

management, Care Type 4 (CT4): Care for the dying. Hospital cost are actual cost in Swiss Francs (CHF), starting after referral to PC.

**Results:** Total costs per patient were for CT1: 23'999 CHF, CT2: 21'598 CHF, CT3: 17'946 CHF, CT4: 14'997 CHF. Average costs per day were for CT1: 1'834 CHF, CT2: 1'685 CHF, CT3: 1'721 CHF, CT4: 1'942 CHF. Staff costs contributed the most to the total costs (> 81%) in all four Care Types. Nursing costs were 26 percent higher and physician costs 15 percent higher in CT4 compared to CT1. CT4 had the shortest average length of stay (LOS) of 10 days compared to 14.5 days for CT1.

**Conclusions:** Care Types derived from GOC seem to reflect various degrees of resource utilization in specialized PC. Dying patients (CT4) show the lowest total costs due to shorter LOS, but per day the highest staff costs (nurses, physicians). The proposed Care Type categories may serve as an innovative basis for future reimbursement strategies in specialist PC.

**Conflict of interest to declare?:** No

#### Abstract ID: OA22.4

##### Using propranolol as an anxiolytic to reduce sedative use in critically-ill patients: the PROACTIVE trial

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**Background/aims:** Surges in demand for sedation and mechanical ventilation during the COVID-19 pandemic caused shortages of propofol and midazolam globally. Propranolol, a nonselective beta-adrenergic blocker, has been shown to reduce agitation and sedative doses while maintaining desired sedation in observational studies. We aimed to test whether the use of propranolol could reduce the dose of sedatives needed in mechanically-ventilated patients.

**Methods:** Multi-site RCT. We aimed to enroll 72 mechanically-ventilated patients (80% power to detect a 0.5 effect size) with a Richmond Agitation Sedation Scale (RASS) target and sedative infusion dose of propofol  $\geq 1.5$ mg/kg/h or midazolam  $\geq 3.0$ mg/h. Participants were randomized 1:1 to control (usual care) or intervention. The intervention group received enteral propranolol 20mg q6hrs with upward titration q24hrs at 10mg dose increases, up to 60mg. Both groups had sedation weaned based on RASS target. We compared the mean change in 24h dose of sedative from baseline to day 3, proportion of RASS scores within target, and incidence of adverse events using Mann-Whitney U or Fischer's Exact tests.

**Results:** We enrolled 72 patients from Jan2021-Oct2022 (1.8 patients/month/site). Participants were 69% male, mean age 58, and most admitted for COVID or non-COVID pneumonia. Intervention participants received propranolol for a mean of 10 days (mean daily dose 90mg). There was a significantly larger decrease in sedative dose (54% vs 34% reduction,  $p=0.048$ ) and higher proportion of RASS assessments within target range (48% vs 32%,  $p<0.0001$ ) in the intervention group compared to controls. There were no differences in mortality or adverse events.

**Conclusions:** While we studied critically-ill mechanically-ventilated patients, our findings may be useful broadly in resource-limited contexts. Propranolol is a cheap, abundant drug that effectively lowers the need for costly sedatives, preserving limited supply while achieving target sedation.

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##### Evolution of hospice deaths, 2012-21: a death certificate study in Italy, New Zealand, UK, US

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**Background/aims:** Palliative care is provided at various settings, including inpatient hospices. These are also a relevant preferred place of death (PoD), usually second to home. However, hospices are not equally developed across all countries. This study aimed to describe patterns and trends over time in hospice as a PoD in countries that record it in their death certificates.

**Methods:** We collected national PoD data for 2012-21 from vital registries of 31 high and middle-income countries, PoD categories identified as "hospice" were used in Italy (IT), New Zealand (NZ), the UK (England and Wales, Northern Ireland – E&W and NI), and the US. Data were available for 2012-21 in E&W, NI, and US; 2012-20 in IT, and 2012-17 in NZ. We analysed the percentage of hospice deaths by gender, age (18-49y, 50-69y, 70-79y,  $\geq 80$ y), cause of death [cancer – ICD-10 codes C0-C97 (except C91-95) and dementia – F01-03, G30, G31] and year.

**Results:** Across all deaths in the studied countries, (N= 39.7 million; 50.5% male; 48.3% with  $\geq 80$ y; 21.9% cancer deaths) between 3.1% (NI) and 7.1% (USA) died at hospice (other countries – E&W: 5.2%, IT: 5.8%, NZ: 6.9%). Hospice death percentages were higher in those dying from cancer in all countries (range: 10.6%-19.9%) and in those aged 50-69y in all countries except the US (range: 6.6%-13.1%). In all included countries there was a decrease of hospice deaths during the COVID-19 pandemic. Prior to that, hospice deaths had been stable in NI (2012-19: 3.2%-3.5%, 2020-21: 2.3%-2.7%) and E&W (2012-19: 5.5%-5.6%, 2020-21: 4.2%-4.3%), whilst rising in IT (2012-19: 4.7%-6.9%, 2020: 5.2%) and US (2012-19: 6.2%-7.9%, 2020-21: 6.0%-6.1%).

**Conclusions:** Only a few countries record "hospice" as PoD; more should follow this practice. In the countries analysed, hospice deaths were rare and stable or rising, but COVID-19 influenced trends. Further research is needed to understand how trends evolve post-pandemic.

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##### Chinese Diaspora's Knowledge, Attitudes and Health Behaviour of Advance Care Planning

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**Background/aims: Background:** Globally, engaging in advance care planning (ACP) conversations about individuals' future care preferences is advocated as a public health issue. However, while culture has been found to influence acceptability and engagement, public health initiatives are rarely tailored. Whilst the Chinese diaspora remains the largest ethnic group outside of China internationally, research on ACP remains limited.

**Aims:** To assess the knowledge, attitudes, and behaviours related to ACP among the Chinese diaspora and identify components and strategies to promote ACP awareness and participation within a public health framework.

**Methods:** A sequential mixed methods study with 3 phases: 1) A systematic integrative review analysing the Chinese diaspora's understanding, experience, and factors influencing engagement with ACP. 2) Qualitative exploratory study with 17 participants connected to voluntary Chinese organizations in the UK. 3) Cross-sectional correlational study to assess