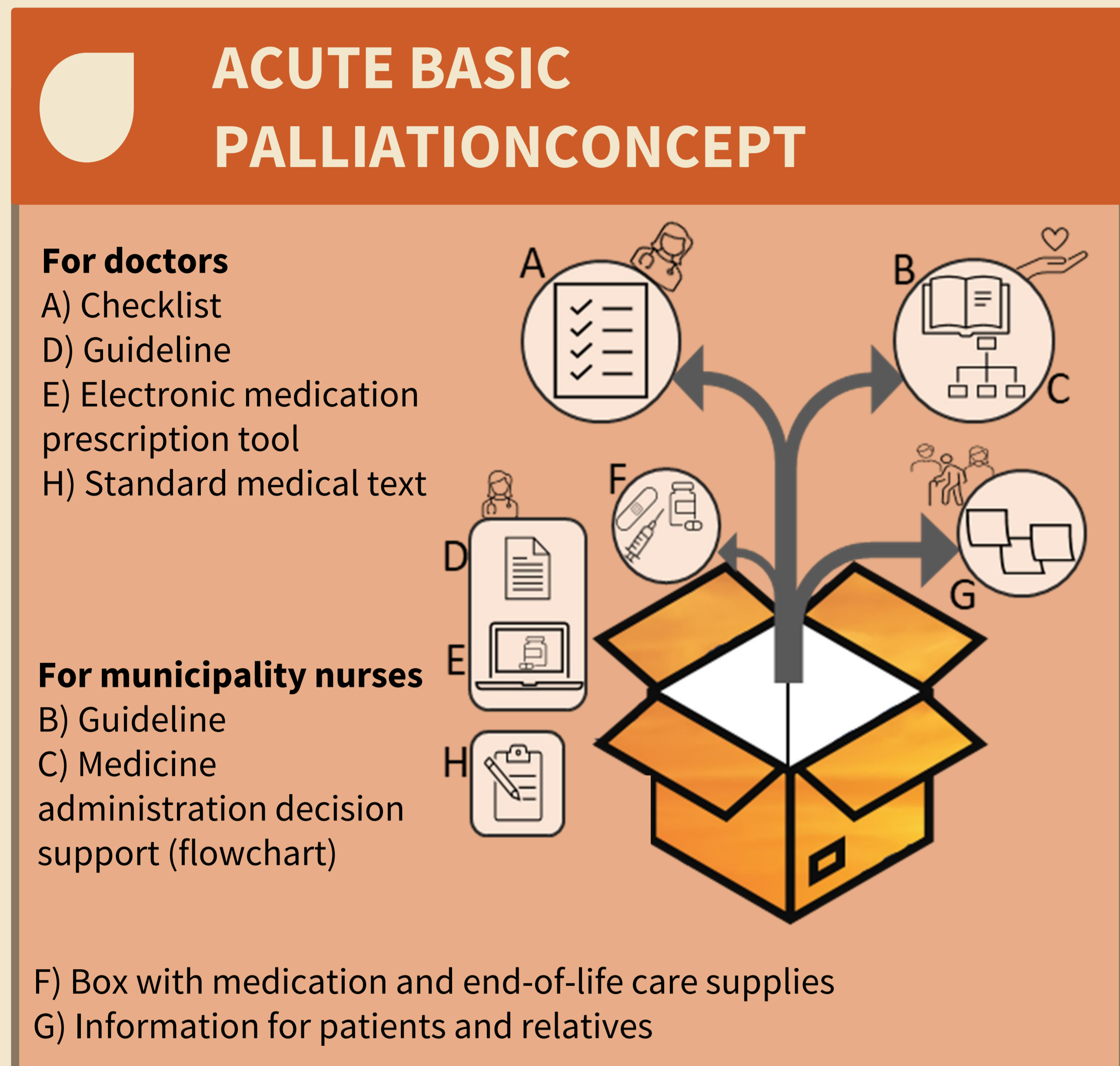


# Testing a structured End-of-Life care approach in Danish general practice settings with the modified Acute Basic Palliation Concept

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## BACKGROUND

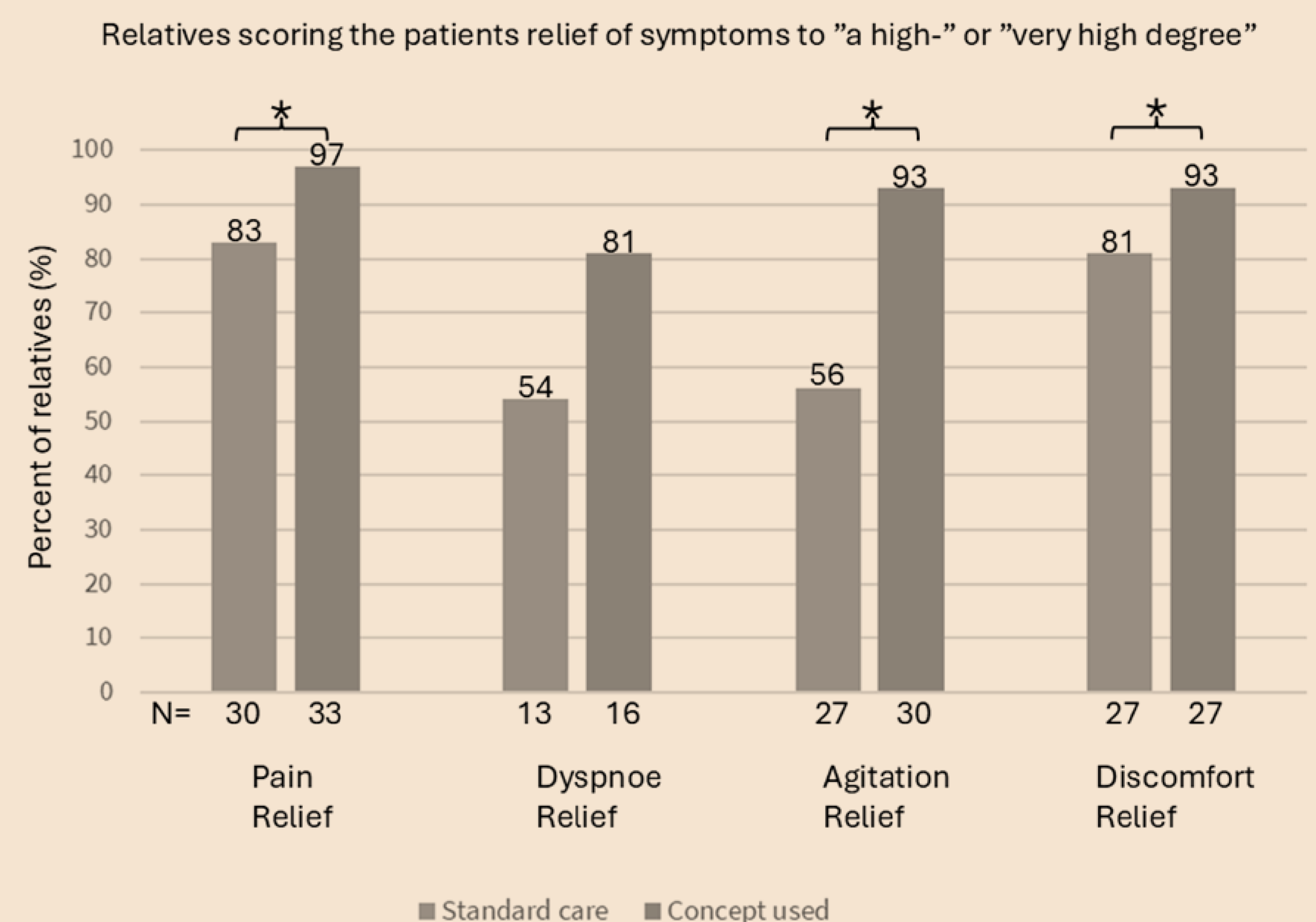
The Acute Basic Palliation Concept (ABPC) - a structured end-of-life (EoL) care model - increase quality of EoL care when used in hospital settings. This study aimed to measure if the use of the ABPC could increase symptom relief and user satisfaction when applied in general practice.

## METHODS

This cohort study was conducted across nine general practices in Northern Denmark with xx GPs as well as in the regional Out of hours GP services. GPs received training in an adapted Acute Basic Palliation Concept (ABPC) and subsequently reported on patient cases managed both with and without the concept. Data on symptom control and satisfaction were collected via questionnaires from relatives, municipal caregivers, and GPs after the patient was buried.

## RESULTS

A total of 74 EoL care trajectories were included in the analysis, with 51 % managed using the structured concept. The mean patient age was  $84 \pm 8.9$  years; 46 % women. The median duration from EoL care initiation to death was 3.0 (interquartile range: 2.0;7.0) days. When using the concept, symptom control increased for pain (97% versus 83%), agitation (93% versus 56%), and discomfort (93% versus 81%), all  $p < 0.05$ . Shortness of breath was less frequent, with a trend toward improved symptom relief using the concept (81% vs. 54%). Most staff were willing to use the concept again (90 % GPs, 100% municipal nurses).



## CONCLUSION

The structured ABPC model facilitated improved symptom management and high user satisfaction in general practice settings, demonstrating promising potential for end-of-life care within primary care.