The 20th European Doctoral Conference in Nursing Science – EDCNS

September 20th–21st, 2024, Graz, Austria

POSTER

Session 4.1 – Education and Digitalization

Poster Number 7

3D technologies to support teaching and learning in health care education: a scoping review

Alhonkoski M[1], Salminen L[1], Pakarinen A[1], Veermans M[2]

[1]University of Turku, Department of Nursing Science
[2]University of Turku, Department of Teacher Education

Introduction: There is a lack of research related to technology in health care education. Three-dimensional (3D) technology is one promising tool in education, although the research about it is very incoherent. The first aim of this study was to describe the use 3D technology to support teaching and learning in health care education. Second aim was to describe the outcomes related to 3D technology from the perspective of teaching and learning. This study defined the concept "3D technology" as an entity of different technological tools; 3D images, 3D environment (for example virtual reality), 3D hologram and 3D printing.

Methods: This study used a scoping review as a research method and utilized Arksey and O'Malley's framework for identifying the relevant literature. Seven databases were included in this study: Cinahl (Ebsco), Eric (Ebsco), APA PsychInfo (Ebsco), Teacher Reference Center (Ebsco), Education Research Complete (Ebsco), Pubmed (Medline) and Cochrane Library (Wiley).

Results: The study identified 31 articles that met the inclusion criteria. Results are presented in four categories: 3D environment, 3D image, 3D holograms and 3D print. Pedagogical contexts were multiple for example teaching anatomy. All categories were connected to positive learning outcomes and outcomes that supported learning for example satisfaction. Positive learning outcomes were related to skills, knowledge, students' perceptions and emotions.

Conclusion: As a conclusion, these findings describe multiple use of 3D technologies, which can have positive effect to students' learning in health care education.

Poster Number 18

Can nurse students' learning of infection prevention and control be promoted by applying principles of meaningful learning? A field experimental study

Eronen R[1], Helle L[1], Palonen T[2], Boshuizen HP[2]

[1]University of Turku, Department of Teacher Education, Turku, Finland
[2]Open University of the Netherlands, Faculty of Educational Sciences, Heerlen, The Netherlands

Introduction: When teaching infection prevention and control (IPC), nursing education tends to focus on procedural knowledge ("rote learning") rather than promoting an understanding of the underlying reasons behind seemingly isolated pieces of knowledge ("meaningful learning"). The starting point of the study relies on Ausubel's insights on meaningful learning. Teachers can provide advance organizers for new material to promote meaningful learning. These are intended as bridges to connect what is already familiar to students and what needs to be learned. The aim of this study was to investigate if teaching of IPC could profit from applying these principles of meaningful learning.

Methods: The study is based on a field-experimental pre-post-test design involving a comparison group. Both groups were taking a mandatory course on IPC. The content of the course was the same, but the two conditions differed. To promote meaningful learning, in the experimental condition the teaching started with an introduction to microbiology in line with the notion of an advance organizer; the students were expected to assume an active role during lessons; and teaching relied on one topic per lesson.

Results: Performance improvement was more substantial in the experimental group than in the comparison group. In the experimental group, test performance increased from M = 104.8 (SD = 11.9) to M = 117.6 (SD = 10.3), whereas in the comparison group test performance increased from M = 111.5 (SD = 9.6) to M = 119.0 (SD = 7.6). The interaction effect was almost statistically significant, $F(1,53) = 3.6$, $p = .065$, $eta^2 = .06$.

Conclusion: The results of the study indicate that developing nursing education by applying principles of meaningful learning may support IPC learning.

Poster Number 38

Self-transcendence, Spiritual Perspective, Resilience, and Perceived Stress Among Jordanian University Students During COVID-19 Pandemic

Hamaideh S

The Hashemite University, Faculty of Nursing, Jordan

Introduction: Self-transcendence, spiritual Perspective, resilience, and perceived Stress are important factors for nursing students, especially in the period of COVID-19. The purpose of this study was to assess the levels, correlations, and predictors of self-transcendence, spiritual perspective, resilience, and perceived stress among university students during COVID-19 pandemic outbreak.

Methods: This is a cross-sectional study of 600 Jordanian university students. A web-based survey was used to collect data from the participants using the Self-Transcendence Scale, Spiritual Perspective Scale, Brief Resilience Scale, and Perceived Stress Scale.

Results: Perceived stress was higher during COVID-19 pandemic outbreak, but self-transcendence, spiritual perspective, and resilience were within the reported ranges. There were significant differences between males and females regarding spiritual perspective, resilience, and perceived stress but not which self-transcendence.

Conclusion: The study results suggest that it is essential to provide students with adequate information and assistance about health resources to improve their self-transcendence, spiritual perspective, and resilience.

Poster Number 47

Telemedicine Trust. Analyzing the Impact of Video Consultations on Healthcare Relationships: A Mixed-Methods Approach

Munoz JM

Comillas Pontifical University, Spain

Introduction: The Fourth Industrial Revolution is transforming healthcare, shifting the patient-provider relationship towards digital platforms. This shift moves from traditional Hippocratic ideals to remote medicine, characterized by ICT and telemedicine. While digitization enhances efficiency and access, it can exacerbate inequalities and requires maintaining trust in technology. Patients now actively manage their health, aided by accessible information and continuous monitoring. Digital healthcare must balance technology with human interaction, exemplified by Electronic Health Records (EHR). Artificial Intelligence (AI) promises to revolutionize decision-making and treatment personalization but should enhance, not replace, medical judgment. The aim of this study is to describe the impact of video consultation on trust and other aspects of the clinical relationship for both users and Sanitas professionals from 2023 to 2025.

Methods: The study will use a mixed-methods approach with two phases: quantitative and qualitative. The quantitative phase involves a cross-sectional, observational, and prospective study of individuals over 18 who have used Sanitas' video consultation service. Non-probabilistic convenience sampling will divide participants into age groups. The qualitative phase includes phenomenological interviews and a focus group with healthcare professionals. Trust in doctors will be measured using the Trust in Physician Scale (TPS), healthcare quality with the Servqual Model questionnaire, and satisfaction with the Telehealth Usability Questionnaire (TUQ). The study aims to assess trust, healthcare quality, and satisfaction in telemedicine services.

Poster Number 55

Women's Experience and Needs on Using Digital Technologies for Gestational Diabetes Management: An Integrative Systematic Review on Patient Portal Features

Zhao Q[1], Cooke A[1,2,3], Aurizki G[1], Dowding D[1]

[1]Division of Nursing, Midwifery and Social Work, Faculty of Biology, Medicine and Health, The University of Manchester, Manchester, UK
[2]Centre for NMAHP Research and Education Excellence (CeNREE), University Hospitals of North Midlands NHS Trust, Stoke-on-Trent, UK
[3]School of Nursing and Midwifery, Keele University, Keele, UK

Introduction: Digital technologies help GDM women with remote dietary and exercise management interventions. Quantitative systematic reviews have been conducted to demonstrate GDM digital technologies as complementary approaches to standard GDM care. The existing evidence lacks in synthesizing the technologies from methodological aspects and user experiences. This systematic review aims to investigate the experiences of women using GDM digital technologies.

Methods: An integrative review methodology was used to include quantitative, qualitative and mixed-method studies. A comprehensive search strategy guided by the SPIDER framework was applied to identify all relevant literature on electronic databases, grey literature, and government websites. The Mixed Methods Appraisal Tool (MMAT) was used for the quality appraisal process. Findings were synthesised into sub-themes and themes.

Results: Thirty peer-reviewed articles were eventually included in this systematic review, focusing on 5 types of digital technologies including mobile applications, virtual care services, webpages, digital devices, and online communities. Women's experiences and needs of using GDM digital technologies were synthesised into five overarching themes: (1) sufficient and straightforward GDM-relevant educational information; (2) advanced personalisation and broader commitments in coaching components; (3) easy data recording and advanced data visualisation in data management; (4) improved healthcare professionals' engagement; (5) development of online community interfaces.

Conclusion: This systematic review gives information on the types of available features across technologies and specific preferences for features by women. According to the inferred gaps, efforts should be made to facilitate women's self-estimation with interactive features, improve individualisation to facilitate autonomy and reinforce informational features to provide sufficient support.

Session 4.2 – Multidisciplinary and the Care Continuum

Poster Number 40

What are midwives and sonographers' understanding and experience of the informed consent process within antenatal screening for fetal anomalies

Drought A, Stewart-Lord A, Church S

London South Bank University, London, UK

Introduction: Obtaining informed consent is a legal and ethical principle. In antenatal screening, informed consent is reported as being poorly understood by healthcare professionals (HCPs). This was highlighted by a UK legal ruling,'Mordei versus Royal Berkshire NHS Trust' (2019), where informed consent prior to an ultrasound scan was deemed not to have been obtained, due to blurred responsibilities between midwives and sonographers. The aim of this study was to explore what HCPs understand by informed consent in antenatal screening. The aim of the presentation is to provide an overview of the methodological approach used and present the three main themes identified from the observational data alone. Research question: What are midwives and sonographers' understanding of the informed consent process within antenatal screening for fetal anomalies?

Methods: Qualitative research in two London teaching hospitals. Focused ethnography was carried out in Spring 2023, drawing on observations of midwives and sonographers during antenatal screening appointments and ultrasound scans. Semistructured interviews were carried out with six midwives and six sonographers. Data was analysed using reflexive thematic analysis to identify key themes.

Results: Three themes were identified: 1) Exchanging information versus informing- HCPs were giving women information without properly informing them; 2) Antenatal screening is a labyrinth of complexity- the myriad of screening options is causing confusion for HCPs when counselling women; 3) The Pregnancy Experience- social factors such as videoing the ultrasound scan were eroding informed consent.

Conclusion: Obtaining informed consent in antenatal screening is very complex. Both midwives and sonographers face challenges associated with their roles.

Poster Number 44

Construing compassionate nursing care – the perspective of nurses working in primary and community care

Waight S[1], Trenoweth S[2], Zumstein-Shaha M[3]

[1]Bournemouth University, UK
[2]Bern University of Applied Sciences Health, Switzerland
[3]University of Witten/Herdecke, Faculty of Health, Department of Nursing

Introduction: Today, patient safety remains at risk as current nursing care is under enormous time and personnel constraints. Therefore, compassionate care is often not delivered, overlooked, or misunderstood. Compassion is an essential part of nursing and can be defined as 'sympathetic consciousness of others' distress together with a desire to relieve it.' Currently, compassion in nursing happens automatically and instinctively, is often hidden and taken for granted. In order to address patient safety and to provide compassionate care as patients expect, it is necessary to explore it in more detail. The aim of this study is to explore nurses' perception of compassion in primary and community care health settings.

Methods: A qualitative approach is employed using constructivist grounded theory. The researcher is following the qualitative framework proposed by Charmaz (2000, 2015). Data is analysed using NVivo software. Thus, transparency is obtained and an audit trail for the analysis is created.

Results: Use of the data analysis framework and coding is a major step toward theoretical analysis and theory construction. Early emerging findings will be shared.

Conclusion: Compassion in nursing is key for the delivery of safe care and is important to patients and nurses. This study will provide a deeper understanding of compassion and advance nursing care in primary and community care settings.

Poster Number 49

Measuring Autonomy Supporting Behavior: a Systematic Review

Penders SIE[1,2,3], Metzelthin SF[1,2], Van den Bulck AOE[1,2,4], Henssen ETE[1,2,3], Erkens PMG[1,2], Zwakhalen SMG[1,2]

[1]Maastricht University Department of Health Services Research, Maastricht, The Netherlands
[2]Living Lab in Ageing and Long-Term Care, Maastricht, The Netherlands
[3]Envida Foundation, Maastricht, The Netherlands
[4]Living Lab of Sustainable Care, Maastricht, The Netherlands

Introduction: Autonomy is a fundamental human right in healthcare. Autonomy can be affected by acute and chronic diseases or age-related functional decline. Enabling client autonomy is crucial in nursing, as nurses play a key role in supporting clients in their decisional and executional autonomy. To understand nurses' autonomy-supporting behavior, reliable and valid instruments are needed. This study aimed to identify these instruments. This study is part of ACCENT, which aims to empower nurses to support older clients' autonomy in ADL care by enhancing their behavior, competencies, and professionalism.

Methods: A systematic review was performed, searching three relevant databases. Three reviewers screened the articles by title/abstract and later by full text. Next general characteristics, measured concepts, and psychometric properties were extracted, followed by narrative analysis.

Results: The process began with 6160 unique articles and resulted in identifying 14 final instruments. These instruments have various aims but are related to measuring concepts connected to autonomy-supporting behavior, such as person-centered care, empowerment or disempowerment behavior, and perceived capacity for self-management support. The assessors of the instruments were professional caregivers (9), clients (4), or both (1). The average number of items was 35. All instruments demonstrated good content validity, and 11 showed good internal consistency and construct validity.

Conclusion: No instrument was found that specifically measures the autonomy-supporting behavior of nurses. In some instruments, autonomy-supporting behavior was included as an item or a subscale. Further research should focus on developing a valid and reliable instrument specifically designed to measure autonomy-supporting behavior.

Poster Number 37

Adaptation of the Nursing Activities Score in Latvia

Cerela-Boltunocva O, Millere I, Trups-Kalne I

Riga Stradiņš University

Introduction: Nursing workload can be considered as the time, physical and cognitive effort required by nurses to perform direct, indirect and non-patient care activities. lt is necessary to clarify whether the number of nurses was higher than required by current legislation or, conversely, the nursing staffing was inadequate for the nursing workload. A specific tool is needed to measure this habit. The Nursing Activities Score reflects the diverse nature of nursing workload. The aim of the study is to assess the content and validity of the instrument by consulting with experts and conducting focus group discussions.

Methods: This is a methodological study. First Phase—determining the Content Validity Index (CVI). The First phase involved validating the instrument by assessing the consistency of expert ratings on the statements. In this phase, 10 experts participated. Second Phase—focus group. In the second phase, considering that some statements had a CVI lower than 0.78, a focus group was convened, consisting of 10 experts. The focus group's goal, in accordance with the Delphi method, was to verify content validity. The focus group was conducted via videoconference as an online remote meeting. The objective of the pilot study was to obtain psychometric indicators. Expert inclusion criteria must be a nurse, head nurse, or deputy head nurse with a certification in anesthesia and intensive care nursing, have at least 5 years of work experience in an intensive care unit, hold a master's degree in healthcare. These phases aim to ensure the robustness and reliability of the instrument by thorough validation and obtaining relevant psychometric data.

Results: The first stage was found to have an overall CVI of 0.874 for all items, the overall CVI for all experts was 0.871. The CVI for all experts ranged from 0.78 to 0.97. Overall, it was found that for items 4a (CVI 0.6), 14 (CVI 0.6) and 20 (CVI 0.5) the SVI was lower than 0.78. During the second stage of the adaptation, the focus group identified 3 items (4.a.,14,20) that were not suitable for revision. After the discussion, the focus group moderator compiled all the data, ideas and wording of the items, resulting in the final version of the tool in Latvian, which was accepted by the focus group.

Conclusion: The Nursing Activities Score is a validated tool for measuring nursing workload in intensive care units worldwide. In Latvia, the Score is not yet known or used. After two phases of methodological research, the content of the Score was adapted to the Latvian nursing environment.

Poster Number 32

Questionnaire development to assess the roles and responsibilities of nurses in ventilator weaning of infants in Austrian Pediatric Intensive Care Units (PICU)

Bauernfeind L[1,2]

[1]Paracelsus Medical University Salzburg; Institute of Nursing Science and Practice, Austria
[2]Deggendorf Institute of Technology, Faculty of Applied Healthcare Sciences, Germany

Introduction: Studies almost showed positive effects when implementing protocol-based, nurse-led weaning from mechanical ventilation in children. Before such complex interventions can be successfully implemented in clinical practice, a feasibility study must be conducted to describe the current situation ("usual care") and consider the mechanism's influenc-

ing factors and the context. As no suitable survey instrument for this data collection was available, two questionnaires (one for nurses/one for physicians) were developed.

Methods: The guideline by Burns et al. (2008) with the five phases for developing and testing a survey instrument was used to systematically develop the questionnaires for surveying the roles and responsibilities of nurses in ventilator weaning of infants in Austria.

Results: According to the steps by Burns et al. (2008), all potential items for inclusion in the questionnaires were considered and grouped into domains. Then questions were formulated and critically reviewed using the Question Appraisal System by Willis (2005). The questions were also reflected and specified using guidelines defined by Burns et al. (2008). Next, an information letter including a data privacy policy was composed. The pretest required for verification was conducted with eight nursing scientists with experience in quantitative research. In a further test phase, the questionnaires were tested for process, meaning, acceptance, and user-friendliness, considering the research hypotheses. Finally, the clinical sensitivity test focused on how well the questionnaires addressed the topic of interest and the survey objective.

Conclusion: The completed questionnaires were categorized into six domains with different numbers of questions per domain. The questionnaires mainly consisted of closed questions with predefined answers, along with hybrid questions when the range of possible answers was not completely clear. The development of the questionnaires proved to be a time-consuming and complex process. However, the step-by-step approach made it possible to develop the questionnaires, and the survey on the roles and responsibilities of nurses in ventilator weaning in Austrian PICUs was carried out successfully.

Poster Number 52

Making best interest decision under deprivation of liberty safeguards: A Q methodology study

Litvaitis S

University of Salford, UK

Introduction: In the ten years since Lady Hale proclaimed "a gilded cage is still a cage" in the landmark Cheshire West Judgement (P v Cheshire West and Chester Council and another; P and Q v Surrey County Council) which defined what is deprivation of liberty for a person who lacks capacity, whether they reside in hospital, a care setting, or their own home. The making of a best interest's decision remains a contested and confusing process. My thesis aims to analyse the factors affecting best interest decision making concerning care and treatment arrangements which amount to a deprivation of liberty with adults in England and Wales. An initial scoping review of the literature confirmed the need for clarification in this area of clinical practice. A Q methodological approach will be taken to explore these factors, the rationale and stages of this process will be presented.

Methods: The next stage of this thesis is to address this with a sequential mixed methods approach, using an overall Q-methodology. A bespoke Q-set, derived from a wider Q Concourse, relating to factors involved in best interest decisions will be pre-sented to a sample of Best Interest Assessors who will then rank statements relating to the decision-making process. This Q Concourse will be developed using the following steps: a) a literature review of factors influencing decision making; b) case law analysis of published English & Welsh case law between 2014–2023.

Session 4.3 – Caring for Older People

Poster Number 2

A Systematic review of the Impact of care bundles on the incidence of pressure ulcer among at-risk older adults

Edede Q, Avsar P, Renjith V, Moore Z, O'Connor T, Nugent L, Patton D

Skin Wounds and Trauma (SWaT) Research Centre, School of Nursing & Midwifery, RCSI University of Medicine and Health Sciences, Dublin, Ireland

Introduction: Care bundles augment clinical outcomes when used regularly with reliable interventions that define a standard of care, which leads to adequate and efficient treatment, and control of infections. Using the PICO model, this systematic review aims to determine the impact of care bundles on the incidence of pressure ulcers among at-risk older adults.

Methods: A systematic review was conducted including the following databases: Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library) (latest issue), Ovid MEDLINE (1946 to August 2023), Ovid EMBASE (1974 to August 2023), EBSCO CINAHL Plus (1937 to search August 2023), PubMed, Scopus. Two reviewers out the searching, screening, and extraction of data, excluding all possible biases and including an evidence-based high-quality appraisal and synthesis of all data extracted.

Results: The search strategy identified 1642 citations of which six were deemed to meet the set inclusion and exclusion criteria. Four studies were carried out in America and two in Sweden in a variety of settings. Six of the included studies identified that there was a direct relationship between the use of care bundles and the reduction in the incidence of pressure ulcers in older adults in all studies.

Conclusion: This systematic review highlights the connection between care bundles and the reduction of the number of pressure ulcers in the older adult population ($\geq$ 65 years). Further studies are justified given that care bundles can reduce the incidence of pressure ulcers which can occur easily in older adults due to the nature of their frail skin, increased age, and medical status.

Poster Number 5

Nurses' individualized care competence in older people's nursing care – instrument development

Lahtinen K[1,3], Stolt M[1,4], Suhonen R[1,2]

[1]University of Turku, Department of Nursing Science, Turku Finland
[2]Turku University Hospital, Wellbeing Services County of Southwest Finland
[3]Helsinki University Hospital and University of Helsinki, Helsinki, Finland
[4]Wellbeing Services County of Satakunta, Pori, Finland

Introduction: Older people often report unmet care needs because their preferences and needs are not identified or assessed. One solution to prevent unmet care needs is the promotion of individuality in nursing care. Individualized nursing care is highly recommended for the golden standard, demanding special competencies from nurses. However, no instruments measure nurses' individualized care competence in older people's nursing care. An instrument would benefit the measurement of these competencies to understand the importance of nursing roles in older people's nursing care. Aim of this study is to develop a self-assessment instrument "Individualized Care Competence in Older People's Nursing Care" for nurses.

Methods: The instrument development consists of four phases. First, the literature about nurse competence, individualized care, and older people's nursing care was searched and synthesized, and the theoretical concepts were operationalized. An item pool was developed and discussed within the study group. Items were categorized into four domains general nurse competence; knowledge, skills, attitudes and values, and performance. VAS-scale was chosen for evaluation. An expert panel is called to discuss the content and face validity of the instrument. Using cross-sectional survey design data from nurses will be collected (year 2024), followed by validity and reliability testing.

Results: The first version of the instrument has 91 items in four domains, and it is designed for use in different care environments for older people. The next step is to validate and test the instrument.

Conclusion: Assessing nurses' individualized care competence in older people's nursing care can be an important tool for implementing quality care for older people.

Poster Number 10

Professional action by nursing staff when carrying out toilet training to promote continence in geriatric care

Quartey A

Paracelsus Medizinische Universität, Salzburg, Austria

Introduction: Caring for people (65 years of age and above) affected by urinary incontinence is a major challenge, both for those affected and for caregivers. This affects the quality of life for older adults and underlines the importance of continence promotion. Therefore, this study focuses on professional action of nursing staff when carrying out toilet training, highlighting on nurses' knowledge, attitude, practical actions and creating a caring relationship to promote continence in geriatric care.

Methods: The basis of this work is a systematic literature research of 10 studies from 2019 to 2023, which is based on databases from the Cochrane study, CINAHL Ultimate, PudMed, NICE and Wiley.

Results: The results of the 10 studies showed an impact of professional action by nursing staff on older adults affected by urinary incontinence and on the quality of care. The advantage of toilet training included timed voiding, habit training and prompted voiding have no side effects on those affected who are being instructed. This success is portrayed in nurses' attitude, education and care in promoting continence and their understanding of the purpose of training.

Discussion: National and international guidelines emphasize toilet training as non-pharmaceutical interventions within the scope of nursing skills. However, this study identifies stigmatization and tabooing of the topic of incontinence by nurses among older adults. There is also lack of cooperation and understanding between nursing staff and those affected.

Conclusion: Nurses should take the leading role and act as facilitators in assisting and instructing those affected with toilet training.

Poster Number 35

Care problems and goals for improvement of a dementia-specific, nurse-led care model in German nursing homes: Results of a group Delphi study

Schmüdderich K[1,2], Roes M[2], Palm R[2,3], Holle B[2]

[1]German Center for Neurodegenerative Diseases (DZNE), Witten, Germany
[2]Witten/Herdecke University, Faculty of Health, School of Nursing Science, Witten, Germany
[3]Carl von Ossietzky University Oldenburg, School VIMedicine and Health Sciences, Department Health Service Research, Oldenburg, Germany

Introduction: In Germany, the Federal Ministry of Health has recommended the implementation of innovative nurse-led care models. As currently no nurse-led care models exist for German nursing homes, the study aimed to prioritize care problems and goals for improvement for the development of a dementia-specific, nurse-led care model.

Methods: In this group Delphi, nursing home managers and representatives of responsible bodies prioritized and discussed empirically identified care problems and goals for improvement in terms of their relevance in the subject areas' personnel, collaboration, dementia care and relatives. The group Delphi comprised two assessment rounds in rotating groups and a plenary discussion. The questionnaire contained 40 items, which were rated on a 10-point Likert scale. Ratings with a variation coefficient of 2 0.5 and a standard deviation of 2 2.0 were classified as deviating.

Results: We included 16 participants. After two rounds and the plenary discussion, consensus or consensus on dissent was reached for all but two items. The consensus on dissent was explained context-specificity. Prioritizations comprised mean values between 2.3 and 7.8. Four care problems that seem to influence the workflow of nurses and the realization of dementia-specific care (mean values: 6.5–7.0) and six goals for improvement relating to job satisfaction and professional collaboration (mean values: 6.0–7.8) were prioritized as more relevant.

Conclusion: This study prioritizes topics and outcomes for a future care model. lt also highlights the need for context-specific elements in care models to address the different situations in nursing homes.

Poster Number 48

Antidepressant use, but not polypharmacy, is associated with worse outcomes after in-hospital cardiac arrest in older people

Lazzarin T, Ferreira GM, Barros JCC, Souza IA, Shalova A, Junior ELF, Azevedo PS, Minicucci MF

Department of Internal Medicine, Botucatu Medical School, Sao Paula State University – UNESP, Botucatu, Brazil

Introduction: The objective of this study was to evaluate the association between polypharmacy and antidepressant use before hospital admission with return of spontaneous circulation (ROSC) and in-hospital mortality in in-hospital cardiac arrest (IHCA).

Methods: This retrospective study included patients over 18 years of age with IHCA, attended by the rapid response team in hospital wards, from March 2018 to September 2023. The exclusion criteria were the absence of information regarding polypharmacy, pregnancy, and the presence of an express order of "do-not-resuscitate". Data were collected from the electronic medical records.

Results: Five hundred and seventy-eight patients with IHCA were evaluated; 42 patients were excluded due to the absence of information regarding polypharmacy and 24 due to "natural death permission". Thus, we included 512 patients in the analysis. The mean age was 64.4 ± 14.9 years, 52.3% were male and 54.5% were older people. Polypharmacy was prescribed for 50.8% of patients, 48.4% had ROSC, and in-hospital mortality was 92.0%. In logistic regression models the polypharmacy regimen, in the older population, use was not associated with ROSC (OR: 1122; Cl95%: 0.660–1.906; p: 0.672) or mortality (OR: 1185; Cl95%: 0.170–8.260; p: 0.864). Regarding antidepressant use, it was associated with lower rates of ROSC (OR: 0.412; Cl95%: 0.183–0.925; p: 0.032), but was not associated with mortality in older people (OR: 1682; Cl95%: 0.129–21.996; p: 0.692).

Conclusion: In conclusion, polypharmacy regimen was not associated with the ROSC and in-hospital mortality; however, antidepressant use was associated with lower ROSC only in older patients.

Poster Number 50

The association of Frailty, Malnutrition, and mobility in 30-day mortality after hip fracture in older people

Ballarin RS, Campos MAG, Lazzarin T, Silva TC, Moralez V, Vulcano DSB, Pereira LF, Azevedo PS

Internal Medicine Departement, Medical School, São Paulo State University (UNESP), Botucatu, Brazil

Introduction: Malnutrition, Frailty Syndrome, and low mobility are conditions that intersect in older individuals experiencing low-energy hip fractures. While these conditions are associated with mortality, it remains an area ripe for exploration. Aim: To evaluate malnutrition, frailty syndrome, and low mobility are associated with 30-day mortality after a hip fracture treated with surgery.

Methods: This was an observational study in which patients older than 60 years old hospitalized in a University Hospital in Brazil that were prospectively assisted by the Nutritional, Clinical, and Surgical interprofessional team. Clinical data, mini-nutritional assessment (MNA), Clinical Frailty Scale (CFS), and Parker & Palmer Scale (PP) were collected. Survival (S) and death (D) were analyzed in a dichotomous way, and variables were compared with Mann Whitney and multiple logistic regression, adjusted by sex, age, and fracture type.

Results: 485 patients were included in 3,5 years. The mean age was $79.3+/-10$; women 74%, 8.80% 30-day mortality. Malnutrition or at risk was observed in 70%, Low mobility in 40% and Frailty in 39%. In the univariate analysis it was observed ECF in S=4.00 (3.00–5.00) and D=5.00 (4.00–6.50) ($p < 0.001$); MNA in S=21.5 (18.0–24.5) and D=19.0 (17.0–22.5) ($p = 0.04$); PP in S=7.00 (4.00–9.00) and D=4.00 (3.00–6.25) ($p < 0.001$). The logistic regression showed that ECF (OR=1.37; 95 CI=1.10–1.70) ($P = 0.004$) and PP (OR=0.84;95 CI=0.74–0.96) ($P = 0.01$) were associated with mortality, but not MNA.

Conclusion: Since it is a high-mortality disease and there is no validated risks core in Brazil and other Low- and medium-income countries, bed side common assessments such as mobility and frailty can help predict mortality and guide person-centred care. Malnutrition is very common and must be addressed for all patients.