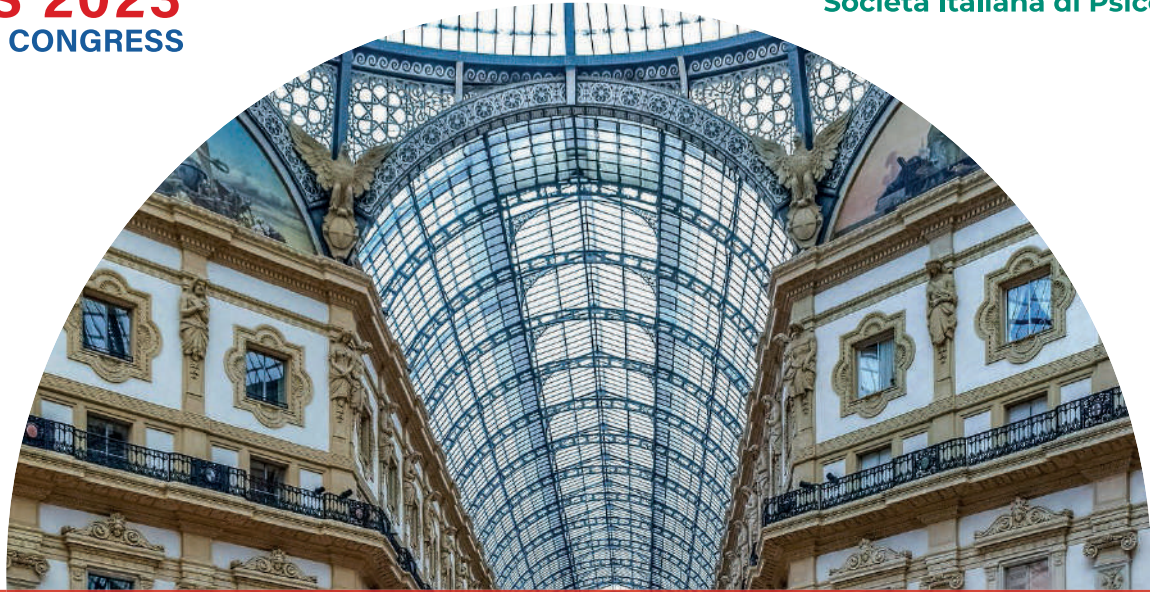




**IPOS 2023**  
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## **ABSTRACT BOOKLET**

CHAMPIONING OUR PATIENTS' FUTURE THROUGH  
COLLABORATION AND INNOVATION IN PSYCHO-ONCOLOGY

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**CONCLUSIONS:** This is the first group experience testing the global distress trend. The outcome of this qualitative study will be a first step to extend the scientific literature about parents' bereavement.

#### 154 | COPING STRATEGIES AND PROGNOSIS AWARENESS IN TERMINAL CANCER PATIENTS

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**BACKGROUND-AIM:** Patient and oncologist perceptions of the disease often diverge, especially regarding prognosis. The aim of this study was to investigate the impact of different coping strategies on the quality of life (QoL) of cancer patients at the end of life depending on the degree of awareness of the disease prognosis.

**METHODS:** A sample of 810 patients (46.6% women), divided according to the degree of the prognosis awareness (no awareness, N=300; overestimation of prognosis, N=307; complete awareness, N=203), was assessed for QoL (Functional Assessment of Cancer Therapy - General, FACT-G), psychological distress (Hospital Anxiety and Depression Scale) and coping strategies (Brief COPE). Linear regressions were performed to examine the effects of coping strategies and psychological distress on patients QoL in the three groups.

**RESULTS:** In patients who reported no awareness, self-distraction, acceptance, and psychological distress were the main predictors ( $p < .05$ ) of QoL. In patients that overestimated their prognosis, acceptance, self-blame, and psychological distress were the main predictors ( $p < .05$ ) of QoL. Finally, among patients with complete awareness only active coping and psychological distress were significant.

**CONCLUSIONS:** This study shows how different coping strategies affect the QoL of terminally ill patients, depending on their level of awareness. Although some coping strategies are generally considered more adaptive than others, the present study confirms that great attention should be paid to the impact that coping style could have in specific situation, such as end-of-life cancer patients.

#### 155 | THE ASSOCIATION BETWEEN SEEKING MEDICAL SUPPORT AND ACHIEVING PERSONALIZED PAIN GOALS IN PATIENTS WITH CANCER

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**BACKGROUND-AIM:** It has been suggested that the achievement of personalized pain goals (PPG) is a accurate measure of pain relief, and may reflect a genuine need for pain relief. The question of seeking medical support (SMS), which asks how much support the patient need from healthcare providers, is assumed to more directly reflect the genuine need of pain relief. Therefore, we analyzed the correlation between the achievement of PPG and SMS in patients with pain.

**METHODS:** The study design was cross-sectional. The subjects were cancer patients with pain visiting a university hospital for the first time. Patients were assessed for PI, PPG, and SMS. SMS was categorized into three stages: (1) symptoms are relieved and support is not needed, (2) symptoms affect daily life but support is not needed, and (3) symptoms

affect daily life and support is needed. The correlation between the achievement of PPG (PPG-PI) and the SMS was analyzed.

**RESULTS:** A total of 1312 patients were analyzed (mean age 67.8). Among the patients, 35.1% who reported (1), achieved the PPG (PPG > NRS). Among those who reported (2), 19.3% achieved the PPG, and among those who reported (3), only 6.4% achieved the PPG. A correlation was found between the achievement of PPG and SMS ( $r=0.453$ ,  $P=0.001$ ).

**CONCLUSIONS:** The correlation was found between the achievement of PPG and SMS, and it was revealed that patients with a large discrepancy between PPG and PI were more likely to seek assistance from healthcare providers. SMS was considered a useful indicator for the genuine need of pain relief.

#### 156 | FACTORS ASSOCIATED WITH THE PREPAREDNESS FOR BEREAVEMENT IN FAMILIES OF PATIENTS WITH CANCER: A SECONDARY ANALYSIS OF A NATIONWIDE BEREAVED FAMILY SURVEY IN JAPAN

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**BACKGROUND-AIM:** Insufficient preparedness for bereavement can affect family's psychological health status after bereavement. However, factors associated with the preparedness is unclear. This study aimed to identify factors associated with preparedness for bereavement in families of patients with cancer.

**METHODS:** We conducted secondary analysis of a nationwide bereaved family survey in Japan, analyzing data from 6,016 family members of patients with cancer. Logistic regression analysis was conducted to explore how sociodemographic factors, health status, and perceived care for patient and families were associated to preparedness for bereavement.

**RESULTS:** Of 6,016 families, 817 (13.6%) were not prepared for bereavement. Factors associated with insufficient preparedness for bereavement (all  $p < 0.001$ ) were found as follows: spouse of the patients (OR=2.59), death in acute hospitals (OR=1.69), poor psychological health status during caregiving (OR=2.14), poor social support for family members (OR=1.89), wrong patient's perception of disease (OR=1.76- 2.06), family preference for aggressive care over palliative care (OR=1.70), not wanting to know the prognosis (OR=1.76), late end of life discussions (OR=1.73- 2.56). Adjusted R-squared value of the regression model was 0.22.

**CONCLUSIONS:** The results of the present study might assist clinicians to assess and identify the families who are not prepared for bereavement, however, preparedness for bereavement may have been more affected by the presence of variables not measured.

#### 158 | NURSES' PRACTICAL KNOWLEDGE OF PALLIATION OF PATIENT SUFFERING

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**BACKGROUND-AIM:** To explore the practical knowledge of nurses who alleviate patient suffering, including mental, physical, and spiritual