in stage II, 59.5% in stage III and 73.8% in stage IV patients. The pain prevalence rate according to performance status was 32.5% in ECOG 0, 65.2% in ECOG 1, 88.5% in ECOG 2, 89.7% in ECOG 3 and 94.6% in ECOG 4. According to VAS score, 42.2% had no pain, 29.7% had mild pain, 22.3% had moderate pain, and 5.9% had severe pain. It showed that more severe pain and high pain prevalence rate was noted in patients with advanced stage and poor performance status. 55.2% had pain every day and 58.2% had hindrance in usual daily life, and 48.3% had sleep disturbance. The breakthrough pain (BTP) was noted in 33.1% of patients and mean number of BTP episodes per day was 2.0, and duration was 30 min or less for 50.6% of the episodes. 50.5% of patients had satisfaction from current pain management.

Conclusions: This study showed still poor management of cancer pain in Daegu city. The more thorough assessment of cancer pain is required to obtain adequate cancer pain management.

3063 POSTER

The impact of cancer diagnosis and treatment to the caregivers' social capital and social support

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Background: Cancer is the main cause of death in the world. This fatal disease causes serious psychological destruction in not only patients but also their relatives. Purpose of this study is to evaluate caregivers' sense of social capital and social support before and after diagnosis and treatment of cancer.

Materials and Methods: Questionnaire was applied to 129 relatives of patients treated in oncology division in Marmara University Hospital. In this questionnaire, first 13 items were taken from Marmara Social Capital Scale and last 12 items were from Social Support Scale. Each item was read and rated from one to five by population of questionnaire. However these items were asked twice so that they can answer above both states, before and after diagnosis of this disease. Data was analyzed by SPSS statistic program.

Results: 57% of patients' relatives who participated in our research were females. 2 of them were illiterate. 41 of them were college graduates, 39 of them were high-school graduates and 36 of them were primary school graduates. First degree relatives were 83% of participants. Twenty percent of the patients were diagnosed as breast cancer and 12% were colon carcinoma. Personal distribution correlation of the replies given for situations both before and after the illness was quite meaningful; for all values $p < 0.01$. In most of the expressions from the Marmara Social Capital Scale, which constitutes the first part of our survey, disposition towards giving more negative points compared to pre-illness period has increased ($p < 0.05$). For some of them, despite being not significant, higher scores were given and vice versa. But results were insignificant in the other part of the survey in which personal individuals, friends and sub-family groups could be graded ($p > 0.05$). Another striking result of the survey was the fact that; positive future perception, the sense of controlling the future, participation and social sensibility axis change significantly along with the illness ($p < 0.01$).

Conclusions: Satisfaction feelings of the patients' relatives are affected negatively after the illness and treatment compared to the pre-illness period. The answers of the patients' relatives for the pre-illness and after-illness period questions differ in many ways. Cancer diagnosis and therapy period could cause future anxiety in patient's relatives, and participation and sense of justice declined.

3064 POSTER

Symptom prevalence in home based incurable patients

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During 1990–2005 cancer incidence rate has increased from 125.8% up to 143.0%. Number of incurable patients has also increased. In particular, rate of cancer patients at IV stage constituted 22.1% of total primarily diagnosed cases in1990 and 42.3% in 2005. So, it became vital of develop targeted and wide scale palliative care for patients whose care requires systematization of all the symptoms and status.

Objective: Specification and systematization of the needs in incurable patients.

Methods: Team included physician, nurse, caregiver and occupation therapist. Target group consisted of 239 patients (with different diseases) served at home. 215 patients (89.9%) with advanced malignant tumours. Age group of patients varied 35−87 years. Women – 154 (64.4%), men – 61 (35.6%). Functional status was evaluated by ECOG scale.

Results: Distribution of cases according ECOG: I grade − 28 patients (11.7%), ECOG II − 42 (17.6%), ECOG III − 55 (23.0%); ECOG IV − 114 (47.7%), i.e. poor physical state was observed in 70.7% (ECOG-III−IV). In addition to health state 52 medical symptoms and status has been revealed. Most frequent symptoms: asthenia (71.5%), different intensity pain (54.9%), delirium (34.9%), anorexia (29.5%), cachexy (28.5%), nausea/vomiting (25.7%), poor dejection (37.7%) urinary tract dysfunction (24.5%), fever (21.3%) etc. status – anaemia (49.5%), palpable tumour (43.1%), restricted movement (38.4%), insomnia (28.3%), ulceration and festering (13.9%), dyspnoea (13.3%) etc. Psycho-social and spiritual sphere covered by caregiver and occupation therapist. 155 (64.9%) of patients had social problems and 40% (62) were resolved, 83 (34.7%) psychological and were resolved 27.7% (23) of them and 65 (27.2%) patients experienced spiritual suffering. In these cases helpful was Georgian Orthodox church. All this problems were not fully covered by team, because of absence of special practical skills and theoretical knowledge. Also, in spite of well developed family relations, team had discomfort because of absence of bereavement services.

Conclusions: 1. Symptoms in incurable patients with different pathologies at pre-terminal stage can be grouped in similar symptom's complex; 2. Difficulties in management of symptoms and complications determine necessity of therapy conducted by professionals of palliative care; 3. Palliative Care Multidisciplinary Team for high quality Total Care except medical staff must certainly include psychologist, social worker and chaplain.

3065 POSTER

Cancer patients and distribution of information regarding the diagnoses

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According to the ethical and juridical aspects physician has to satisfy patient's demands about his correct diagnoses and life expectancy in the developed countries. Information distribution level in cancer patients regarding their diagnoses and prognosis is very low in Georgia.

Objective: Determination of the frequency of information distribution in cancer incurable patients about diagnoses and prognosis regarding the age and ECOG score.

Methods: Research was based on contracts (539) signed between Palliative Care Unit and patients or families in 2006–2007. The families were entitled to get decision on distribution of information.

Results: The level of information distribution in 193 patients hospitalized in 2006 was as follows: 16/8.3% knew the diagnose, 27/14% wanted to know, 150/77.7% refused to know. The same data in 346 patients hospitalized in 2007 accordingly was: 19/5.5%; 110/31.8%; 217/62.7%. The analysis shows that the number of families willing to inform the patients about diagnoses, has doubled but it didn't affect the quality of information distribution.

Willingness of diagnoses among 346 patients in 2007 according the age:

	Under 30	30−39	40−49	50−64	65 and more	Total
Yes	3/0.9	10/2.9	28/8.1	48/13.9	35/10.1	124/35.8%
No	10/2.9	12/3.5	37/10.6	94/27.2	69/19.9	222/64.2%
Both	13/3.8	22/6.4	65/18.7	142/41.1	104/30.0	346/100.0%

The table gives the number of patients willing to be informed: under 30−23%; between 30–50–43.7%; over 50−33.7%. Analysis shows relatively high percentage of the will to be informed between 30−50 years, when socially activity is the highest and a person is able to make proper decisions. However, no one of these patients was informed on prognosis of the disease because of refusal of their families.

To understand how relate the health condition on the number of patient who wants to know true diagnoses we have researched according to the ECOG scale gradation. Research reveal, that from the 124 patients, I gradation 2 (0.6%) patient wanted to know their true diagnoses, II gradation – 29 (23.4%), III – 48 (38.7%) and IV – 45 (36.3%).

Conclusion: 1. High level of stigma on cancer diseases in Georgia is caused by lack of awareness. 2. Public demand on information distribution passes ahead of information distribution that is greatly caused by lack of training in medical personnel. 3. The level of patient's wills to be fully informed is between 30−50. 4. Most patients wanted to know real diagnoses beside worsen health condition, which is not too easy to explain.