addressing psychosocial well-being, which not only enhances a patient's acceptance of care but also helps build trust in the healthcare system among underserved communities.

Keywords: Psychosocial well-being, home-based care, underserved communities



OP 07

PALLIATIVE EFFICACY OF BILATERAL ORCHIDECTOMY FOR METASTATIC PROSTATE CANCER: A RETROSPECTIVE COHORT STUDY IN SRI LANKA

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Background: Metastatic prostate cancer (MPC) results in significant symptom burden (SB), including pain, sleep disturbances, mood changes, irritability, and reduced physical activity significantly impacting quality of life (QoL). Orchidectomy remains a critical treatment modality in resource-limited settings like Sri Lanka.

Objective: To evaluate the impact of orchidectomy on symptom burden in MPC patients, specifically pain severity, sleep, mood, irritability and reduced physical activity.

Methods: A retrospective analysis was conducted using secondary data collected from patient records at the initial presentation to the Pain Management Unit (PMU), National Cancer Institute, Sri Lanka. The data includes information on SB and whether the patient underwent orchidectomy at the time of presentation to the PMU. Descriptive statistics, chi-square tests were employed to assess the SB and relationship between orchidectomy and SB respectively.

Results: Among the cohort (n=44) of prostate carcinoma patients presented to PMU with back pain and bone metastasis, 37.5% underwent orchidectomy. Overall SB was high: mean pain severity was 7.91 (moderate-severe), with prevalent irritability (56.8%), reduced physical activity (75%), and sleep disturbances (90.9%). Orchidectomy was significantly associated with reduced pain severity (Pearson's R = -0.364, p = 0.023) and decreased irritability (p < 0.05) compared to non-orchidectomy group. But there wasn't a significant impact observed on other symptoms (sleep, mood, physical activity).

Conclusion: Orchidectomy demonstrates significant benefits in alleviating pain severity and irritability in MPC patients. While effective for these specific symptoms, it did not significantly improve other aspects of symptom burden. These findings underscore orchidectomy's role in targeted symptom palliation and highlight the necessity for comprehensive SB management strategies in MPC.

Key words: Prostate Carcinoma; Orchidectomy; Symptom burden



OP 08

THE EFFECTIVENESS OF RECEPTIVE MUSIC THERAPY DURING PALLIATIVE CANCER CHEMOTHERAPY – A CASE REPORT

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Background: Breast cancer constitutes 13.6% of the overall cancer burden and 10.7% of cancer deaths in India. While chemotherapy remains a cornerstone of treatment for cancer due to its effectiveness, it is accompanied by physical, psychological, cognitive and neuropathic side-effects as well as social and spiritual stressors. Music Therapy (MT) serves palliative cancer patients as an effective adjuvant modality to alleviate physical and psychological symptoms, while enhancing spiritual wellbeing, emotional expression and overall quality of life. In this report, we discuss the impact of two receptive MT techniques: Music Life Review (MLR) and Music Collage (MC) on a patient with metastatic breast cancer receiving palliative chemotherapy.

Methodology: Eight weekly sessions of MT were conducted during chemotherapy using MLR and MC, with patient's preferred music. Physical symptoms, psychological symptoms, daily activity levels and overall valuation of life (OVL) were assessed using Rotterdam Symptoms Checklist (RSCL) pre, during and post the duration of MT intervention. Sense of Coherence (SoC) was assessed using SOC-13 questionnaire.

Results: RSCL calculations displayed a reduction of 28.57% to 10.19% in psychological impairment, post MT intervention while physical impairments increased. Impairment in Daily activity levels increased indicating no change in the OVL. Qualitative feedback from the patient highlighted the social and spiritual support given through MT techniques while SoC did not mark any change post MT intervention.

Conclusion: The combined use of Music Life Review and Music Collage technique provided social support, spiritual upliftment and situational awareness enhanced through a fine therapeutic relationship between the patient and therapist, highlighting the bio-psycho-socio, spiritual dimensions in palliative cancer care.

Keywords: Music Therapy, Palliative care, Therapeutic relationship, Music Life Review, Music Collage, breast cancer, palliative chemotherapy



OP 09

WELLBEING OF THE BEREAVED SIBLINGS IN PAEDIATRIC PALLIATIVE CARE; WHAT MATTERS AND WHAT WORKS - A SYSTEMATIC REVIEW

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Background: The death of a child in paediatric palliative care has significant impact on surviving siblings, yet their well-being remains understudied. Bereaved siblings often experience grief, depression, and long-term adjustment challenges. This study aims to review the factors associated with the wellbeing of bereaved siblings, both interventional and incidental, in the context of paediatric palliative care.

Methods: PubMed, Cochrane Library, Hinari, Taylor & Francis Online and Emerald Insight databases were searched yielding 98 potentially relevant articles. After de-duplication, 73 articles were subjected to title and abstract screening using the criteria; sibling bereavement care in paediatric palliative care and wellbeing of surviving sibling. Quality was assessed using RoB-I and CASP tools, according to the study designs. All screening and data extraction were performed by two independent reviewers, with another solving disputes. Meta-analysis was not performed due to methodological heterogeneity. Protocol was registered in PROSPERO, CRD420251112775.

Results: Full-text screening of 12 articles yielded five studies. All were from developed countries, and focused on siblings (n= 231), under 18 years. Two studies evaluating bereavement care interventions—cognitive behavioural therapy (quasi-experimental) and drama therapy (qualitative)—demonstrated improved psychosocial wellbeing in bereaved siblings. Quantitative results showed a significant post-intervention increase in siblings' overall quality of life (PedsQL total scores), with a medium effect size (z=2.13, p<0.05, r= 0.42). Three observational studies (two cross-sectional, one case-control) identified significant associations between sibling adjustment and positive parenting (n=2), bereaved parents' mental health (n=1) and end-of-life circumstances (n=1) of the deceased child. Bereaved siblings show elevated depression; parenting and coping influence outcomes (p ≤ .001–0.05).

Conclusions: Current evidence indicates positive family factors and non-pharmacological interventions benefit bereaved siblings, but more robust research is required to systematically incorporate such care into paediatric palliative care.

Key words: bereavement care, paediatric palliative care, sibling wellbeing



OP 10

EFFECTIVENESS OF RELAXATION TREATMENTS IN REDUCING STRESS, ANXIETY, AND DEPRESSION AMONG CAREGIVERS OF CANCER PATIENTS: A SYSTEMATIC REVIEW

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Background: Caregivers of cancer patients are at heightened risk of psychological distress, including stress, anxiety, and depression, due to the emotional and physical burden of caregiving. Relaxation-based interventions are increasingly used to alleviate this burden, but their effectiveness across diverse settings and modalities remains unclear.

Objective: To systematically review the effectiveness of relaxation treatments in reducing stress, anxiety, and depression among caregivers of cancer patients.

Method: Google Scholar, PubMed, Clinical Key, and Hinari databases were searched. Interventional studies involving formal or informal caregivers of cancer patients were included. Caregivers of non-cancer patients were excluded. 51 Duplicates were removed and the remaining studies were screened by two independent reviewers, with discrepancies resolved by discussion. Twenty studies were included following full-text screening. Methodological quality was assessed using RoB 2.0 for randomized trials and ROBINS-I for non-randomized studies.

Results: Among 24 included studies (20 RCTs, 4 non-randomized), interventions included PEPRR, Benson's method, yoga, mindfulness, and others. Anxiety was assessed in 19 outcome events, with 7 (36.8%) showing significant reduction; depression in 7, with 3 (42.9%) positive; stress in 6, with 4 (66.7%) positive; and QoL in 2, with 1 (50%) positive. Overall, 15/35 (42.9%) outcome events demonstrated statistically significant improvement. Remaining assessments showed no significant change; no harms were reported. Tools included HADS, STAI, CES-D, PSS, with wide variability in instruments and protocols. Effects were stronger in multicomponent or therapist-guided programs than single/self-administered formats. Only 3 studies reported follow-up, limiting durability estimates.

Conclusion and Recommendations: Relaxation-based interventions appear generally effective in reducing psychological distress among caregivers of cancer patients, with stronger effects noted in structured or therapist-guided programs. However, variability in outcome measures and intervention design limits comparability. Future research should adopt standardized tools and explore the long-term effects of specific relaxation modalities in diverse caregiver populations.

Keywords: Cancer caregiver; relaxation therapy; anxiety; depression; stress; systematic review



OP 11

COMMUNITY-BASED PALLIATIVE CARE INTERVENTIONS FOR A BEDRIDDEN ELDERLY PATIENT: A CASE REPORT

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Background: Palliative care at the field level plays a vital role in improving the quality of life of patients with chronic, progressive, and incurable conditions, especially in resource-limited settings. Field-based interventions by public health professionals can address nutritional needs, wound care, prevention of complications, and caregiver support.

Case Description: In 2019, a 78-year-old female was admitted to hospital for treatment of pneumonia. During the admission, a skin lesion was incidentally noted on the right side of her back. Further investigations revealed skin cancer with chronic inflammatory cell infiltration. Due to her advanced age and poor prognosis, surgical intervention was not pursued, and she was referred for medical management and routine clinic follow-up. Over time, the patient developed progressive symptoms, including fatigue and gait instability. In 2022, following an accidental fall she became bedridden. Her daughter became her primary caregiver. The family-maintained hospital follow-ups but also requested support from the Public Health Nursing Officer (PHNO).

The PHNO provided a range of field-level advice such as nutritional support through tailored meal planning, wound care and prevention using appropriate repositioning techniques and skin care measures. Counselling and emotional support for the caregiver by guidance on mental well-being, coping strategies, and stress management. The patient benefited from strong family support and a government-provided monthly allowance of LKR 5,000, which contributed to the sustainability of home-based care.

Conclusion: The value of community-based palliative care interventions in enhancing the quality of life for bedridden patients with advanced cancer. The involvement of a PHNO provided holistic care, addressing both patient needs and caregiver well-being, demonstrating the importance of integrating home-based palliative services into primary health care systems.

Keywords: Palliative care; bedridden patient; skin cancer; caregiver support; community-based care



OP 12

PERHAPS THE LAST, BUT NOT THE LEAST: THE NEED FOR COMPREHENSIVE PALLIATIVE CARE SERVICES IN THE PRIMARY HEALTH CARE SYSTEM – A CASE REPORT

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Background: Stroke can affect one's quality of life through many aspects. Diabetes, yet another chronic non-communicable disease, significantly increases the risk of stroke as well as its complications.

Case Description: Late Mrs. X was a known patient with diabetes (diagnosed 10 years ago). She suffered from a stroke 4 years ago, at the age of 86 years. As a widow who had no income of her own, she was entirely dependent on her unmarried youngest. In this context, Mrs. X was linked with the local public health nursing officer (PHNO) from Divisional Hospital Piliandyala, early February this year.

At the time of referral, Mrs. X was a bed bound patient with an altered level of consciousness and a large non-healing bed sore on naso-gastric (NG) tube feeding and catheter. She has not received proper medical follow-up for several years and her general care seems to have been largely neglected. Home based wound care for the bed sore and physiotherapy was initiated by the PHNO immediately. Understanding the poor knowledge and capacity of the family, measures were taken to educate and train the caregivers on catheter care, maintenance of oral hygiene, wound care, and prevention of further bed sores etc. In consultation with the medical officer, the antidiabetic drugs were arranged to be provided through PMCU Borelesgamuwa (the closest health care institution to the patient). With these efforts, a considerable improvement was noted in the overall wellbeing of the patient as well as her family. Not more than 6 weeks since the initiation of home-based palliative care, on 17th of March 2025, Mrs. X peacefully bid farewell to her long life of 90 years.

Conclusion: Integration of comprehensive palliative care to the primary health care system is paramount.

Key words: Stroke, home based palliative care, primary health care, Public Health Nursing Officer



OP 13

THE PREVALENCE OF PYODERMA GANGRENOSUM IN A COHORT OF PATIENTS WITH CHRONIC LOWER LIMB NON-ISCHEMIC ULCERS

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Background: Pyoderma gangrenosum (PG) is a rare and often misdiagnosed neutrophilic dermatosis that can present as a rapidly progressive, painful ulcer. It is frequently misidentified as a venous or arterial ulcer, leading to delayed or incorrect treatment. The true prevalence of this condition among populations with chronic lower limb ulcers is not well-defined.

Objective: This study aimed to determine the prevalence of pyoderma gangrenosum among patients presenting with chronic lower limb non-ischemic ulcers at a specialized wound care clinic.

Methods: A retrospective chart review was conducted on a cohort of 52 patients with chronic lower limb ulcers (non-healing for >6 weeks) who were evaluated between 2023-Jan to 2025-July. Patients with ulcers of known ischemic origin or plantar ulcers were excluded. Data were collected using a standardized tool that captured detailed patient demographics (age, gender, comorbidities, socioeconomic status, and smoking history), as well as specific ulcer characteristics (site, size, wound bed, edge, surrounding skin, and distal pulse). Cases were identified based on a clinical picture fitting a diagnosis of pyoderma gangrenosum. Histopathological confirmation via biopsy was required to finalize a diagnosis and exclude other causes.

Results: Out of the 52 patients reviewed, 30 presented with a clinical picture highly suggestive of pyoderma gangrenosum. This preliminary finding indicates a clinical prevalence of 57.7% (30/52) within the study cohort. A detailed analysis of the collected data points provided further insight into the clinical profile of these patients. Final diagnosis in all cases would require histopathological confirmation via biopsy to exclude other causes.

Conclusion: The high proportion of clinically diagnosed pyoderma gangrenosum cases in this population, coupled with specific clinical and demographic risk factors identified in our analysis, suggests that the condition may be significantly underdiagnosed in the general wound care setting. These findings highlight the importance of maintaining a high index of suspicion for pyoderma gangrenosum and the necessity of a comprehensive assessment and timely biopsy for definitive diagnosis and appropriate management.

Key words: Pyoderma gangrenosum, chronic lower limb ulcers



OP 14**EVIDENCE-BASED STRATEGIES FOR PRESSURE ULCER PREVENTION: A RESEARCH REPORT (1980-2025)**

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Background: This report provides a comprehensive review of the research literature on pressure ulcer (bedsore) prevention strategies from 1980 to 2025.

Results: A bibliometric analysis of the field identified 5,102 publications over a 20-year period, with a consistent annual growth rate of 4.89%, signaling increasing academic and clinical attention. While a direct numerical count of "SOP-based" papers is not feasible, the body of research reveals a shift from foundational concepts like risk assessment to the complexities of implementation. A systematic review found no unanimous consensus on a specific risk assessment tool across U.S. guidelines, despite its acknowledged role as a critical first step. The evidence for individual interventions such as repositioning intervals and nutritional supplementation is often mixed or of low certainty. However, studies consistently show that the most effective intervention is the implementation of a bundled, multi-component Standard Operating Procedure (SOP) with compliance monitoring and leadership support. This systemic approach is proven to significantly reduce pressure ulcer incidence and lead to substantial cost savings.

Conclusion: The report concludes that a reliable, consistent, and organization-wide SOP that integrates best practices is the most powerful strategy for achieving the goal of "zero" hospital-acquired pressure ulcers.

Key words: Pressure ulcer prevention strategies



PP 01

CLINICAL AND BIO-DEMOGRAPHIC PROFILE OF HOSPICE PATIENTS AT THE INSTITUTE OF PALLIATIVE MEDICINE, MATARA, SRI LANKARajapaksa S^{1*}, Kumari K²

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Background: Palliative care in Sri Lanka has gained momentum over the past decade due to the increasing burden of chronic illnesses, especially cancer. Hospice facilities like the Institute of Palliative Medicine (IPM), Matara, offer end-of-life care for patients with life-limiting illnesses. Hospice care is an essential component of palliative medicine, providing comfort and dignity for patients with life-limiting conditions. However, limited data are available on the clinical and bio-demographic characteristics of hospice patients in Sri Lanka. The objectives of this was to describe the bio-demographic and clinical characteristics of patients admitted to the Institute of Palliative Medicine (IPM), Matara, Sri Lanka.

Methods: A retrospective descriptive study was conducted using records of 265 patients admitted to IPM. Data on age, gender, marital status, religion, residence, diagnoses, and length of stay were analyzed using descriptive statistics.

Results: The mean age of the hospice patients was 59.53 ± 17.23 years. Females accounted for 68% of admissions. A large majority of patients were married (80%) and followers of Buddhism (90%). Most patients (70%) were from states other than Matara. Regarding clinical characteristics, cancer accounted for 72% of all diagnoses, followed by hypertension (7%), mental disorders (6%), and neurological conditions (6%). A notable proportion (40%) stayed between 11 and 30 days, while 35% stayed less than 10 days.

Conclusion: Cancer is the leading cause of hospice admission at IPM, and most patients are referred late. Strengthening community-based palliative care, increasing awareness among healthcare professionals, and early integration of palliative care could improve patient outcomes and quality of life.

Keywords: Hospice care, Palliative medicine, Demographic profile, Sri Lanka, Cancer



PP 02

SERVING THE UNDERSERVED: A TEAM-BASED OUTREACH MODEL FOR DELIVERING HOME CARE IN A MARGINALISED COMMUNITY

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Introduction: Access to healthcare remains a significant challenge for individuals living in underserved and marginalised communities, such as urban slums. Social exclusion, poverty, and limited health literacy often contribute to poor health-seeking behaviours and interrupted care. In such contexts, effective healthcare delivery requires not only individual effort but coordinated action from the primary healthcare team.

Case presentation: Ms. AB, is a 62-year-old woman diagnosed with schizophrenia, on treatment for the past 20 years. She also receives ongoing care for diabetes mellitus, hypertension, and drug-induced parkinsonism, with scheduled follow-up at a divisional hospital medical clinic every two months. She resides in Maligawatta area with her only living relative — an unmarried sister who is also the principal caregiver, but lacks a stable income.

During routine clinic visits, the medical officer noted that the patient herself was absent, with her sister collecting medications on her behalf. Further inquiry revealed that the patient had become bedbound due to advanced parkinsonism and was unable to attend clinic appointments. Recognising the need for continuity of care, the head of the institution arranged community-based care delivery via the Public Health Nursing Officer (PHNO). She was accompanied by a healthcare assistant familiar with the area to ensure her personal safety during field visits.

Despite challenges in her social and environmental context, the patient continues to receive consistent home-based care, helping her maintain optimal control of chronic conditions. With support from the PHNO, her caregiver was trained in essential aspects of care. A trusting relationship with the healthcare team has sustained this patient-centred approach.

Conclusion: This case demonstrates a meaningful example of team-based, equity-driven, community care in a highly underserved setting and offers a practical model for delivering community-based care in marginalised settings.

Key words: community-based care, marginalised populations, multidisciplinary healthcare



PP 03

ADVANCED RECTAL CARCINOMA COMPLICATED BY OBSTRUCTIVE NEPHROPATHY AND UROSEPSIS: A PALLIATIVE CARE JOURNEYMathu S.¹ [Jayasuriya K.P.](#)²¹National Hospital Sri Lanka, ²National Cancer Institute Sri Lanka.*Corresponding Author: kavi278a@gmail.com

Background: Advanced rectal carcinoma poses significant challenges due to symptom burden and caregiver strain, particularly when complicated by severe urological sequelae like obstructive nephropathy and urosepsis. This case underscores the imperative for holistic palliative care (PC) addressing multidimensional suffering in terminal illness.

Case Description: A 58-year-old Sri Lankan female presented critically ill with Stage pT3N2bpM1a signet ring cell rectal adenocarcinoma, initially refusing treatment due to fears of burdening her family. She developed bilateral hydronephrosis/hydroureter secondary to bladder trigone involvement, leading to anuric acute kidney injury (AKI) requiring multiple hemodialysis sessions and bilateral Double-J stents. Concurrently, she suffered culture-positive urosepsis with multi-drug resistant *Klebsiella pneumoniae*. Her condition was compounded by severe abdominal pain, respiratory compromise, anorexia, and profound functional decline (Barthel Index 0/100, PPS 10%). Significant psychosocial burdens included longstanding marital conflict, caregiver guilt (daughter who arranged life-saving surgery against her wishes), anxiety about her son's stability, and unfulfilled spiritual desires (7-day Sil observation at Ruwanweliseya).

Discussion: Management prioritized aggressive symptom control (targeted antibiotics, dialysis, analgesia, anti-emetics) alongside comprehensive PC. Key interventions included facilitating reconciliation with her husband, actively addressing the daughter's profound guilt and exhaustion through counselling, enabling virtual spiritual connection (Ruwanweliseya broadcasts), and supporting the son. Her critical condition precluded anti-cancer therapy. The case highlights PC's critical role beyond physical symptoms, demonstrating that proactively resolving deep-seated relational conflicts, mitigating caregiver distress, and honoring core spiritual values are essential for achieving psychological peace and a dignified death, even amidst overwhelming physical decline and limited disease-modifying options.

Conclusion: This complex case illustrates that effective palliative care for advanced cancer with life-threatening complications demands an integrated, patient- and family-centered approach. Addressing profound psychosocial wounds, caregiver burden, and existential/spiritual distress is paramount alongside medical symptom management to facilitate quality of life and a peaceful death. Continuous support for the family through bereavement remains a vital component of holistic PC.

Key words: symptom burden, caregiver burden, peaceful death, bereavement



PP 04

THE VITAL ROLE OF COLLABORATIVE, COMMUNITY-CENTRED TEAMS IN PROVIDING HOLISTIC HOME PALLIATIVE CARE

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Background: Landscape in provision of healthcare services has taken a shift with a larger need to provide for the various needs of senior citizen population. Their needs are multifaceted, and health-sector alone cannot provide a holistic solution to improve their near end of life experience.

Case Description: 81 years old, female, unmarried and living alone in a dilapidated clay house in Kaduwela area was identified as in need of care by the community and through the divisional secretary, Public Health Nursing Officer was linked to provide care. She was found to have uncontrolled diabetes, with a wound on her leg. Her diet was not optimum, as she did not have a proper income. Further, she suffered from depression following the demise of her sister and did not interact with any of her relatives or neighbours. She tends to believe strangers came at night to steal from her. Her house was not in living condition and did not even possess a toilet.

The district secretariat team has identified the basic requirement of shelter and safety and with the help of donors, have constructed a house with basic amenities such as a toilet, water supply and electricity. She was enlisted for the welfare fund and provided a monthly income. They requested the help of PHNO as the lady refused to seek medical attention in a hospital. The PHNO has provided health advice and cared for the wound, with the help of other officers such as development officers who volunteered to change the dressings and agriculture officer provided a healthy meal and ensured her hygiene was maintained. She was convinced to attend the temple nearby for spiritual healing and to interact with others.

Conclusion: Home based palliative care can be more effective and beneficial to optimize the near end of life experience, when provided by community services team, where basic needs such as shelter, safety and food can be provided apart from their health needs.

Key words: palliative care, home-based care, coordinated team effort, community support



PP 05

CHALLENGES AND OPPORTUNITIES FOR DEATH AND BEREAVEMENT IN INDIAKusum Kumari¹, [Samadhi Rajapaksa^{2*}](#)

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Introduction: The topic of death and bereavement in India is a complex and multifaceted one, with a rich cultural and religious heritage that informs the ways in which individuals and communities approach the end of life. The main aim of this review was to identify challenges and opportunities for death and bereavement in India.

Methods: In this review article, we had included research article from year 2000 to 2024 from PubMed, Medline and Google Scholar database. Only 5 articles were extracted which were related to death and bereavement.

Results: The creation of hospice and palliative care services that are sensitive to cultural differences is one crucial area where such collaboration will be especially crucial. In addition to helping to maintain and modify customary burial and mourning customs, these services can be extremely important in offering the dying and their family physical, emotional, and spiritual assistance. The creation of digital tools that might support new ways of expressing grief and fostering community will be a key area of attention. With social media and other digital platforms becoming more and more common in India, there might be chances to use these tools to link bereaved people and communities and to establish new forums for grieving and processing. The social and communal support networks that have historically been so vital to the grieving process must be protected from being unintentionally undermined by these digital technologies, which must be created with consideration and respect for cultural and religious customs.

Conclusion: In conclusion, the topic of death and bereavement in India is a complex and multifaceted one, with a rich cultural and religious heritage that continues to shape the ways in which individuals and communities approach the end of life.

Keywords: Challenges, Opportunities, Death and Bereavement



PP 06

MISSED OPPORTUNITIES IN CERVICAL CANCER SCREENING: AUDIT OF PAP SMEAR PERFORMANCE IN A HIGH-POPULATION URBAN SETTING

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Background: Cervical cancer remains a major public health concern globally, particularly in low- and middle-income countries where organized screening programs are often underutilized. This clinical audit aimed to evaluate the performance of Pap smear screening services at a Well-Woman Clinic in District 1, within the Colombo Municipal Council, serving a population of over 100,000.

Objective: To conduct an audit to evaluate the pap smear performance in a high-population urban setting

Methods: A retrospective audit was conducted using secondary data from 2020 to 2024. Key indicators included the number of Pap smears expected based on target coverage, actual smears performed, laboratory report return rates, and diagnostic outcomes. Administrative approval was obtained from the Chief Medical Officer of Health, Colombo Municipal Council.

Results: Over the five years, an average of 884 Pap smears were expected annually; however, only 30.4% (mean = 269) were performed, indicating a significant gap in screening uptake. Report return rates were suboptimal, averaging 71.1% (mean = 191 reports/year). The most frequently reported result was "Negative for Intraepithelial Lesion or Malignancy" (NILM), with a five-year average of 137 cases annually. Inflammatory changes were seen in 8.8 cases/year on average, while carcinoma was confirmed in only 1–2 cases per year. Other findings included scanty samples, blood-stained smears, and inadequate specimens, which collectively accounted for a substantial portion of suboptimal results, possibly affecting diagnostic reliability.

Conclusion and Recommendation: The clinic's Pap smear coverage and reporting efficiency remain inadequate. The low rate of actual screenings compared to the target and the relatively high proportion of inadequate samples underscore the need for strengthening community awareness, improving follow-up systems, and enhancing sample quality. Ensuring timely report returns and linking patients to further care are also critical. These findings highlight gaps in implementation that must be addressed to improve early detection and prevention of cervical cancer within District 1.

Keywords: Audit, Cervical cancer, Pap Smear



PP 08

BRIDGING GAPS IN PRESSURE ULCER PREVENTION: THE ROLE OF VIGILANT HOME-BASED CARE

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Introduction: Pressure ulcers are a major source of pain, prolonged recovery, and increased healthcare costs in bedbound patients. Although often viewed as an unavoidable complication of immobility, their development can be prevented with timely interventions across different levels of prevention. This case highlights how vigilant community-based care can mitigate such complications.

Case presentation: Mrs. AB, a 78-year-old woman with a history of transient ischaemic attack in 2011, for which she had defaulted treatment, developed left-sided hemiplegia following an ischaemic stroke in November 2024. Due to impaired mobility, she experienced multiple falls and eventually became bedbound. She was hospitalised and evaluated for melaena in June 2025, after which she was discharged for home-based care with a nasogastric (NG) tube and urinary catheter. Her principal caregiver, an unmarried daughter employed as a housemaid, lives with her in her employer's residence, where supportive measures such as an air mattress were provided. Community-based care was delivered via a Public Health Nursing Officer (PHNO), including regular home visits, NG and catheter care, physiotherapy, and caregiver training on repositioning, skin care, and nutrition — all of which helped prevent pressure ulcers during early recovery.

In July 2025, the patient was admitted to hospital for viral fever. Due to limited resources, an air mattress was unavailable, and caregiver presence was restricted. A sacral pressure ulcer was noted post-discharge. However, the community care team responded promptly: wound care was added to the care plan and delivered through the PHNO during home visits. The patient is now recovering well under continued supportive care.

Conclusion: This case illustrates how patients with severe mobility impairments are at high risk of pressure ulcers during hospitalisation. However, it also demonstrates the value of responsive community-based care in early detection and management. Proactive home-based care not only promotes recovery but also reduces caregiver burden and improves patient outcomes.

Keywords: pressure ulcer prevention, bedbound patients, community-based care



PP 09

NUTRITIONAL SUPPORT FOR A PALLIATIVE CARE PATIENT AT THE FIELD LEVEL: A CASE REPORT

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Background: Nutritional support is a crucial aspect of palliative care, contributing to symptom management, improved quality of life, and potentially better disease outcomes. Field-level interventions by public health officers, including nutritional counselling and lifestyle modification guidance, are vital for patients with coexisting chronic conditions such as cancer and diabetes mellitus.

Case Description: Mrs. X, a female patient, was initially diagnosed with left-sided breast cancer in 2015. Following surgical excision of the tumour, she underwent chemotherapy and on regular clinic follow-up. In 2020, she was diagnosed with type 2 diabetes mellitus, which remained poorly controlled despite regular clinic attendance. In 2024, during a routine mammogram was diagnosed with recurrence of breast cancer in the same breast and underwent a second surgery.

While attending her clinic visits, she received nutritional and lifestyle counselling from the Public Health Nursing Officer (PHNO) such as, education on maintaining a balanced diet tailored to diabetes management according to the National dietary guidelines and cancer prevention advice on regular monitoring of Body Mass Index (BMI), Emphasis on adhering to medical advice and performing recommended blood tests for diabetes monitoring, guidance on incorporating simple, regular exercise into her daily routine. Counselling sessions also addressed the patient's psychological concerns, fostering trust and confidence in the management plan. As a result, her most recent blood sugar tests returned to normal levels, reflecting improved metabolic control.

Conclusion: This case demonstrates the importance of field-level nutritional and lifestyle support in palliative care patients with complex comorbidities. The PHNO's intervention not only contributed to improved glycaemic control but also enhanced the patient's psychological well-being and adherence to medical advice. Integrating such community-based interventions into palliative care services may improve outcomes for patients with chronic and recurrent illnesses.

Keywords: Palliative care; nutritional support; breast cancer; diabetes mellitus



PP 10

ANTERIOR HORN CELL DISEASE: AN INDICATION FOR EARLY ONSET HOLISTIC PALLIATIVE CARE - CASE REPORT

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Background: Anterior horn cell (AHC) disease is an umbrella term that denotes a group of conditions affecting the motor neurons located in the anterior horn of the spinal cord. It can be degenerative, infectious, genetic, or inflammatory.

Case Description: A 44-year-old female nursing officer developed an insidious onset right side leg pain followed by weakness. The symptoms quickly progressed, affecting the left leg also within a few months. First assessed by a physician at Base Hospital Balangoda, she was referred to Teaching Hospital Ratnapura (THR) for neurology opinion. By the time of her admission to National Hospital of Sri Lanka (NHSL), in February 2023, she has developed spastic quadriparesis and tongue fasciculations. Combining the clinical picture with electromyography findings, she was diagnosed with AHC disease. Following initial management at NHSL, she was referred back to THR for follow-up care. However, due to development of depression and inability to accept the prognosis of the disease, the patient defaulted from routine care and supportive therapy.

After nearly three years of grief, dilemma and social isolation, suffering not only physically but also mentally and financially, she finally received the support of a community-based palliative care nurse. Besides starting home-based palliative care including physiotherapy and counselling (for both the patient and family), measures were taken to strengthen the family both socially and financially, such as, by helping to re-establish social relationships, linking the family with well-wishers and horticultural initiatives.

Even though the patient is now bed bound with only a very few intact voluntary motor functions such as swallowing and eye movements, the transition brought to the remaining days of her life through holistic palliative care is remarkable.

Conclusion: AHC disease is a potential indication for early onset holistic palliative care with special attention to psychosocial wellbeing.

Key words; Anterior horn cell disease, holistic palliative care, early onset palliative care



PP 11

THE ROLE OF DIET CONTROL IN HOME-BASED PALLIATIVE CARE FOR CANCER PATIENTS: ENHANCING QUALITY OF LIFE AND SYMPTOM MANAGEMENT

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Background: Patients diagnosed with cancer go through a paradigm shift in their life, in relation to being healthy and suddenly being too ill. Diet can play a vital role for comfort, enjoyment and symptom management.

Case Description: 52 years old female, mother of two residing in Madiwela, was diagnosed with breast cancer 1 year ago. During investigations prior to surgery, she was diagnosed as a diabetic and was requested to control diet and was put on medication. Currently she is on chemotherapy and was found to have loss of appetite and found difficult to control fasting blood sugar levels at times. She was also suffering from gastritis and was on multiple medication. She received a standard guideline on diet control at the clinic.

Public Health Nursing Officer, during her field visit has identify her concerns over the diet and has been able to discuss her diet, considering her preferences, economic status as well as medical conditions lengthily. This has led to a great insight of the patient relating to the importance of diet control. She has learnt to change portion sizes, to introduce different varieties of vegetables, fruits depending on local availability as well as to adjust meals in such way so the other members in the household is not affected as well. The diets were not restricting and depressing. Instead, this tailor-made diet, aligned with national dietary guidelines has helped her to manage her symptoms such as nausea, constipation, and loss of appetite. Further, she has reduced her weight and fasting blood sugar levels to an optimized level.

Conclusion: In palliative care, diet control should focus on comfort, enjoyments and symptoms management. It should be healthy as well as palatable to the patients. Customized diet plans according to each patient considering their preferences can improve quality of life for patients with cancer.

Key words: Palliative care, home-based interventions, dietary care, breast cancer



PP 12

THE EFFICACY OF THERMAL IMAGING IN DETECTING SEPTIC FOCI IN WOUNDS

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Background: Prompt and accurate identification of a septic focus is critical for effective wound management and preventing systemic infection. Current diagnostic methods often rely on clinical signs and symptoms, which can be non-specific, or on invasive procedures like biopsy and culture. Thermal imaging, a non-invasive technique, can detect changes in temperature that may correlate with increased metabolic activity and inflammation in infected tissue.

Objective: This study aimed to evaluate the utility of thermal imaging as a diagnostic tool for detecting septic foci in acute and recovering infected wounds.

Methods: Thermal imaging scans were performed on a cohort of 16 wounds with acute infection and 20 wounds in the recovery phase. The results of the thermal imaging were correlated with definitive clinical and microbiological findings when clinically relevant (e.g., wound culture results) to determine diagnostic accuracy.

Results: In the acutely infected group (n=16), thermal imaging successfully detected a septic focus in 10 cases, demonstrating a detection rate of 62.5%. In the wounds in the recovery phase (n=20), the technique was successful in 8 cases, resulting in a detection rate of 40%.

Conclusion: The findings suggest that thermal imaging shows promise as an adjunctive, non-invasive tool for identifying septic foci in wounds, particularly in the acute phase of infection. However, its effectiveness appears to diminish as the wound enters the recovery phase. Further research with a larger sample size is warranted to validate these findings and to establish its role in routine wound care diagnostics.

Key words: Thermal imaging, septic foci, wounds

