What do informal carers of people living with breathlessness in advanced disease want to learn *What to Expect in the Future"*?



RCN International Research Conference, 4th Sept 2019, Sheffield Morag Farquhar, Gail Ewing, Sylvia Barnes



Breathlessness

Common in advanced cancer & non-cancer conditions

- chronic obstructive pulmonary disease (COPD)
- heart failure
- renal & neurological conditions

Almost as common as pain

- fewer interventions/ resources
- less public understanding
- Frightening & disabling
- Difficult to manage



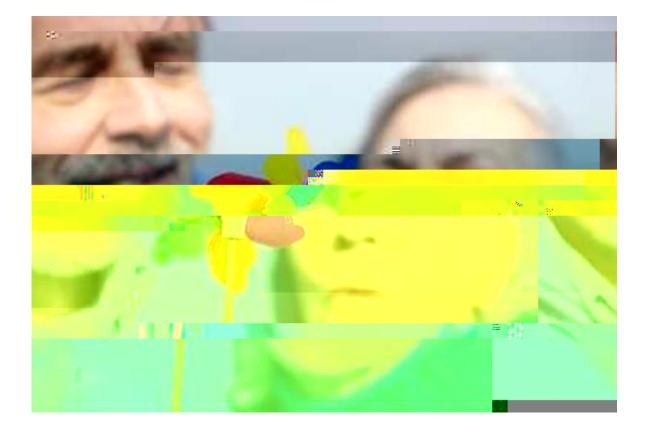
Supporting carers

- Lack evidence-based educational interventions carers
- Symptom-focused interventions particularly rare



- Systematic reviews no educational interventions:
 - for carers in chronic respiratory disease
 - for carers in breathlessness

Learning about Breathlessness (LaB) study programme



Learning about Breathlessness 1



Aim of LaB1:

To find out what carers want to learn about supporting someone with breathlessness and how they want to learn



- Educational need & desire of carers
- Six key topics they want to learn about
- Wide variation in how carers wanted to learn
- How we could meet varying learning preferences



LaB1 6 key topics

- 1) Understanding breathlessness
- 2) Anxiety, panic and breathlessness
- 3) Managing infections
- 4) Keeping active
- 5) Living positively
- 6) What to expect in the future

[Farquhar et al, 2017]



LaB1 How carers wanted to learn



LaB1 Web-based educational platform

Accessible in four ways:

- 1) Self-accessed (or "prescribed")
- 2) Peer-led support groups
- 3) Clinician-led groups
- 4) Clinician one-to-ones

LaB1 Web-based educational platform

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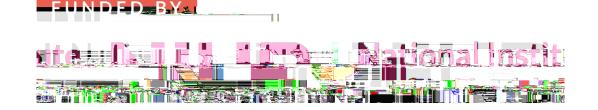
<u>Requirements</u>: cover the 6 topics; menu-driven; text, pictures & short film-clips (experts & peer carers); downloadable leaflets; links to other resources; badged/endorsed

Learning about Breathlessness 2



Aim of LaB2:

To develop a web-based, educational intervention on breathlessness for informal carers of patients with advanced disease



Bereaved carers recruitment

- Multi-setting recruitment strategy:
 - primary care, secondary care (palliative care, respiratory, oncology), hospices and support groups
- 2 focus groups and 6 x 1:1 interviews
- 12 bereaved carers (6-9 months post death)
 - cancer carers = 6
 - COPD carers = 6
- Range of different caring experiences, relationships and stories

Results

Five key areas:

- 1) Coping with symptom changes as the patient's condition worsened
- 2) Discussing "the future" with others
- 3) Accessing care and support
- 4) Administrative tasks

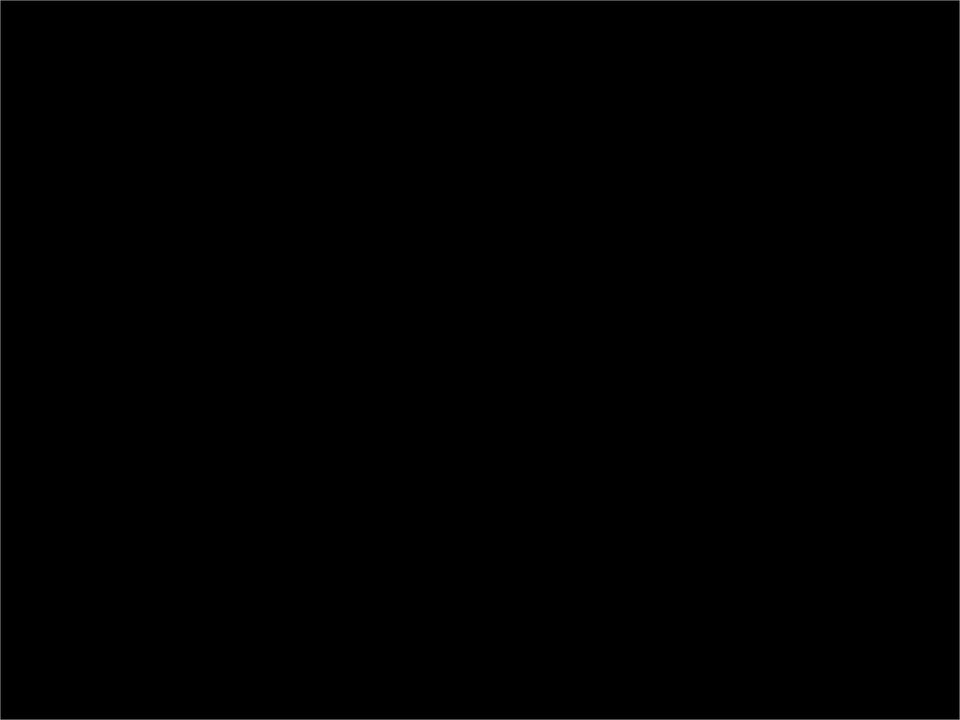
5) Coping with emotions after the patient's death

1) Coping with symptom changes as the

- Surprised and unprepared for changes in symptoms
- Denial and hope
- Understanding the dying process
- Practical advice and planning ahead
- Tension between the needs of carers and patients



• Wider social issue, of people generally being unable to discuss death – making their grieving even more difficult





4) Administrative tasks

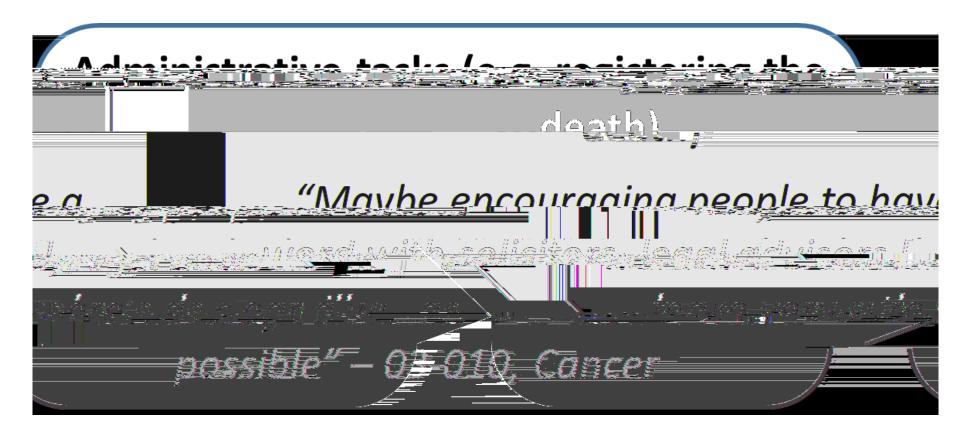
• Unprepared for the amount of practical, administrative jobs that needed to be done once their patient had died

• Helpful to have arrangements organised together with the patient, in advance:

directors, got the plan of everything, there was very

[01-008, Cancer]

[03-010, Cancer]



5) Coping with emotions after the

- Struggled with range of difficult emotions after the death:
 - Shock
 - Guilt
 - Sadness
 - Anger

[01-017, COPD]

`[04-010, Cancer]

-

Viewing the topic with the patient

• up to the individual. I think they will make it clear if

might play on their mind and make them upset [03-006 COPD]

might

have opened her up to talk to me more for me to broach the subject

[01-017 COPD]

how helpful it would be for me [01-008 Cancer]

Draft topic content review



Refined topic content review

Bereaved carers: Jan-Feb 2019 (focus groups/interviews)

All six topics

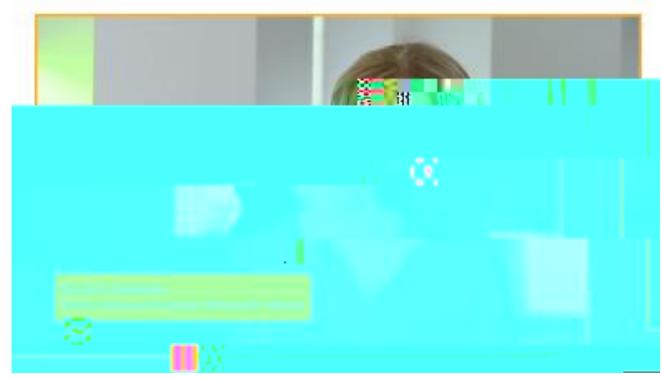
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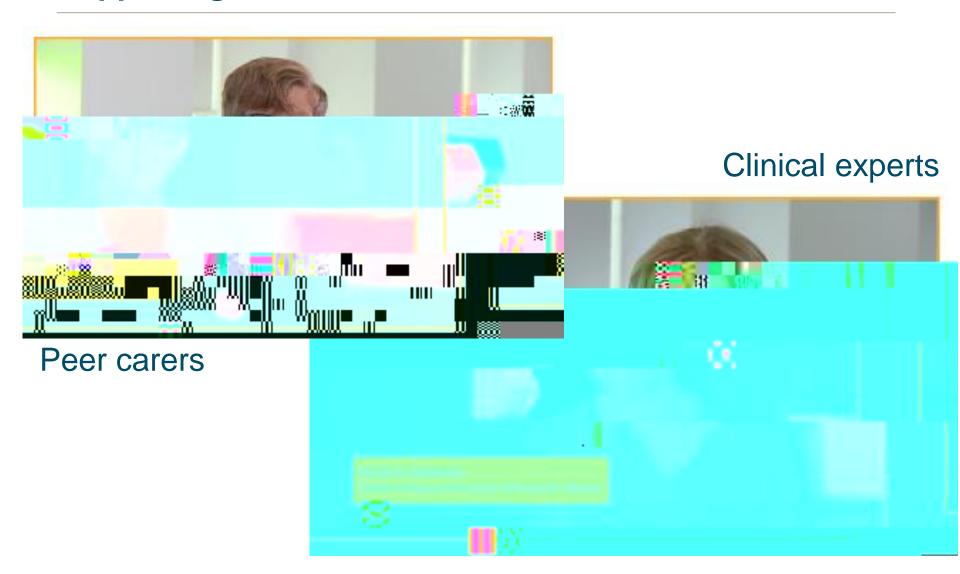






Clinical experts

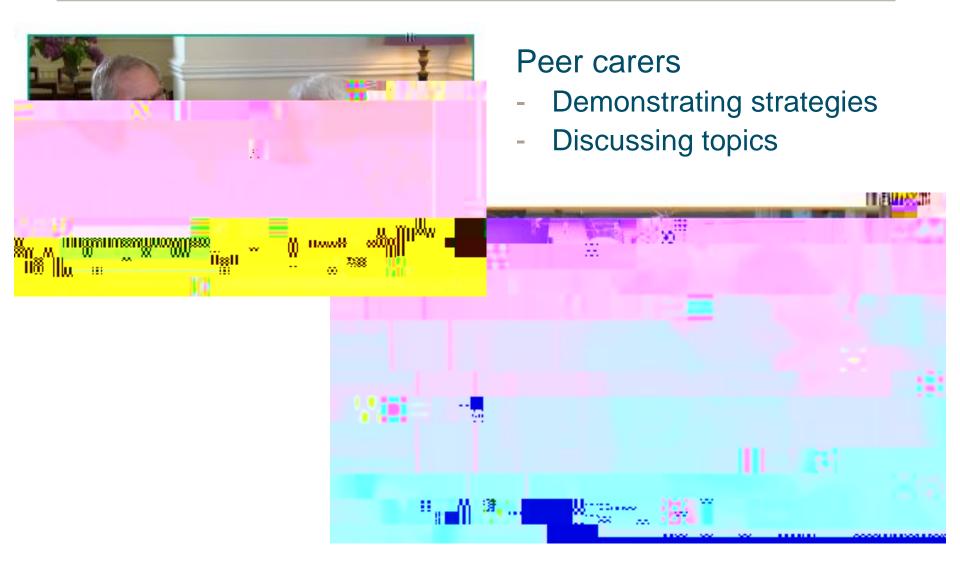




Peer carers

- Demonstrating strategies





Next steps

• Think-aloud interviews on the prototype website:

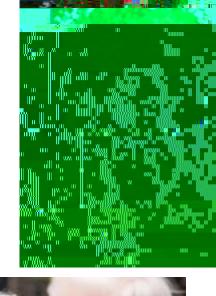
- Carers on own
- Carers and patients together
- Clinicians who support carers
- Website refinement

• Pilot the four access routes:

- Self-accessed
- Peer-led support groups
- Clinician-led groups
- Clinician one-to-ones

Conclusion

Photo credits





https://smartfishnutrition. com/health-care/copd/



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Thank you







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