

PSYCHOLOGICAL ADJUSTMENT OF PATIENTS' RELATIVES WITH A CONTINUOUS DEEP SEDATION UNTIL DEATH: FIRST QUANTITATIVE RESULTS OF THE APSY SED STUDY

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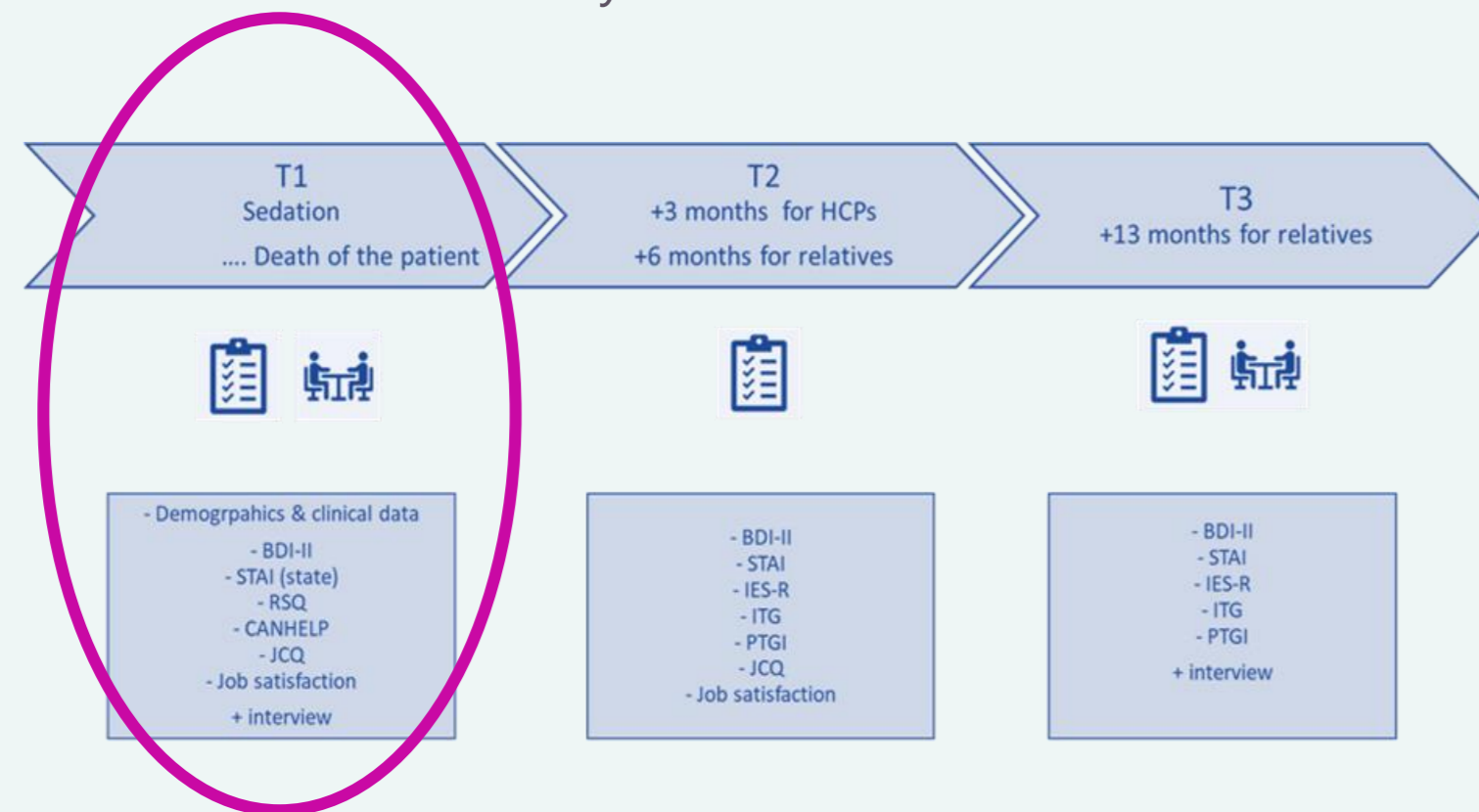
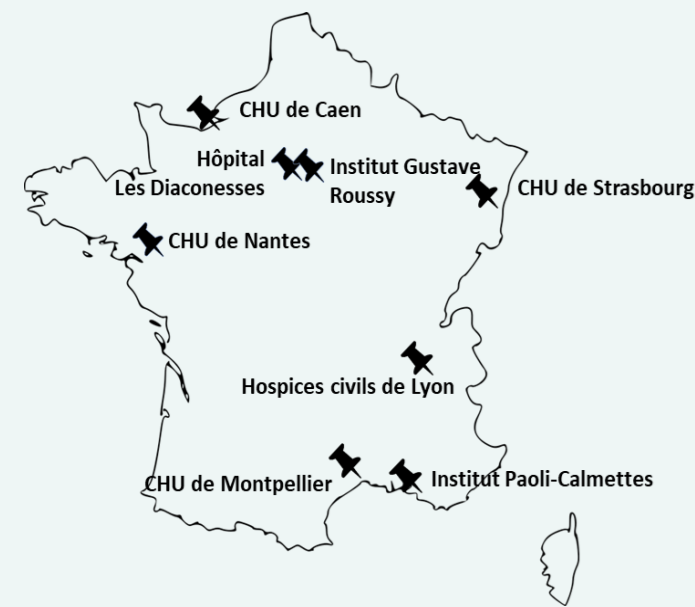
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Background

- Continuous Deep Sedation Until Death (CDSUD) serves as a response to refractory suffering in palliative situations where the patients' death is expected to occur within the following hours or days. Recent findings suggest that this procedure is not clear to all, including the **patients, their relatives, and their healthcare providers** (HCPs) [1-2]
- Furthermore, very little is known regarding the **psychological adjustment of patients' relatives**, while it is critical to foster the development of **bereavement research** including **new French legal framework** that may affect the grief experience in the **cancer field** [3]
- The **main objective** of the APSY SED study is to describe the psychological adjustment of relatives and healthcare providers of patients with cancer for who a CDSUD is implemented

Methods

- APSY SED is a multicentric longitudinal & mixed-methods study:



- Focus here on the **quantitative data** collected from **relatives** during the initial phase (**T1**) of the protocol, centered on the patient's sedation or the period encompassing their death
- Descriptive statistics + ANOVA to explore the potential association between clinical and demographical factors and adjustment scores

Bibliography

[1] Bruinsma, S. M., Rietjens, J. A. C., Seymour, J. E., Anquetin, L., & Van Der Heide, A. (2012). The Experiences of Relatives With the Practice of Palliative Sedation: A Systematic Review. *Journal of Pain and Symptom Management*, 44(3), 431-445. [2] Reich, M., Bondenet, X., Rambaud, L., Ait-Kaci, F., Sedda, A. L., Da Silva, A., ... & Gamblin, V. (2020). Refractory psycho-existential distress and continuous deep sedation until death in palliative care: the French perspective. *Palliative & Supportive Care*, 18(4), 486-494. [3] Fasse, L., Roche, N., Flahault, C., Garrouste-Orgeas, M., Ximenes, M., Pages, A., Evin, A., Dauchy, S., Scotte, F., Le Provost, J. B., Blot, F., & Mateus, C. (2022). The APSY-SED study: Protocol of an observational, longitudinal, mixed methods and multicenter study exploring the psychological adjustment of relatives and healthcare providers of patients with cancer with continuous deep sedation until death. *BMC Palliative Care*, 21(1), 217.

Results

Relatives (n=44)	Age, years (SD)	50.16 (15.3)
Relationship with the patient child of the patient, n (%)	27 (61.4)	
Spouse	8	
Parents	3	
Siblings	4	
Others	2	
Men, n (%)	23 (52.3)	
Education		
Post secondary education, n (%)	23 (52.3)	
Current employment status		
Employed, n (%)	34 (77.3)	
Mean STAI state score (SD)	52.3 (2.5)	Standardized cutoffs For male: >50= severe anxiety For female: >51= severe anxiety
Mean BDI score (SD)	12.9 (7.6)	0-13= minimal depression 14-19= mild depression
Mean CANHELP total score (SD)	3.9 (.5)	
Communication & decision making	4.1 (.6)	
Illness management	4.3 (.5)	
Characteristics of doctors & nurses	4 (.7)	
Your involvement	3.3 (.7)	
Your needs	3.7 (.8)	
Relationship with the doctors		
Mean RSQ Anxiety score (SD)	2.22 (.9)	
Mean RSQ Avoidance score (SD)	2.68 (.7)	

Table 1: Characteristics of relatives T1

Main findings

- On average, participants reported **severe anxiety** at T1
- Difference in adjustment between women and men:
 - Women reported higher depressive symptoms (BDI) than men (t=2.3, $p < .01$, $ddl=40$)
 - Higher satisfaction with "Illness management" (CANHELP) in women (t=2.4, $p < .05$, $ddl=40$)
 - Higher satisfaction with "Characteristics of doctors & nurses" (CANHELP) in women (t=3.7, $p < .001$, $ddl=40$)
- Intensity of depressive symptoms (BDI total score) negatively correlated with "Your needs" (CANHELP) $p = -.43 (p < .01)$
- Intensity of anxiety symptoms (STAI-S total score) negatively correlated with "Implication of the caregiver" (CANHELP) $p = -.38 (p < .05)$
- Effect of type relationship to the patient on overall satisfaction with end-of-life care $F(4, 30) = 3.23, p < .05$

Conclusion

- Strikingly, the majority of participants **report high satisfaction with end-of-life care**, but show **high levels of anxiety**
- Our **qualitative results** (see E-Poster #6, 06/28/2024, 13:05 - 14:35, Locatelli et al.) shed light on the potential reasons of this anxiety
- Greater vulnerability reported by **women regarding depressive symptoms**
- Major covariant** of psychological adjustment of relatives is **satisfaction with end-of-life care**
- Critical role of HCPs** who must be encouraged to continue to develop their **communication skills** with patients **AND relatives!**

Acknowledgements

This study was funded by a project grant from the National Cancer Institute (INCa SHS 2020)