Third Annual Academic Sessions College of Palliative Medicine of Sri Lanka

ABSTRACT BOOK

Compassionate Communities

4th to 5th October

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College of Palliative Medicine of Sri Lanka

ABSTRACTS OF
ORAL AND POSTER PRESENTATIONS

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ORAL PRESENTATIONS

OP 01

IMPACT OF MULTIDISCIPLINARY PALLIATIVE CARE INTERVENTIONS ON QUALITY OF LIFE IN TERMINAL CANCER PATIENTS: A SYSTEMATIC REVIEW

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Background and aim: Multidisciplinary Palliative care interventions, which integrate medical, psychological and social support services play a pivotal role in enhancing the QoL of terminal cancer patients. This systematic review aims to evaluate the impact of Multidisciplinary Palliative Care Interventions on Quality of Life in terminal Cancer Patients.

Methods: A search of PubMed, Google Scholar, Clinical Key and Cochrane Library, databases were conducted to filter Randomized Control Trials published in last the 20 years. Eligible studies were selected using "PICO' framework (Population- 'terminal cancer patients', Intervention- 'multidisciplinary palliative care', Comparison- 'terminal cancer patients without multidisciplinary palliative care', Outcome- 'impact on QoL'). Two reviewers independently screened studies, with a third reviewer assessing the articles if there was any incongruence. Risk of Bias assessment was done, and the quality of evidence was assessed according to GRADE criteria. Meta-analysis was not performed due to clinical and methodological heterogeneity. The PROSPERO registration has been applied.

Results: Out of 81 articles, 14 were excluded in de-duplication, and 62 articles were excluded after thorough evaluation for established criterion, leaving five studies for further analysis. Of these, three had a low risk of bias, while two had a high risk of bias, due to deviations from pre-specified analysis plan. The studies included 881 advanced cancer patients aged 18 years and above, receiving palliative care treatment. Most studies were conducted in Europe (n=03), with one each from China and Israel. One of these studies assessed QoL using both the EORTC QLQ-C30 and McGill Quality of Life (MQOL) scales, revealing that patients in the intervention group scored significantly higher QoL than the control group with mean differences (MD) of 5.9 (95% CI: 0.06–11.1) for EORTC QLQ-C30 and 0.6 (95% CI: 0.2–1.1) for MQOL. Three out of the four remaining studies using the EORTC QLQ-C30 scale demonstrated significant improvements in QoL for patients receiving multidisciplinary palliative care interventions compared to the control group (MD: 1.8, 6.3, 7.01; $p < 0.05$), with the exception of one study.

Conclusion: Multidisciplinary palliative care interventions significantly improv QoL in terminal cancer patients compared to traditional palliative care methods.

Key words: Quality of Life, Terminal Cancer, Multidisciplinary interventions

OP 02

CHALLENGES IN IMPLEMENTING PALLIATIVE CARE IN DEVELOPING COUNTRIES: A SYSTEMATIC REVIEW

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Background and aim: Palliative care (PC) optimizes the quality of life of patients with life-limiting illnesses, their family and caretakers. We focused on discerning unique obstacles encountered by developing countries in delivering PC services.

Methods: Total 354 publications from PubMed, EMBASE, Cochrane, Google Scholar and Semantic Scholar databases were identified on challenges in PC implementation in developing countries between 2013 and 2022. Following deduplication, two independent reviewers initially screened the articles for eligibility with titles and abstracts, and then, with complete articles. Bias assessment using GRADE guidelines for observational studies was done. Non-English studies, from developed countries, case-series/ case-reports/ essays/ book-chapters/ conference-abstracts/ editorials/ thesis/ dissertations and studies without full-texts were excluded. The review was registered in Prospero (ID-CRD42024505781).

Results: The review included 24 observational studies. Challenges identified within the healthcare system included unavailability (n=12), unaffordability (n=13), inaccessibility (n=15) to PC services, untrained healthcare professionals (n=9), unavailability of financial/human resources (n=20), lack of national policies (n=11), scarcity/unaffordable pain management (n=18), deficient hospital infrastructure (n=15), weak referral systems (n=6), limiting PC only to hospices (n=8), limited services/facilities at primary-care level (n=15), communication and documentation gaps (n=6). Individual/family level challenges were lack of knowledge (n=8), financial constraints (n=16), cultural/religious beliefs (n=12), delayed presentation (n=5) and obtaining herbal/traditional treatment (n=7). The socio-cultural/political challenges included beliefs towards death and dying (n=12), stigmatization (n=17), transportation issues (n=4), and limited social support (n=6), hindering effective implementation of PC services.

Conclusion: Several health-systems related, individual/family and socio-cultural/political barriers hinder the implementation of PC in developing countries globally. Policymakers need to acknowledge and tackle these obstacles when implementing PC services in the country. Conducting further studies to identify specific obstacles in implementing PC in Sri Lanka is recommended.

Key words: Palliative care, Developing countries, Challenges, Healthcare system, Implementation.

OP 03

COMPASSION BEYOND DEATH: HOLISTIC BEREAVEMENT CARE IN PALLIATIVE SETTING: A CASE STUDY

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Introduction: Bereavement care is an essential component of palliative care, aimed at supporting the emotional and practical needs of families following the death of a loved one. This report details the bereavement care provided to the family of Mr. XY, a 74-year-old male from Malabe who suffered a cerebellar vascular event. The stroke rendered him aphasic, leaving him unable to articulate speech, though he remained cognitively intact. He was admitted to Colombo East Base Hospital, and later developed complications, including difficulty with nasogastric tube insertion and an accumulation of excessive pulmonary secretions. The rapid clinical deterioration led to acute emotional distress in his family, especially his wife.

Case description: Upon Mr. XY's passing, the healthcare team, led by a Public Health Nursing Officer (PHNO), promptly initiated bereavement care interventions. The PHNO provided immediate psychological first aid, offering empathetic listening to the family, including the wife, son, and daughter. A comprehensive assessment of the family's mental status was conducted, focusing on identifying any signs of acute grief reactions, including emotional numbness or shock. The PHNO also provided practical guidance on funeral arrangements and liaised with appropriate authorities for death registration. Mental health risk factors, including the potential for complicated grief, depression, and suicidal ideation, were evaluated; however, no psychiatric referrals were deemed necessary in this case. Although bereavement support was initially provided, long-term follow-up was considered essential to monitor the family's emotional well-being.

Conclusion: Bereavement care for Mr. XY's family emphasized immediate emotional support, practical guidance, and an initial mental health assessment. In the future, follow-up care through grief counseling, support group referrals, and long-term family monitoring should be considered essential aspects of a comprehensive bereavement plan. Education on grief and sensitivity to cultural and religious beliefs are crucial in supporting families through the grieving process.

Key words: Bereavement care, palliative care, grief support, family-centered care, end-of-life.

OP 04

EFFECTIVENESS OF PALLIATIVE CARE INTERVENTIONS OFFERING COPING SKILLS TO WOMEN WITH GYNECOLOGICAL CANCERS: A SYSTEMATIC REVIEW

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Background and aim: Patients with gynecological cancers frequently encounter substantial physical, psychological, and social challenges. This systematic review aims to evaluate the existing quantitative evidence on palliative care interventions that offer coping skills that facilitate the quality of life and psychological well-being of women with gynecological Cancers.

Methods: PubMed, Google Scholar, Clinical Key, and Cochrane Reviews databases were searched from 2000 to 2024. Articles in English with quantitative evidence were screened to determine whether the population included women with gynecological cancers, whether interventions were related to offering coping skills, whether control groups were available, and whether outcomes were related to psychological well-being and quality of life. Data were extracted to report on intervention models, outcome measures, and intervention outcomes. The risk of bias was assessed with RoB 2, ROBINS-I and ROBINS-E tools. Two independent reviewers were involved in all the above steps with a third contributing to solving discrepancies. Meta-analysis was not done following heterogeneity assessments.

Results: Twelve articles (out of 297) were selected for the review with eight randomized control trials (RCT), two quasi-experimental trials, one cohort study, and one comparative study. The interventions or exposures included; group therapy based on coping strategies, supportive and coordination care, communication therapies, mindfulness sessions, educational sessions, psychological counseling, and use of engagement in active coping and seeking social support. Seven studies measured psychological outcomes, six using multidimensional instruments. Five studies measured quality of life, three used multidimensional instruments. Results consistently and significantly indicated benefits linked to providing coping skills. The majority of RCTs show significant ($p<0.05$) improvement in quality of life with the coping skills. Participants in both the coping and communication-enhancing intervention (CCI) and supportive counseling (SC) groups reported lower levels of depressive symptoms. In the quasi-experimental trials, survival expectancy by group interaction ($\beta=5.102$, $p=0.044$) was significant as well. Changes in FACT-G score was greater over time for patients with high survival expectancy in the treatment group compared to with all other patients.

Conclusion: Palliative care interventions offering coping skills are effective in supporting women with gynecological cancers. These interventions contribute significantly to improving their mental and emotional well-being and quality of life.

Key words: Palliative care, Gynecological Cancers, coping skills, systematic review.

OP 05

EFFECT OF MUSIC THERAPY AND MUSIC-BASED INTERVENTIONS TO IMPROVE MENTAL HEALTH IN PALLIATIVE CARE: SYSTEMATIC REVIEW AND META-ANALYSIS

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Background and aim: Palliative care is a multidisciplinary medical care giving approach which optimizes quality of life of a terminally ill person. Various scientific interventions are in practice in order to facilitate the mitigation of the suffering including music therapy and music-based interventions. The aim of the review was to evaluate the effect of music therapy and music-based interventions to improve mental health in palliative care among adults >18 years of age.

Methods: An extensive literature review was conducted in PubMed, Cochrane library, Research4life and Clinical Key. Seven Randomized controlled trials out of 412 articles were screened and selected for the systematic review following two rounds with five screening questions. Five out of the seven articles were selected for the meta-analysis with 'mental health status' being the primary outcome. Depression, agitation and aggression were the secondary outcomes. Heterogeneity, risk of bias and the quality of evidence were assessed. Robvis tool was used to perform and visualize the risk of bias assessment with relation to ROB2.Rev Man and R language were utilized for analysis.

Results: All seven studies included in the systematic review were Randomized Control Trials with an intervention arm (music therapy) and a control arm (standard care), conducted among adults >18 years of age receiving home-based or nursing-home based or hospice-based palliative care, globally. Meta-analysis reveals that music therapy or music-based interventions are associated with an improvement in mental health status compared to the control, which intern suggests that on average the participants who received music therapy experience a beneficial effect on their mental status. The effect size is 0.3878 which is moderate. Nevertheless, the random effect model depicts that the association is statistically not significant ($p=0.4181$). "Low" level was assigned as the GRADE certainty. But there was a significant ($p<0.0001$) I^2 value of 89.65% which indicated the high statistical heterogeneity among the five studies.

Conclusion: Even though, there is a moderate beneficial effect on mental health status among adults in palliative care with music therapy, this has to be interpreted cautiously due to high level of statistical heterogeneity.

Key words: Palliative care, Music therapy, Music-based interventions, Mental health.

OP 06

EFFECTIVENESS OF ARTIFICIAL INTELLIGENCE-ASSISTED BEHAVIOR-RELATED NON-PHARMACOLOGICAL INTERVENTIONS IN THE MANAGEMENT OF CHRONIC PAIN: A SYSTEMATIC REVIEW

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Background and aim: Chronic pain causes significant disability and suffering. Due to its highly subjective nature and complex web of causation, behavior related non-pharmacological interventions are becoming popular. Most such methods however, have limited feasibility as they require professional expertise and more time. Hence, the potential of artificial intelligence (AI) presents an attractive alternative. This study aimed to systematically review the effectiveness of AI assisted behavioral interventions in management of chronic pain.

Methods: We searched PubMed, Cochrane Library, Hinari, Clinical Key and Emerald databases and found 353 articles. After de-duplication, 299 articles were subjected to title and abstract screening using the criteria; adults with chronic pain, AI assisted non-pharmacological behavioral interventions as primary treatment modality and measurable assessment of chronic pain. Quality assessment was done using RoB-2 and RoB-I tools. All the above stages were done by two reviewers with a third reviewer solving disputes. Due to heterogeneity, meta-analysis was not performed. PROSPERO registration CRD42024573709.

Results: Full text screening of 24 articles yielded six studies with advanced AI components demonstrating adaptability/learnability, which were included. There were three randomized controlled trails (RCT) and three quasi experimental studies. All were from developed countries; USA, Australia, Sweden and Slovenia. Sample sizes ranged from 10 to 278. The behavioral interventions, either completely or partially generated and delivered using AI, were; cognitive behavioral therapy, animal therapy, physical activities, mindfulness practices, acceptance and commitment therapy and phantom motor executions. The mode of delivery was mostly remote (e.g. mobile apps, zoom based etc.). All studies found these interventions to be effective in alleviating pain while RCTs demonstrated their non-inferiority to conventional methods.

Conclusion: Artificial Intelligence assisted behavioral interventions seems to be effective in management of chronic pain. Other aspects such as acceptability and feasibility need further evaluation.

Key words: Chronic pain management, behavioral interventions, artificial intelligence, systematic review.

OP 07

EFFECT OF EARLY INTEGRATION OF PALLIATIVE CARE ON QUALITY OF LIFE OF ADVANCED CANCER PATIENTS: SYSTEMATIC REVIEW AND META-ANALYSIS

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Background and aim: There are notable delays in provision of palliative care for needy patients with cancer. The aim of the review is to explore effects of early integration of palliative care with the standard oncology care on quality of life (QOL) of adult patients with advanced malignancies.

Methods: PubMed, Google Scholar, Cochrane library, HINARI and ClinicalKey databases were searched. Individual randomized control trials comparing integration of palliative care within 16 weeks of diagnosis with standard oncology care among adult patients with advanced malignancies were included. Rayyan software was used and de-duplication was done. Two reviewers independently screened the articles in two rounds with discrepancies resolved by a third reviewer. Similarly risk of bias assessments were done. Quality of life (QOL) was the primary outcome of interest. Standardized mean differences (SMD) were used to compare the two groups. Potential sources of heterogeneity were investigated and I-square statistic was used to assess statistical heterogeneity.

Results: Twelve randomized control trials involving a total of 1531 advanced cancer patients fulfilled the inclusion criteria. QOL was assessed using FACT-G tool except in one study that used EORTC QLQ-C30. In the intervention arm, palliative care was introduced between diagnosis and 16 weeks, while in the control arm, palliative care was provided only on demand. Eight studies compared QOL at the end of the intervention between groups, and four studies compared the mean differences in QOL scores from baseline to the outcome time point. Early integrated palliative care improved patients' QOL compared to standard oncology care. This was significant in both between-group comparisons [SMD 1.02, 95% CI (-0.20)-2.23, p=0.1] and baseline-to-outcome comparisons [SMD 0.54, 95% CI (-0.04)-1.11, p=0.07].

Conclusion: Early introduction of palliative care into standard oncology care for advanced cancer patients did not show significant improvement of QOL compared to standard oncology care alone. Short duration of follow-up, heterogeneity of interventions and differing outcome assessment methods may have hindered the ability to establish a clear causal relationship.

Key words: Palliative care, quality of life, systematic review.

OP 08

IMPORTANCE OF COMMUNITY SUPPORT TO ESTABLISH HOME BASED PALLIATIVE CARE AT PRIMARY CARE LEVEL HOSPITAL IN KANDY DISTRICT

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Introduction: Home based palliative care is beneficial to both patient and family. It is cost effective, and improves quality of life. When there is a good support system from the community and religious leaders within the community, the benefits towards the patient and family is more.

Case description: There were chronically ill patients who were disabled or confined to bed and had difficulties to follow-up at their local hospitals due lack of transportation or inaccessibility, in Pattiyagama Pallegama which is 40km away from Kandy city. With the supervision of Regional Director of Health Services and the nearest Divisional Hospital, these patients were visited at their homes. Initially a few houses were visited by using the vehicle of a hospital staff member. Later, support from the hospital development committee and religious leaders of the village was obtained and a trishaw driver volunteered to provide transportation. In addition, the community was very supportive towards provisioning respite care. Since there weren't any nurses at the local hospital, few community services teams were created consisting of retired healthcare workers including dispensers and midwives, teachers, and other volunteers. They managed to do home visits and attend to palliative care needs of patients and their families and reported to the medical officer of the nearest Divisional Hospital if any medical attention was required.

Conclusion: It is important to acknowledge and obtain support from the community to establish home based palliative care. The community services teams' visits were successful as the patients, families and the hospital staff benefited from them. Obtaining the services of retired healthcare workers reduced the burden on the local hospital with low human resources.

Key words: Home based palliative care, Community support, volunteers.

OP 09

EFFECTIVENESS OF CAREGIVER TRAINING IN IMPROVING QUALITY OF LIFE OF STROKE SURVIVORS- SYSTEMATIC REVIEW

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Background and aim: Caregivers' capacity critically impacts the Quality of Life (QOL) of stroke survivors. This systematic review aimed to evaluate the effectiveness of caregiver training in improving the QOL of stroke survivors.

Methods: A systematic literature search was conducted across PubMed, Cochrane Library, and Clinical Key databases for the period 2014 to date. Studies conducted on the effectiveness of any type of capacity-building intervention on any type of caregiver of patients who survived stroke considering the quality of life of stroke survivors as the outcome were included. Out of the 59 studies that resulted from the search following deduplication, 32 studies were excluded with title and abstract search. Twenty-seven full-text studies were screened in the second round. The ROB2 tool was used to assess the risk of bias (RoB). Meta-analysis was not conducted owing to clinical and methodological heterogeneity. Two independent reviewers involved in screening and RoB assessment.

Results: Six studies were included in this review. There was one two-arm parallel clinical trial, four randomized control trials, and one multicenter randomized control trial. Of the studies, three showed a low risk of bias, two had some concern about bias, and one had a high concern about bias. The training programs, which varied in content, mode of delivery, and duration, focused on enhancing the caregivers' skills in different aspects. One trial showed a group difference between intervention and control group (95% CI: 1.28, 11.58). Another study revealed that training lead to better caregiver competence, preparation for care and e-health literacy ($p<0.001$) showcasing lesser rehospitalization of stroke patients. One study showed a significant improvement in the physical and psychological subscales of stroke patients following caregiver interventions ($p<0.001$). One study done in India found no significant difference in rehospitalization ($p=0.56$) and incidence of non-fatal events ($p=0.8$).

Conclusion: Caregiver training has beneficial effects in improving the QOL of stroke survivors.

Key words: Stroke survivors, caregiver training, quality of life.

OP 10

HOME BASED PALLIATIVE CARE IN IMPROVING THE QUALITY-OF-LIFE AMONG ELDERLY PATIENTS: A SYSTEMATIC REVIEW

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Background and aim: Home-based palliative care, a cost-effective approach providing personalized care in a familiar setting, plays a pivotal role in enhancing the quality-of-life (QoL) in elderly patients, ensuring comfort, dignity and emotional support during end-of-life care. The purpose of this review is to assess the outcomes of home-based palliative care in comparison with institutionalized care among elderly patients.

Methods: PubMed, HINARI, Google scholar, Clinical Key and Cochrane library databases were searched, filtering for RCTs within the last 20 years. Eligible studies were selected following five criteria studies on ‘elderly’, ‘palliative care’, ‘comparison between home-based vs institutional care’, ‘QoL’ and ‘having quantifiable outcomes’ by two independent reviewers, intervened by a third if any conflicts. The mean difference of QoL scale prior to and following interventions was considered as the outcome. Risk-of-bias assessments were conducted (Cochrane risk-of-bias tool) and the quality of the evidence according to Grading-of-Recommendations-Assessmet-Development-and-Evaluation (GRADE) criteria. Mata-analysis was not done as there was clinical and methodological heterogeneity. International-Prospective-Register-of-Systematic-Reviews (PROSPERO) registration has been applied.

Results: Out of 353 articles found, 62 were excluded in de-duplication. Respectively 86, 31, 38, 116 and 14 articles were excluded on each criterion and six studies were selected for review. Five were rated as having a low risk of bias, and 1 was judged to have a high risk of bias, due to deviations from a pre-specified analysis plan. The study population, aged above 60 years, comprised 748 patients receiving palliative treatment. Majority (n=4) of the studies were conducted in high income countries while the remainder belonged to upper-middle-income countries. Three studies assessing the QoL among 464 participants using SF-36 survey showed increased QoL in home-based palliative care (MD:0.35, 1.14, 11.4) while the other 3 studies used QoL Index (MD:8.96; p <0.001), Barthel index (RR: 0.69), NIHSS (RR:0.89) and General-Health-Questionnaire (p=0.02).

Conclusion: Home-based palliative care enhances the quality of life for patients aged over 60. Despite the variations in assessment methods, majority (66%) of studies demonstrated positive outcomes, supporting home-based care as a superior option for enhancing patient well-being compared to institutional care.

Key words: Home-based palliative care, quality of life, elderly.

OP 11

EFFECTIVENESS OF TELEHEALTH INTERVENTIONS FOR PALLIATIVE CARE IN PATIENTS WITH END STAGE KIDNEY DISEASE: A SYSTEMATIC REVIEW

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Background and aim: In the wake of technological advancements, telehealth interventions can be utilized to provide palliative care for patients with end stage kidney disease (ESKD), with minimal inconvenience to both patients and healthcare providers. This systematic review aimed to assess the efficacy of telehealth interventions for palliative care in patients with ESKD.

Methods: The protocol was registered in PROSPERO with the registration number CRD42024582255. A total of 1039 articles were found through a search in PubMed (32), Cochrane (1), Google Scholar (938) and HINARI (25). Following deduplication there were 1013 articles. Three screening questions were used, related to the use of telehealth-based interventions in patients with ESKD for palliative care. Exclusion criteria used were studies on patients with stages 1-4 of chronic kidney disease, telehealth interventions related to improving renal replacement therapy, interventions focused on optimization of medical complications and drug adherence and caregiver-directed interventions. Articles were screened by two independent reviewers, with conflicts settled by a third. Risk of bias was assessed using the RoB2 tool for randomized controlled trials (RCTs). Meta-analysis was not performed due to clinical and methodological heterogeneity.

Results: Five RCTs were included in the final review. Two had low risk of bias, two had moderate risk and one had high risk. Three of the interventions were nurse-led telehealth interventions that focused on post-discharge follow up with outcomes related to quality of life and symptom control. The other two focused on cognitive behavioural therapy (CBT) delivered via telehealth. Of them, one assessed outcomes related to depression, pain and fatigue, and the other focused on insomnia. All post-discharge follow-up telehealth interventions showed significant improvements in the symptom-based outcomes that were assessed ($p<0.05$). The CBT intervention for symptom improvement also showed a significant difference towards favorability ($p<0.05$). The CBT-intervention for insomnia only reported high engagement levels for the intervention (98%) with no difference compared to placebo or pharmacological therapy.

Conclusion: Telehealth interventions for palliative care in ESKD seems promising in terms of symptom control and improvement of quality of life.

Key words: Telehealth, palliative care, end stage kidney disease; systematic review.

OP 12

IMPACT OF PHYSICAL EXERCISE ON PATIENT-REPORTED OUTCOMES AMONG PEOPLE WITH ADVANCED CANCER: A SYSTEMATIC REVIEW

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Background and aim: Exercise has been identified as a potential intervention to improve patient-reported outcomes (PROs) in patients with advanced cancer. This study aims to evaluate the impact of physical exercise interventions on the patient-reported outcomes (PROs) of individuals with advanced cancer.

Methods: PubMed, Google Scholar, Cochrane, and EMBASE databases were searched using the keywords and subject headings, yielding respectively 675, 484, 18, and 56 articles from each database. After deduplication, 1112 articles remained. Having physical exercise as the intervention for advanced cancer patients and improvement of QoL were the screening questions used in two rounds. Risk of bias (RoB) assessments were conducted using the RoB2 tool for randomized control trials (RCTs). Two independent reviewers performed the screening and RoB assessments, with a third reviewer resolving any discrepancies. Due to clinical and methodological heterogeneity, a narrative synthesis was performed without proceeding to a meta-analysis.

Results: Eleven RCTs met the inclusion criteria for the review. The exercises included aerobic (n=6), resistance (n=2), and mixed (n=3) modalities. The cancer types covered were lung, breast, pancreas, colon, and mixed cancers. Three RCTs involving 188 advanced cancer patients demonstrated that particularly home-based or combined exercise programmes, significantly improved physical function, reduced cancer-related fatigue, and enhanced overall QoL ($p<0.05$ for all). Another study, involving lung and colorectal cancer patients (n=33) reported significant improvements in fatigue ($p=0.02$) and sleep quality ($p=0.05$). One study demonstrated that exercise led to significant improvements in functional mobility among individuals with advanced cancer ($p=0.01$). The effectiveness of graded physical exercise in addressing severe fatigue was not statistically significant ($p=0.057$) in one study. Another study did not find a clear differential effect between resistance and cardiovascular exercise on outcomes ($p=0.045$), and this was not confirmed in subsequent intention-to-treat analyses. Two studies involving 85 participants found no significant differences in QoL, symptoms, or functional status among those who participated in physical exercise ($p>0.05$).

Conclusion: Physical exercise interventions, particularly those combining aerobic and resistance exercises, have been shown to significantly improve PROs in patients with advanced cancer.

Key words: Physical exercise, advanced cancer, quality of life, systematic review.

OP 13

HOLISTIC PALLIATIVE CARE STRATEGY FOR A PATIENT WITH ADVANCE CERVICAL CANCER WHILE THE PATIENT IS RECEIVING IN-WARD MANAGEMENT: A CASE STUDY

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Introduction: Women with advanced uterine cervical cancer suffer from a combination of moderate to severe physical, psychological, social, and spiritual distress due to their disease and are in need of palliative care to improve their quality of life.

Case description: Mrs. Y, a 44-year-old unmarried woman, has been referred to NH-Kandy for radiotherapy following a diagnosis of ulcerative cervical cancer. Bedbound since the age of 21, she lives with her elderly parents, facing significant socioeconomic challenges. Complications from her condition include vaginal wounds, bedsores, and severe appetite loss, leading to her reliance on IV fluids and refusal of NG feeding. Her primary caregiver, her mother, is experiencing considerable emotional distress alongside Mrs. Y.

To address these issues, a comprehensive care plan has been developed. This includes daily wound care, tailored nutritional support, physiotherapy, and counseling for both the patient and caregiver. Preventative measures for bedsores, the provision of a commode wheelchair, and alternative incontinence products are also part of the plan. Additionally, the hospital’s palliative care unit will facilitate donations and funds to support their needs.

Post-discharge, shared care will be coordinated with local health services, ensuring continuity through home visits and follow-ups. Telemedicine will be utilized for ongoing caregiver training and emotional support. This holistic approach aims to improve Mrs. Y's quality of life while supporting her family's mental and emotional well-being.

Conclusion: In conclusion, the multifaceted care plan for Mrs. Y emphasizes the importance of addressing both her medical and emotional needs in the context of her severe illness and challenging home environment. By integrating daily medical care, nutritional support, and psychological counseling, along with the involvement of palliative care services, this approach aims to enhance Mrs. Y's quality of life and alleviate the burdens faced by her family. The commitment to ongoing support through shared care and telemedicine underscores the goal of fostering resilience and improving overall well-being for both the patient and her caregiver during this difficult journey.

Key words: Palliative care, radiotherapy, field palliative care, Advanced cervical cancer, proactive planning.

OP 14

SYSTEMATIC REVIEW ON EFFECTS OF E-HEALTH PALLIATIVE CARE APPROACHES IN IMPROVING QUALITY OF LIFE IN CEREBRAL PALSY CHILDREN

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Background and aim: Children with CP require a comprehensive palliative care to improve quality of life. E-Health bridges gaps in healthcare access by rendering customized, cost-effective, care especially for underserved communities. This review was done to explore the impact of e-health palliative care in enhancing the quality of life in CP children.

Methods: Google Scholar, PubMed, EMBASE, Cochrane Library, and CINHAL databases were searched, followed by deduplication. Two independent reviewers screened studies in two rounds based on relevance to e-Health palliative care interventions, measurable quality-of-life outcomes, and focus on children with cerebral palsy (CP). A third reviewer resolved conflicts. Data on study design, participants, interventions, and outcome findings were extracted, and risk of bias was assessed using RoB2. Meta-analysis was not performed due to heterogeneity. PROSPERO registration has been applied.

Results: Following deduplication 914 studies were screened and 10 studies were selected by three screening rounds. There were eight clinical trials and two observational studies. The majority were done in Western countries and age range was 2 years to 18 years. Participants had different CP types such as spastic, unilateral and quadriplegic. Four studies had used web-based training sessions and others had used digital devices as e-health palliative intervention. Pre and post comparison was done in three studies while in two studies comparisons were done children without CP. Four studies had used validated questionnaires to assess level of quality-of-life following interventions and three trails had assessed the improvement in movement. Multivariate analysis had depicted higher motor scales in intervention group (OR= 0.28; 95% CI=0.17–0.39; p=0.001) in one study. In another three studies, with devices used, significant increase in dissociated movements ($p<0.05$) was observed. In another study, a positive correlation was noted with devise usage time and higher quality-of-life scores (p=0.004, r=0.40).

Conclusion: E-health palliative care interventions seemingly improve quality of life among children with cerebral palsy. Further studies need to be encouraged.

Key words: E-Health, palliative care, quality of life, cerebral palsy, systematic review.

OP 15

EFFECTIVENESS OF VITAMIN D SUPPLEMENTATION IN PATIENTS UNDER PALLIATIVE CARE: SYSTEMATIC REVIEW

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Background and aim: Observational studies have shown that patients suffering from cancer tend to have low vitamin D levels, which is associated with fatigue, pain, and poor quality of life. Aim of this review was to systematically review the available evidence on effectiveness of supplementation of vitamin D to improve quality of life, fatigue, pain among patients admitted for palliative care.

Methods: A total of 339 articles were found initially through a search in PubMed (6), Cochrane (21), Google Scholar (200), clinical keys (20), HINARI (76) CINAHL (1) and EMBASE (15). Following deduplication there were 231 articles. Screening question used was vitamin D supplementation as an intervention in patients on palliative care. Exclusion criteria used were studies on patients with other supplements or combination of medication, pilot studies and protocols. Articles were screened by two independent reviewers, with conflicts settled by a third. Study design, participants, intervention, and outcomes were extracted by two reviewers independently. Risk of bias was assessed with the RoB2 tool for randomized controlled trials (RCTs). Meta-analysis was not performed due to clinical heterogeneity. PROSPERO ID is pending.

Results: Five RCTs were included in the final review. All the articles had low risk of bias. All the studies were carried out in Western countries among patients diagnosed with cancer and admitted to palliative care. One study showed that vitamin D supplementation significantly lowered the degree of fatigue, assessed by ESAS after 12 weeks; -1.1 point ($p<0.01$), and the difference of long-acting opioids use (fentanyl ug/h) was less compared to the control group; beta coefficient -0.56 ($p=0.03$). Antibiotic use, fatigue and Quality of life, assessed by EORTC QLC-C15-PAL was not significantly different between the groups ($p=0.06$). In one study that used the Edmonton Symptom Assessment Scale, revealed a positive effect on the men ($p=0.05$) than in women for fatigue ($p=0.55$). Another study conducted among breast cancer patients prior to surgery after mean duration of vitamin D intake of 19 days, showed no significant difference between groups on tumor proliferation or apoptosis in primary breast cancer cells pre and post treatment ($p>0.05$).

Conclusion: Vitamin D supplementation among cancer patients in palliative care is safe and it can reduce pain and fatigue. Further research should be conducted to compare the effect of vitamin D supplements with duration and different dosage.

Key words: Vitamin D, palliative care, quality of life, fatigue, pain

OP 16

SPIRITUALITY AND SPIRITUAL CARE OUTCOMES IN PALLIATIVE MEDICINE

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Spirituality is a multifaceted concept that varies widely among individuals. While some associate spirituality with religious beliefs, others find meaning through music, art, meditation, or their connection to nature. Our understanding of spirituality often evolves with our experiences. Spirituality can be described as a profound sense of energy cultivated through the integration of mind and soul. This can manifest in various forms, including meditation, which promotes insight, wisdom, and inner peace. Furthermore, spirituality fosters discipline in both mind and body, enhancing our capacity to care for ourselves and others.

The significance of spirituality has garnered global attention, particularly for its connection to physical and mental health. Spiritual needs are universal; research indicates that strong spiritual beliefs can provide substantial benefits during challenging times, such as illness or dying. A spiritually enriched mindset can significantly improve mental health and, consequently, physical well-being, as spirituality can mitigate some negative aspects of illness.

Importantly, spiritual care does not hinge on one’s religious affiliation. It encompasses our values, beliefs, personalities, and interpersonal skills. From the moment we are born, we are aware of mortality; death can arrive unexpectedly, often through terminal illnesses. Thus, addressing spirituality and spiritual care becomes crucial when supporting those facing such realities. While some individuals may find themselves prepared for death, many do not anticipate illness or the inevitability of dying.

In spiritual care, helping the dying find meaning and peace of mind is paramount. Providing care with love, kindness, and compassion can profoundly affect a patient’s mental and physical well-being. For caregivers, developing a disciplined mind and body through spiritual practices is essential. Being a good listener fosters a supportive environment, allowing individuals to explore their own meanings of life without judgment. It is vital to recognize the inherent goodness in our nature and to maintain a positive attitude while offering unconditional love and compassion, thereby creating a space of trust and peace.

The goal of spiritual care is not to convert, but rather to help individuals reconnect with their strengths of faith and spirituality. We must remember that everyone desires to avoid suffering and to seek happiness, just as we do. Cultivating equanimity, without falling into pity, allows caregivers to develop genuine compassion and a sincere wish for all to be free from suffering. Ultimately, true compassion and love create an environment that supports and inspires healing, both spiritually and physically, for the dying person. Caregivers should dedicate their efforts to the highest good, nurturing an atmosphere of acceptance and understanding as wide as possible. By doing so, we honour the spiritual journey of each individual, enriching their experience in the face of life's most profound challenges.

POSTER PRESENTATIONS

PP 01

IMPORTANCE OF EARLY COMMENCEMENT OF PALLIATIVE CARE ALONG WITH SPECIFIED MANAGEMENT IN AN INWARD PATIENT WITH MALIGNANCY IN A TERTIARY CARE SETTING

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Introduction: Patients diagnosed with malignancies develop disease related complications as well as specified treatment related complications along with other comorbidities. Palliative care should commence at the time of diagnosis of the disease with multi-disciplinary team approach to expect any complications. They can be addressed immediately and easily at tertiary care level.

Case description: A 66 years old male, diagnosed with Acute Myeloid Lymphoma in April 2024, was referred to Colombo North Teaching Hospital by hemato-oncology team of Cancer Institute Maharagama for treatment as he a living close by. Chemotherapy treatment commenced according to the hemato-oncology plan under close monitoring and communicating with hemato-oncology team. After the completions of second cycle patient developed generalized painful skin lesions, that were progressively worsening. Hemato-oncology team suggested to withhold chemotherapy until the newly developed conditions subsides or change of chemotherapy treatment plan. Dermatology team, Surgical team, microbiology team, pain management team and psychiatry team opinions obtained and managed accordingly. With all these medical teams, along with his family and spiritual support and good nursing care, patient's condition improved, thus the concerns of patient and family were addressed. Along with the symptomatic management, oncology management with a new treatment option commenced.

Conclusion: At tertiary care setting, commencing palliative care at the time diagnosis eases to manage complications of patient easily. Close monitoring and early interventions for symptomatic management with intercommunication among each team member, is important to enhance best care provided towards the patient and family in a tertiary care setting. Thus the patient's quality of life improves holistically while it enhances the trust towards the treating team by patient and family.

Key words: Palliative care in tertiary level, specialized care, team management.

PP 02

IMPORTANCE OF HOLISTIC APPROACH IN PALLIATIVE CARE: A CASE STUDY ON ADDRESSING PHYSICAL, EMOTIONAL AND SPIRITUAL NEEDS

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Introduction: Palliative care is essential among those who are challenged with multiple morbidities, disabilities and financial difficulties. A holistic approach to the patient can improve the quality of life of the patient as well as those who provide care for them.

Case description: 70-year-old lady, unmarried, lives with her sister's family at Malabe. She has been diagnosed with type 2 diabetes, hypertension, hypothyroidism, chronic kidney disease, chronic psoriasis, and dementia. She was referred to Public Health Nursing Officer (PHNO) to provide care for a diabetic wound. She has multiple morbidities due to flare-ups of psoriasis, getting irritated and poor response to care givers due to dementia, poor mobility following a fracture resulting from a fall and being restricted to a wheelchair. After being diagnosed with end stage renal failure, management of psoriasis has been challenging with oral medications.

The PHNO has assessed this client, who is having multiple issues and provided a holistic care; she has visited her frequently for wound toilet and dressing, and as the family finds it difficult to transport the patient to clinics regularly PHNO supports in drawing blood for the investigations, provided counselling for the patient and encouraged taking part in spiritual activities. Furthermore, she provided education to caregivers to improve the care received by the client. Upon identifying the financial difficulties, she liaised them with Samurdhi officer to get financial assistance.

Conclusion: Home based palliative care with a holistic approach can uplift the quality of life of the patients by relieving them of pain, improving the care received and reducing the burden of caregivers.

Key words: Palliative care; home-based interventions; quality of life.

PP 03

NAVIGATING RECOVERY: A CASE STUDY ON HOLISTIC APPROACH TO HOME-BASED PALLIATIVE CARE IN A STROKE SURVIVOUR WITH DISABILITY

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Introduction: Stroke leads to long-lasting debilitating physical disabilities, vehemently impacting education, livelihood and social participation of both the individual and their family. Palliative care is crucial in rehabilitating stroke survivors and improving their quality of life.

Case description: This case report focuses on a 46-year-old female stroke survivor from Homagama who has been bedridden for 4 years due to flaccid paralysis of the lower limbs with urine incontinence following an ischemic stroke. Her medical history included diabetes mellitus and chronic kidney disease for 5 years duration. Her cognitive functions, speech and swallowing is preserved. She has developed bedsores and contractures, severely restricting daily activities and increasing dependence on caregiver who is her mother-in-law.

She is currently receiving care under a consultant family physician and public health nursing officer with interventions focused on medication, skin and catheter care, nutrition, family support and mental well-being. However, the patient and the family suffer substantial financial strain exacerbated by lack of social and financial support. Interventions such as provision of a wheelchair by coordination with social worker has helped with mobility, but sustained social support remains inadequate. The patient also suffers poor coping skills, a lack of interest in self-care and limited engagement in leisure or spiritual activities, pointing towards lack of emphasis on spiritual and psychological wellbeing.

Conclusion: This case highlights the importance of a holistic approach to home-based palliative care, addressing not only the medical but also psychological, social and spiritual needs of stroke survivors. The integration of community resources and intersectoral collaboration is essential to reduce caregiver burden, improve sustainability of care and enhance the quality of life of both patients and their caregivers.

Key words: Palliative care; stroke; home-based care; quality of life.

PP 04

ROLE OF PALLIATIVE CARE FOR PATIENTS WITH RESTRICTED MOBILITY AT THE END-OF-LIFE

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Introduction: Bullous pemphigoid is a rare, autoimmune skin condition which causes large fluid-filled blisters in the skin. It could be life threatening for the elderly who are already compromised in health. Palliative care includes provision of active holistic care for patients with advanced progressive illness.

Case description: The patient was a 97-year-old elderly woman, with multiple comorbidities. She was a retired school teacher and a mother of four children. She was a known patient with hypertension for more than 40 years with poor compliance. At the age of 67, she suffered a stroke, which resulted in paralysis of both lower limbs. She had become wheelchair-bound since then. However, for nearly 30 years she was able to be independent in her activities of daily living. She was looked after by one of her daughters. About 2 months ago, she developed a bullous disorder in her arms and back which progressed to affect other areas. Her condition worsened significantly, leading to her becoming bedridden.

As her illness advanced relentlessly, the need for palliative care became evident. She developed urinary retention which required catheterization. The public health nursing officer (PHNO) had supported them with catheterization, care for the blisters and wounds, providing necessary health education and bereavement support. Despite her passing on August 19, 2024, the palliative care she received notably improved her quality of life, allowing her to experience a pain-free and peaceful death.

Conclusion: Providing field based palliative care for this patient with limited mobility has drastically improved their quality of life and helps them to have a peaceful and painless death at the care of their loved ones.

Key words: Palliative care, quality of life, Bullous pemphigoid.

PP 05

IMPORTANCE OF WOUND CARE MANAGEMENT IN HOME-BASED PALLIATIVE CARE SERVICE

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Introduction: In palliative care, wound care management need to be addressed with holistic approach to keep the patient comfortable. Preventive measures and involvement of family in wound care management benefits the patient and family.

Case description: This case is of an 87 years old gentleman who was a farmer, diagnosed with peripheral neuropathy five years ago and hypertension. He lives with his wife and his son lives close by, are well aware of his neurological condition. He is refrained from leaving the house as it could be dangerous for him.

There was a newly dressed wound on his right fourth finger, following a burn while warming himself from fire due to cold weather during in the absence of his wife and burnt his right fourth finger which he has noticed after a while, but not felt the burn. The pain and light touch sensations were absent in all limbs. There was a fourth degree burn injury of the right fourth distal digit. As there was a superficial burn injury previously, family members have used the same medication. In addition to the same dressing method, I added prophylactic oral antibiotics further advice on wound care, importance of preventive measures to both patient and care givers. During follow-up home visit after a month and the wound has healed.

Conclusion: This case addresses the awareness of a chronic illness, its complications and the preventive measures of complications. It’s important to acknowledging, appreciating and encouraging the attempts in care towards a neurologically impaired patient by family. And also the importance of wound care management at home-based setting with preventive measures.

Key words: Palliative care, wound care, preventive measures, family support.

PP 06

FROM ADVERSITY TO HOPE; THE PROMISING IMPACT OF EARLY ONSET HOME BASED PALLIATIVE CARE IN STROKE REHABILITATION: A CASE STUDY

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Introduction: Stroke is a highly prevalent non-communicable disease, typically characterized by neurological impairments persisting for more than 24 hours or leading to death. A majority of patients develop long term disability, thus warranting the need of palliative care.

Case description: A 52-year-old mother of three children suffered from a hemorrhagic stroke earlier this year resulting in left sided hemiparesis. She was a known hypertensive (diagnosed around 2 years back) who was not on proper clinic follow up. Following inward management, she was discharged with oral antihypertensives and a plan for hybrid physiotherapy; at stroke rehabilitation unit and home based. However, due to poor awareness, motivation and lack of caregiver support at home, the patient did not continue physiotherapy sessions at the hospital and was also not receiving proper therapy at home. In this background, the patient was linked to the area public health nursing officer (PHNO) by the MOH office, who initiated routine home-based rehabilitation therapy. Besides physiotherapy, the PHNO also provided her and her family with psychological counselling and support while ensuring adherence to the antihypertensive medication and routine clinic follow up. With these efforts of home-based palliative care, the patients' disabilities significantly improved over a very short time, which reinstated hope and inculcated determination among the patient and her family to continue care. The patient is now in a much better state and hopes to resume her employment and routine life soon.

Conclusion: While on most occasions palliative care is provided when there is not much expectation for a cure, early and concurrent initiation of it with active treatment has great potential to improve the physical and mental conditions of both the patient and family. Furthermore, in certain settings, home based palliative care might be the only feasible option. Hence future agendas should focus on strengthening and empowering the grassroot palliative care providers while incorporating comprehensive and good quality home based palliative care to the primary healthcare system.

Key words: Stroke, home based palliative care, rehabilitation.

PP 07

ENSURING CONTINUITY OF CARE WITH PROACTIVE PLANNING WHILE THE PATIENT IS RECEIVING IN-WARD MANAGEMENT; A CASE REPORT OF A PATIENT WITH GLIOMA FOLLOWING RADIOTHERAPY

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Introduction: Radiotherapy is one of the standard treatments used to control the growth of cancer cells. With treatments, patients may get various side effects and complications due to the disease itself. These patients need supportive care not only to manage side effects but also to ensure optimum quality of life. Identification and the provision of such services would increase the quality of life for both patients and caregivers.

Case description: Mrs. X, 43 years old, is the mother of 4 children. She had developed several complications such as right-side hemiparalysis, and memory impairment, and was diagnosed with adult-type diffused glioma. Following investigations, she underwent surgery and is currently on radiotherapy as of March 2024. She is receiving in-ward care at a national hospital. She also has diabetes. Her daughter serves as her caregiver, while her son-in-law provides financial support. The ward team broke the bad news and prepared a comprehensive problem list. Following that plans for nutrition, physiotherapy, and counseling were prepared. Proactive advice was given on bed-sore prevention and oral ulcer care which arise following radiotherapy. Caregiver training was done with counseling burdened caregivers with the help of social workers. The hospital palliative care unit organized donations and provided a commode-wheelchair to facilitate social rehabilitation. The post-discharge plan outlines the provision of proper shared care at both the domiciliary and primary healthcare institutions. Telemedicine (Zoom and WhatsApp-based) methodologies are also planned to continue caregiver training for aspects like pain management and position-changing.

Conclusion: It is feasible to conduct proactive planning across institutional and field levels while the patient is receiving in-ward care. This will ensure continuity of care for these patients as well as increase the confidence and satisfaction of both them and their caregivers.

Key words: Palliative care, radiotherapy, field palliative care, diffuse glioma, proactive planning.

PP 08

GLIMPSE OF HOPE FOR THE AFFECTED: A CASE STUDY

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Introduction: Metastatic cancer has resulted in significant morbidity and disability in patients. Palliative care plays a vital role in them and home-based care is an important approach to enhance the quality of life of these patients and their families.

Case description: A 47-year-old female from Kudamaduwa was diagnosed with right-side breast carcinoma and underwent mastectomy following chemoradiotherapy in 2020. She developed brain metastases one year after surgery and following radiotherapy for this condition, obstructive hydrocephalus was developed as a complication. But after insertion of a VP shunt, her symptoms improved. But her cancer relapsed with new metastatic deposits in her spine and rib manifested as progressive weakness below the level of umbilicus in March 2023. Despite targeted radiotherapy, her condition did not improve, and is bedridden since them. She can only perform some activities of daily living like feeding and is emotionally distressed by her inability to fulfil her roles as a mother and a housewife. Currently her mother-in-law and mother is assisting her and her family. She was referred to Public Health Nursing Officer (PHNO) for home based palliative care.

Public Health Nursing Officer visited her home every two weeks and provides required nursing care like changing the catheter. Home based physiotherapy was not received and was emphasized as an important requirement for her recovery. Psychotherapy for her emotional distress may have helped to alleviate her psychological symptoms.

Conclusion: The implementation of home-based palliative care services has helped in improving the quality of life of patients with long term disability to a certain degree, as approaching hospital for their treatments and care is an added burden for themselves and their families. But this service has to be improved to cater for other service requirements of patients such as physiotherapy and psychotherapy.

Key words: Home-based palliative care, metastatic cancer, bed ridden

PP 09

OPTIMIZING COMFORT AND CARE: A CASE STUDY ON HOME-BASED PALLIATIVE MANAGEMENT FOR CHRONIC ILLNESS AND MOBILITY IMPAIRMENT

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Introduction: Bladder outlet obstruction (BOO) refers to a blockage that impedes the flow of urine from the bladder. In women, BOO is less frequent but can be associated with neurological disorders, pelvic surgeries, or trauma. Chronic bladder outlet obstruction can lead to urinary retention, frequent infections, and long-term dependence on catheterization to manage symptoms and avoid complications like renal impairment.

Case description: A 72-year-old mother of three with bilateral lower limb weakness, making her bed-ridden for the past eight months. She has diabetes mellitus, hypertension, bronchial asthma, and a stroke 20 years ago, which caused an accidental fall, resulting in fracture and shortened left lower limb. She initially received physiotherapy for her mobility issues but discontinued it due to persistent difficulty. She also has bladder outlet obstruction, for which, she has been on long-term catheter. The catheter is regularly changed every month by a Public Health Nursing Officer. Despite her physical limitations, her mental and social well-being remains intact, and she finds enjoyment in reading books and watching television. Currently, the patient receives supportive care, including bladder care, pain management, bed positioning, hygiene maintenance, caregiver support through education, and guidance on end-of-life planning to ensure the patient's comfort and respect her wishes. Public Health Nursing Officer provides necessary care for the caregivers as well. Though her mobility is severely impaired, her mental state and ability to engage in hobbies help maintain her overall quality of life through cognitive engagement.

Conclusion: Home-based palliative care plays a vital role in improving the quality of life for patients with chronic illnesses and severe mobility issues. Caregiver support is essential, offering education and guidance to family members on daily care tasks such as hygiene, positioning, and medical interventions like catheter management, while also providing emotional support and respite care.

Key words: Bladder outlet obstruction, Home based palliative care, Caregiver support.

PP 10

HOME BASED PALLIATIVE CARE PROVIDING SYMPTOMATIC MANAGEMENT IN THE RURAL VILLAGE SETTING

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Introduction: Patients diagnosed with malignancies experience multiple symptoms that affect both their both physical and psychological well-being. It is not only impacting the patient but also their family members or care givers. Palliative care provides holistic care to enhance the quality of life of these patients. Home-based palliative care is increasing recognized as a beneficial treatment method for patients and their families worldwide.

Case description: An 80 years old male diagnosed with hepatocellular carcinoma complicated with Non-Communicable diseases as well, followed up at National Hospital Kandy oncology unit. His rural village was 40km away the hospital with poor transportation facilities. The exact date of his diagnosis was unclear, he had defaulted from his follow-up.
At the time of first visit, patient was dehydrated, weak, and complained of loss of appetite constipation body pain and lack of sleep. Following symptomatic management patient improved within 2 days, and also family was counselled, advised on preventive measures on bed sores. However, he expired 2 weeks later with no pain, surrounded by all family members. During further visit after the death of the patient, the wife of the patient has left the house where she lived, to stay with her daughter.

Conclusion: This case is presented to identify common symptoms and managing them, and addressing the concerns of the family members with holistic approach in peripheral areas with minimum resources in a homebased setting. Thus improving quality of life and painless death for the patient. This also emphasize challenges faced by healthcare workers in periphery and the importance of palliative care in periphery.

Key words: Home-based palliative care, Peripheral areas, Symptomatic management.

PP 11

DOMICILIARY PALLIATIVE CARE FOR A PATIENT LIVING WITH LIFELONG DISABILITY: A CASE STUDY

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Introduction: The role of family support is pivotal for home-based palliative care, especially for patients with chronic debilitating conditions. For a patient with congenital myopathy, who experiences a lifetime of dependency to varying degrees, informal caregiver support is imperative in maintaining good physical, psychological, and social well-being.

Case description: A 61-year-old female with congenital myopathy, who previously had mild mobility limitations, experienced rapid deterioration following multiple falls five years ago, resulting in paraplegia. Despite having completed O/levels, she is solely dependent on family support, and financial constraints have limited her travel to local healthcare providers.

The palliative care approach at the domiciliary level has been crucial in providing personalized, home-based support tailored to her needs. It focused on empowering family members to implement low-cost house modifications, ensuring the patient's safety, comfort, and accessibility which has improved her quality of life. Despite her inability to ambulate independently, she remains moderately dependent in activities of daily living (Barthel Index:70) with restrictions in mobility, transferring, and stairs. Additionally, the Integrated Palliative Care Outcome Scale (IPOS) assessment revealed moderate levels of pain, anxiety, and emotional distress (IPOS Score=2). She remains highly dependent on her family members for instrumental activities of daily living (Lawton IADL score =2). However, despite these constraints, she actively engages in artistic and craft-based activities with therapeutic benefits that promote psychological well-being.

While her primary caregiver has changed within the last 2 years, an integrated family approach, which involves family members in planning and decision-making for care needs has enabled the family members to deliver compassionate and personalized care at home. In addition, maintaining clear communications and follow-up with healthcare providers will ensure timely advice and guidance, while building connections with resources like respite care will further minimize the physical, and emotional strains on informal caregivers, enhancing their ability to provide high-quality care.

Conclusion: Domiciliary palliative care for a patient with lifelong disability is crucial in delivering holistic, compassionate care that addresses physical, functional, psychological, social, and spiritual needs.

Key words: Palliative care, lifelong disability, Domiciliary.

PP 12

ENHANCING QUALITY OF LIFE THROUGH COMPASSIONATE HOME-BASED CARE: A PATIENT'S JOURNEY WITH CERVICAL CORD COMPRESSION AND NEUROGENIC BLADDER

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Introduction: Cervical cord compression with neurogenic bladder is a condition where damage to the cervical spinal cord impairs nerve control of the bladder. This results in urinary retention or incontinence, often requiring catheterization. The condition can stem from trauma, degenerative diseases, or tumours, leading to significant morbidity and reduced quality of life.

Case description: An 81-year-old female, mother of three, diagnosed with cervical cord compression and neurogenic bladder 9 years ago. She is on long-term catheterization ever since. She also has diabetes mellitus, hypertension, dementia and prior history of anterior STEMI. Despite these comorbidities, the patient opts not to take any prescribed medications. She is bed ridden and her physical limitations leave her entirely reliant on caregivers for daily needs. Over the years, she has developed recurring bedsores, which are managed through regular nursing interventions. Public Health Nursing Officer does monthly visits to change the catheter. During her visits she manages other complications such as dressing for pressure sores and treatment for on and off respiratory tract infections following the advice from medical officer. The patient is incontinent, relying on diapers, with no significant complications from her catheterization beyond occasional infections. However, her declining cognitive function, resistance to medication, and prolonged immobility have contributed to the frequent recurrence of bedsores. Considering her opinion and the complexity of her medical conditions, the patient was evaluated and offered home-based palliative care interventions to facilitate her time with loved ones and improve quality of life.

Conclusion: Home-based palliative care, focusing on symptom management, wound care, and caregiver support, is crucial to enhance her quality of life. Given the patient's refusal of treatment and declining condition, Home-based palliative care planning is essential. It should prioritize comfort, dignity, and coordinated efforts from healthcare professionals and family to ensure her needs are met with compassion and respect.

Key words: Home-based palliative care, cervical cord compression, neurogenic bladder.

PP 13

HOME-BASED PALLIATIVE CARE NEEDS OF A PATIENT WITH ADVANCED BREAST CANCER: A CASE STUDY

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Introduction: Palliative care can be provided at different levels, during different stages of a disease. A customized patient based palliative care is needed depending on the pain and discomfort suffered by the patient as well as progression of the disease. A good palliative care plan provided can improve the quality of life of the patient and their family.

Case description: A 43-year-old mother of three young children aged 8 years and 5 years in Akuregoda was diagnosed with brain and skeletal metastasis in 2022 following malignant breast cancer. She has undergone a right-side radical mastectomy in 2019 and was diagnosed with secondary brain metastasis, predominantly in left frontal lobe and underwent surgery in 2022. Currently she is mobile, able to carry out her daily activities with difficulty as she feels easily fatigued. She has good family support; however, she was mentally distressed with decreasing mobility in climbing stairs and episodic pains in head, shoulders and back. The area Public Health Nursing Officer (PHNO) has evaluated the patient and initiated home-based care. PHNO has provided simple exercises and enrolled her in an easy yoga class to improve her mobility and alleviate pain. Furthermore, she has provided counseling as well as encouraged meditation to enhance her spiritual and psycho-social well-being. PHNO has established a good rapport with her family members and provided counseling to improve the patient's quality of life.

Conclusion: Home-based palliative care with a holistic approach in a mother with young children, whose condition is worsening can be valuable in improving quality of life in patient as well as her family members.

Key words: Palliative care, home-based interventions, quality of life.

PP 14

HOLLISTIC HOME-BASED PALLIATIVE CARE FOR ELDERLY WITH MULTIMORBIDITY: A CASE STUDY EMPHASIZING CAREGIVER ASSISTANCE

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Introduction: Multimorbidity in elderly increase the complexity of care, highlighting the crucial need for home based holistic palliative care services.

Case description: An 89-year-old mother of five children, from Kahatuduwa, was on treatment for dyslipidaemia, anemia and dementia for about 10 years. She was on follow up at a tertiary care hospital initially and later referred back to family medicine clinic of a divisional hospital. She was managed to do her activities of daily living with the help of caregiver. But since May 2024 her mobility was severely restricted with bed bound status followed by nasogastric (NG) tube and urinary catheter insertion. There was fecal and urinary incontinence. Due to episodes of confusion in August 2024 NG tube and catheter were removed by herself and had instances of screaming. She was also suffering from constipation. Medication was given by caregiver in crushed form. Currently she is on semisolid and liquid diet.

The primary caregiver, a 66-year-old widow undergoing Ayurveda treatment for osteoarthritis and hypertension, is assisted by her younger sister during clinic visits. The area Public Health Nursing Officer (PHNO) evaluated the patient and initiated home-based palliative care. The PHNO made several visits, advising on general care, such as cleaning, dressing, and ensuring a well-lit, ventilated room. She dressed three bedsores, with two already healed, and provided an air mattress and surgical bar bed through donations. The PHNO also counseled the caregiver on her health, advising her to mark drug administration times on a calendar. She encouraged the use of religious sermons for mental and spiritual support.

Conclusion: Home-based palliative care interventions should provide holistic care that addresses the physical, emotional, social, and psychological needs of both patients and caregivers, ensuring comprehensive support for managing multimorbidity in elderly patients.

Key words: Palliative care, home-based interventions, elderly, caregiver, holistic approach.

PP 15

HOSPICE CARE IN SRI LANKAN CONTEXT

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Background and aim: Sri Lanka continues to grow with an ageing population with demographic and epidemiological transition. Requirement for palliative care is needed more than ever as morbidities due to chronic diseases are increasing. Hospices provide patients with a holistic support system for prevention and relief of suffering. However, in the Sri Lankan context there is no uniformity in standards or quality of services provided by the hospices, which is mainly provided by civil society organizations. An important step in improving the quality of services provided is to identify the gaps and streamline the standards of hospices. The aim of the study was to identify the number of hospices in Sri Lanka, their strengths, capacities, and services rendered to the residents.

Methods: All the hospices in Sri Lanka, registered in the Private Health Services Regulatory Council, Ministry of Health; under private Medical Institution Registration Act were contacted and details were extracted from a questionnaire provided, on basic information such as area located, bed strength, rate of occupancy and other facilities available.

Results: There are 8 hospices situated in 5 provinces, however only 7 hospices filled the questionnaire; Western (04), North (1), North-Central (1), East (1) and Southern (1) province. In general, services provided are cancer palliative care, respite care, transit home facilities, training facilities and training nurses. All the hospices in Western province are situated in Colombo, catering to a population of 2,480,000. Shantha Sewana - Maharagama has 33 beds with 75% of bed occupancy. Sahana Sewana - Maharagama has 10 beds with 80% of occupancy. Sri Sathya Sai Suwa Sewana has 35 beds. Cancer Care Hospice - Anuradhapura has 46 beds with 54% occupancy. CANE Hospice - Jaffna has 20 beds with 50% occupancy. Institute of Palliative Medicine - Matara has 22 beds with 45% of occupancy. Eastern Cancer Care Hospice - Eravur has 100 beds with 30% occupancy at the time of data collection. Eighty seven point five percent (87.5%) of hospices have training facilities for health staff.

Conclusion: There are 8 institutes in Sri Lanka registered to provide palliative services for cancer and non-cancer patients. Though the majority have training facilities for health staff, their bed-occupancy rates are suboptimal. Therefore, policy makers should undertake programs to create awareness among medical officers to increase referrals to hospices. Further research should be conducted to identify the quality of services provided and adherence to standard operating of procedures for Hospice program.

Key words: Palliative care, hospice, Palliative services, respite care.

PP 16

FROM DIAGNOSIS TO FAREWELL - NAVIGATING THE CONTINUUM OF PALLIATIVE CARE: A CASE REPORT

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Introduction: Effective long-term care for bed-ridden individuals facilitates smoother palliative care later in the process, highlighting the importance of continuity of care. The Public Health Nursing Officer's (PHNO) interventions not only relieve immediate stress but also ensure the family is prepared for future stages of care.

Case description: This report outlines the care provided to Mr. YZ, a 32-year-old from Dewamulla, Kaluthara, who became diplegic after being trapped in an illegally constructed gem mine. Following his rescue, he was diagnosed with paralysis below the waist. His wife works at a small garment factory, and they have a ten-year-old child. They live in poverty. The family faces recurrent displacement due to flooding, with no access to disability-friendly shelters. Mr. YZ requires ongoing palliative care, including catheter changes and management of pressure ulcers. After discharged from the hospital, the PHNO implemented comprehensive care, focusing on the management of his physical needs - catheter care, bedsores prevention, and overall health monitoring. His wife received training on caregiving, ensuring consistent care at home. The PHNO also offered emotional support to the family, guiding them through the psychosocial challenges of his condition. Even though Mr. YZ's condition is not terminal, receiving early and organized palliative care lays the foundation for a more seamless transition to terminal care if his condition gets deteriorate.

Conclusion: The case underscores the critical role of comprehensive terminal care as part of broader continuum of palliative care. Early interventions in palliative care can significantly reduce complications, enhance the patient's quality of life, and provide much-needed emotional support to both the patient and their family. As the patient's condition progresses to the terminal stage, these measures become even more crucial in alleviating the emotional and physical burden on the family, ensuring the patient's dignity, and enhancing the overall experience of palliative care.

Key words: Terminal care, palliative care, continuum of care, pressure ulcers, disability support, family-centered care, psychosocial support.

PP 17

HOSPICE CARE IN SRI LANKA; AN ANALYSIS OF HUMAN RESOURCES AND OTHER FACILITIES

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Background and aim: Hospice care is one entity in palliative care which aims to provide compassionate and quality end of life care to patients with terminal illnesses. In Sri Lanka, the continuously rising trajectory of the non-communicable disease burden and aging population, heightens the need of strong palliative care services. Meanwhile, Sri Lanka's hospice care is still in its initial development phase and attempts are in progress to standardize and strengthen it. In the light of this context, we aimed to analyze the manpower and other related facilities of the eight hospices currently functioning in the country.

Methods: We included all hospices registered under the Private Health Services Regulatory Council at the Ministry of Health of Sri Lanka. Details of available human resources (both permanent and temporary), bed strength and transport facilities were obtained via a structured questionnaire.

Results: Currently there are eight hospices in the country, all of which are run by non-governmental organizations. The total bed capacity is 298. Among these, the highest capacity, 36.9% (110), is in Western province with the rest distributed in the following provinces; 33.6% (100) in Eastern, 15.4% (46) in North Central, 7.4% (22) in Southern and 6.7% (20) in Northern. None of the hospices have permanent consultant doctors or medical officers. While all the hospices have visiting medical officers, only 5 hospices have visiting consultants. All facilities have permanent nursing officers and the number ranges from 1 to 5 per facility. Most of the facilities have permanent attendants while a few have other permanent staff such as security officers, cooks, administrative staff and drivers. Only Eastern Cancer Care Hospice - Eravur has an ambulance while three other hospices have vehicles such as vans and three-wheelers.

Conclusion: Considering the morbidity patterns of the country, the current hospice care capacity may not suffice to cater the public requirement. Hence, in order to ensure 'Universal Health Coverage', a solid national commitment to hospice care while maintaining a transparent private-public partnership is fundamental. Also, efforts should be made to standardize and monitor all hospices at a national level with a comprehensive routine information system.

Key words: Palliative care, hospice care, respite care.

PP 18

COLLABORATIVE PALLIATIVE CARE FOR A PATIENT WITH INTELLECTUAL DISABILITY AND MYOPATHY: THE CRITICAL ROLE OF GENERAL PRACTITIONERS

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Introduction: Patients with intellectual disability and myopathy present with unique challenges, necessitating palliative care to manage symptoms, enhance quality of life, and support caregivers through a comprehensive approach addressing medical, emotional, and social needs.

Case description: A 30-year-old female, with a history of a traumatic delivery, has experienced mental retardation and myopathy since childhood. She did not attend to school and is solely cared for by her 65-year-old mother who is a retired teacher. Her father died 20 years ago following a train accident, leaving the mother as the primary caregiver. Ten years ago, the patient's IQ was assessed and revealed as 42, indicating moderate intellectual disability. She has suffered from frequent respiratory infections over the past decade, requiring repeated hospitalizations, which led her mother to retire early. The daughter depends on her mother for mobility, feeding, and daily care, with a Barthel Index of 60 and Lawton score of 1. Financial hardships are worsened with mother's hypertension, diabetes, and heart disease.

Mother has several visits to the General practitioners (GP) with multiple somatic complaints. Following detailed history taking she was given several counselling sessions and encouraged to engage in home gardening as a mode of self-employment. Financial support was further strengthened through local organizations with arrangement of small-scale loans. Through the area's social services officer, the GP facilitated the provision of a wheelchair and simplified access to medical consultations. Ayurvedic physiotherapist was introduced to treat the daughter's myopathy. Mother of the patient was encouraged to ensure her compliance for the relevant medication. Psychological support is provided with emotional ventilation to ease the caregiving burden.

Conclusion: This case underscores the critical role of palliative care, offering comprehensive financial, social, and psychological support to both the patient and the caregiver in order to improve their quality of life.

Key words: Palliative-care, intellectual disability, myopathy, general practitioners.

PP 19

EMPOWERING LIVES AT HOME: TRANSFORMING HOME-BASED PALLIATIVE CARE IN SRI LANKA - THE KARAPITIYA MODEL

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Introduction: Home-based palliative care services are critical for providing support to terminally ill patients, which includes a variety of models of care designed to meet the needs of individuals and their families, outside of the hospital setting.

Description: In 2011, a community-based palliative care model, the "Karapitiya Model," was initiated in the Galle district of Sri Lanka to address the needs of terminally ill patients. This model was designed to deliver care to patients with complex illnesses, including cancer, at home, reducing the burden on hospital facilities. The model focused on eight domains of palliative care: structure and processes of care, physical aspects, psychological and psychiatric aspects, social aspects, spiritual, religious, and existential aspects, cultural aspects, end of life care, and ethical and legal aspects. The model aimed to bridge the gap in palliative care services, particularly for patients who had exhausted hospital treatment options and were sent home. Many families found it challenging to manage medical needs and symptom control without professional support. The model also addressed financial constraints, as home-based care eliminated the need for frequent, costly hospital visits.

From its inception on October 12, 2011, the service quickly expanded. Between 2011 and 2018, 1,365 patients received palliative care at home. In its first three months, the service cared for 31 patients. Over the following years, it consistently grew, peaking at 268 patients in 2015. The service improved symptom control, care quality, and reduced hospital occupancy for palliative care cases. It was found to be cost effective and had positive effect on a family bereavement journey.

Conclusion: The "Karapitiya Model" has demonstrated the effectiveness of home-based palliative care in addressing the needs of terminally ill patients. It has eased the strain on hospital resources, provided cost-effective care, and offered families support during the most challenging times.

Key words: Karapitiya Model, home base palliative care, end of life care.

PP 20

FROM TRAGEDY TO TRIUMPH: NAVIGATING CHRONIC DISABILITY AND PALLIATIVE CARE IN THE FACE OF SPINAL CORD INJURY: A CASE REPORT

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Introduction: The continuum of care for individuals with chronic disabilities plays a crucial role in ensuring a smooth transition to palliative care when necessary. The Public Health Nursing Officer (PHNO) focuses on symptom management, pain control, ulcer prevention, and many more aspects to keep the patient’s quality of life, high.

Case description: Mrs. RP, a 52-year-old retired teacher, sustained a traumatic spinal cord injury (SCI) following a fall after being pushed during a conflict. Initially, she experienced chronic pain for three years, which progressed to paraplegia due to hematomas at the D1-D8 levels. Her motor and sensory function is impaired at the D4 level, and she suffers from bladder and bowel incontinence. Following the onset of paraplegia, she became wheelchair-bound and dependent on assistance for daily activities, including catheter care. The PHNO provides comprehensive home-based care, addressing both medical and functional needs. This includes regular monitoring of her catheter, managing her non-communicable diseases through medication delivery, adherence support, and home-based vital signs monitoring.

Additionally, the PHNO facilitates blood investigations to help maintain control of her NCDs. Given her limited mobility, Mrs. RP requires assistance with transfers and wheelchair mobility, although she has some sitting balance. Financially, she receives government retirement benefits, and the PHNO assists in coordinating access to these funds. Psychosocial support is also provided to her and her family, offering emotional guidance to cope with her progressive condition. While she is not yet in the terminal stage, early introduction of palliative care has been crucial.

Conclusion: This case emphasizes the importance of early palliative interventions in reducing complications, enhancing quality of life, and providing emotional support. As Mrs. RP’s condition progresses, terminal care will play a pivotal role in ensuring dignity, managing symptoms, and alleviating the family's emotional and physical burden during the final stage of her illness.

Key words: Chronic disabilities, Home-based care, Paraplegia, Spinal cord injury (SCI).

PP 21

BRAIN METASTASES FROM A CERVICAL CANCER: A CASE STUDY

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Introduction: Cervical cancer is the second commonest deadly disease among women. Cervical cancer spreads locally to para aortic lymph nodes via lymphatic system and also to lungs, liver, bones and rarely to brain via haematogenous spread.

Case description: A 62 year old female patient who has undergone sub-total hysterectomy 15 years ago now presented with severe menorrhagia for 3 days duration. In vaginal examination a part of a cervical stump detected. The patient has been referred to a gynaecologist for further assessment as the previous records were not available. After the further assessment by the gynaecologist with the biopsy of the cervical stump revealed a grade II squamous call carcinoma of the cervix. The patient has been referred to the oncologist for further management of cervical carcinoma. She also had commodities like hypertension, Diabetes Mellitus, and chronic kidney disease. Her serum creatinine was 2.0mg/dl, which significantly impacted her management with chemotherapy. CT scan of abdomen did not show any primary or secondary lesions. After a few weeks the patient was complaining of decreased balance, early morning headache and vomiting which made the patient confined to bed. The MRI brain showed a heterogenous mass at the right tempero-parietal region suggestive of a primary lesion or a metastasis. The patient has been referred for further management by an oncologist and an onco-surgeon. Her worsening chronic conditions limited the further management of the carcinoma and therefore she was provided palliative care.

Conclusion: The Incidence of cervical carcinoma metastasizing to the brain is very rare ranging from 0.4% to 2.3%. The most frequent presenting symptoms of cervical cancer metastasis to brain are headache, hemiparesis, weakness and seizures. It is important to suspect brain metastasis in cervical carcinoma in patients presenting with headache.

Key words: Cervical cancer, brain metastasis

PP 22

TRANSFORMING END-OF-LIFE CARE: COMPASSION, COMFORT, AND DIGNITY: THE IMPACT OF THE CANCER CARE HOSPICE IN ANURADHAPURA

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Background: The Cancer Care Hospice (CCH) in Anuradhapura was established to provide palliative care for cancer patients linked to the Anuradhapura Teaching Hospital. It embodies a holistic approach to palliative care, prioritizing the quality of life and dignity of the patients in their final stages.

Description: The Cancer Care Hospice (CCH) in Anuradhapura is a critical institution providing specialized palliative care for terminally ill cancer patients. Built and maintained by the Cancer Care Association Sri Lanka (CCASL), it serves as both a hospice and a transit home for patients connected to the Anuradhapura Teaching Hospital's Cancer Unit. The peaceful location in Kurundankulama, near the sacred Bodhi Tree, adds a serene spiritual dimension to the care provided. The facility aims to alleviate the suffering of cancer patients, focusing on physical, emotional, spiritual support, family counselling and social support. The first phase, completed in June 2011, provided care for 20 patients, while the second phase expanded the capacity to 45 patients by the end of 2014. Recognized by the World Health Organization (WHO), the hospice received 22 beds from the organization, illustrating its international standing and commitment to offering high-quality palliative care services.

Results: Since its inception, the CCH has provided care for 1,357 patients. The majority of the patients were male (57.5%) with a mean age of 60. Patient numbers steadily grew, starting with 5 patients in 2011 and peaking at 316 in 2018. This care model also led to earlier hospice referrals, avoided unnecessary hospitalizations and improved bereavement outcomes for families. Patients reported improved quality of life and emotional support.

Conclusion: The Cancer Care Hospice has made a significant impact in providing quality palliative care and improving the end-of-life experience for cancer patients. Its expansion and WHO recognition highlight its role in advancing hospice care in Sri Lanka.

Key words: Cancer Care Hospice, Anuradhapura, end-of-life care, Terminal Cancer Patients

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