

sigmoide colostomy was used. 42 of them use the irrigation technique and 38 do not. All participants were patients of the stoma follow-up groups of 8 health institutions of Lisbon and Tejo Valley Health Subregion. All participants received information about the irrigation technique.

After signing the informed consent, the participants filled a questionnaire, elaborated by the authors, as there are no validated tools available. The questionnaire has closed questions in 10 domains: demographic and clinical, employment and economic, daily living habits, devices used, reaction to change, information about the irrigation technique, use of the irrigation technique, abandonment of the mentioned technique and factors which influenced the decision to use it or not.

The data were analyzed through descriptive and analytic statistics and procedures were done using the *Statistical Package for Social Sciences* (SPSS 12).

The results show:

- Seven factors influenced over 50% of the sample to use the irrigation technique;
- Three factors influenced at least 50% of the sample not to use the irrigation technique;
- Four factors which did not influence the decision of the participants to use or not the irrigation technique.

Factors influencing the colostomate's decision to use or not the irrigation technique were found in the following domains: personal data, daily living habits, knowing the irrigation technique and education about the procedure. In the domains of employment and economic data, device characteristics and reaction to change no factors with influence in the mentioned decision, were identified.

We will present suggestions to intervene in enhancing quality of care delivered to this population group and the limitations of the study.

Poster presentations

Supportive and palliative care

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POSTER

Exercise during hospitalization – an offer of physical activity at the department of oncology

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Background: Research shows a connection between physical activity and a reduction in the risk of a recurrence of cancer and subsequent death. Furthermore, physical activity can reduce side effects during cancer treatment, and patients can increase their physical capacity and thereby achieve improved well-being and quality of life. Both the Danish National Board of Health and the Danish Cancer Society have pointed to the fact that physical activity is a key element in the treatment of cancer and should be an area of special focus. Additionally, patients have expressed their wishes to participate in physical activity during hospitalization.

Purpose:

- To give cancer patients an opportunity for physical activity during hospitalization.
- For cancer patients to experience fewer side effects to the cancer treatments and achieve a better quality of life.
- For cancer patients to receive knowledge about physical activities and for them to be motivated to be physically active after being discharged.
- To increase focus on the importance of physical activity during cancer treatment.

Methods: We established an exercise programme for hospitalized cancer patients at the Department of Oncology. The programme consisted of two parts:

1. Daily team exercises initiated and supervised by physiotherapists. The exercises were adapted according to the individual daily form and abilities of the respective patients.
2. An individual home training programme that the patient can execute during and after hospitalization.

Those patients who were physically active prior to hospitalization thus had an opportunity to uphold this. Patients who, during the treatment period, had become less active and those who were not physically active to begin with, could exercise under supervision and be motivated. They could receive guidance on how to uphold and increase their level of physical activity between the periods in hospital. All patients participating in daily team exercises received questionnaires.

Results and Conclusions: The patients experienced an improvement in both their physical and mental condition. In particular they mentioned fatigue, pain, nausea, sleep and mood changes. There was a heightened focus on physical activity among the nursing staff, and both nurses and doctors were instructed and brought up to date on the significance and importance of the programme.

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POSTER

Improving sleep quality for cancer patients: benefits of a home-based exercise intervention

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Background: To both determine the effect of a home-based walking exercise program on the sleep quality and quality of life of cancer patients as well as to determine if enhanced sleep quality was associated with improvement in quality of life over time.

Materials and Methods: This study was a prospective, longitudinal, two-armed, randomized clinical trial. Participants were recruited from oncology outpatient clinics and were allocated to either a walking exercise intervention (n=36) or to usual care (n=35). A home-based walking exercise intervention for 8 weeks. Measurements included the Taiwanese version of the Pittsburgh Sleep Quality Index, the Medical Outcomes Study Short Form-36, the Taiwanese Version Ratings of the Perceived Exertion Scale, and an exercise log.

Results: A home-based walking exercise program has a beneficial effect on improvements in sleep quality and quality of life, and that the improvements in quality of life may, in part, be mediated by sleep. Patients in the exercise group reported significant improvements in sleep quality (b = -3.54, p < 0.01) and the mental health dimension of quality of life (b = 10.48, p < 0.01). Among patients who exercised, enhanced sleep quality also corresponded with reduced bodily pain (b = 0.98, p = 0.04) and improvements in the mental health dimension of quality of life (b = -3.87, p < 0.01) over time.

Conclusions: A home-based walking exercise program can be easily incorporated into care for cancer patients who are suffering from sleep disturbances.

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POSTER

Palliative care in general hospital wards

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Few Danish hospitals have specialised palliative care units. Therefore, in 1998 Danish Health Authorities published recommendations that palliative patients should be offered high quality palliative care in general hospitals wards. Gentofte University Hospital followed these recommendations and in 2005 a clinical guideline, describing a basic level of care that should be offered to terminally ill patients, was developed and subsequently implemented.

The recommendations included:

- a specified inter-professional level of knowledge and use of clinical guidelines in areas of pain treatment, nutrition, individual written clinical plans and the appointment of a nurse with special responsibility for the patient
- access to education, which shall be inter-professional and directed especially toward communication with the terminally ill patient
- improved sharing of knowledge, especially between primary and secondary sectors to create connected and stable patient trajectories
- adequate physical environment, which includes single-bedrooms and separate conference rooms
- patient- and "next of kind"-centred communication, which includes a high level of patient and family participation, a flexible attitude towards caring and ward routines and the possibility for offering family or friends to sleep beside the patient
- cross-sectorial and interdisciplinary collaboration, which includes flexible relocation between hospital, private home and hospice as soon as the patient needs this
- open access to the hospital, which included that the patient can be hospitalised anytime he or she wants it.

Implementing the clinical guideline was both rewarding and challenging. Implementing strategy included a variety of educational offers and education of a special group of competent professionals who offered to come and guide the professional staff when needed.

Status in 2009 is that the hospital has increased focus on palliation, including more learning opportunities for staff, increased focus on interdisciplinary collaboration, increased focus on nutrition, pain relief, existential care and social benefits. There still are not adequate physical surroundings and limited resources for relatives. The hospital is not always able to offer single rooms for the patients, and patients often have to share bathrooms.

We recommend the implementation of a "basic level of care for palliation" for hospitals that don't have palliative units. Different strategies for implementation will be presented.