Introduction. Most people will manage to adjust to the loss of a loved one. A minority, however, run the risk for bereavement related long term health consequences [1]. Support for family members of patients in end of life care is most effective if directed to this group [2,3,4]. To enable selection of this vulnerable group there is a need for a screening tool. A check-list for risk assessment by staff was thus A) developed and B) tested in consecutive families at our palliative care service.

Material and methods. A) Factors indicating increased risk or vulnerability for grief complications were identified through interviews with staff and review of the literature. B) Our aim was to screen consecutive families after a staff-familly meeting shortly after arrival, as well as after the death of the patient. This was done between November 2005 - September 2006. Stockholm Sjukhem Palliative Care Unit is a 40 bed and 25 home care places service. During 2006, more than 95% of deaths occurred on the wards and the median stay was 10 days (1-180 days).

Results. A) The checklist includes 9 items of risk or vulnerability. They relate to family and social network functioning, disease progression characteristics, professional care and information, or concurrent stressful life events (SLE).

Specific Risk or Vulnerability Factors in Family Members
- Children or siblings younger than 30 years of age
- Conflicts or communication difficulties within the family
- Social or emotional isolation
- Perception of patient suffering (e.g. pain, anxiety)
- Lack of awareness of impending death
- Participation in care
- Extremes in disease progression (fast/ protracted) or a difficult moment of death
- Strong crisis reaction
- Concurrent stressful life events (SLE)

B) 301of 325 families were assessed, most often after the death of the patient. In 48% of assessed families no risk factor was found. In 50% (n=151) of families at least one family member was identified to have at least one risk or vulnerability factor (Fig. 1). The most prevalent risk factors were that there were children or siblings younger than 30 years of age in the family, (19 %) and a very fast disease progression or lack of awareness of impending death (21%).

Discussion. Staff assessment (proxy rating) enables routine screening for risk or vulnerability in a dying patients’ family members which provides a basis for direction of supportive interventions. However, the validity of staff assessment can be questioned. Some factors are obvious and uncontroversial for the staff to assess, such as presence of young individuals in the family. Other factors are more difficult both to define and assess, e.g. a very fast disease progress and lack of awareness of impending death.

Table 1. Prevalence of Individual Risk Factors Among Family Members of Diseased Patients

<table>
<thead>
<tr>
<th>Type of risk factor</th>
<th>Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of awareness and/or fast disease progress</td>
<td>21.5</td>
</tr>
<tr>
<td>Concurrent SLE*)</td>
<td>20.6</td>
</tr>
<tr>
<td>Children or siblings (&lt;30)</td>
<td>19</td>
</tr>
<tr>
<td>Conflicts or communication difficulties</td>
<td>10</td>
</tr>
<tr>
<td>Strong crisis reaction</td>
<td>8.3</td>
</tr>
<tr>
<td>Social/emotional isolation</td>
<td>7.4</td>
</tr>
<tr>
<td>Patient suffering</td>
<td>2.4</td>
</tr>
<tr>
<td>Participation in care</td>
<td>-</td>
</tr>
</tbody>
</table>

* Most often concurrent serious disease, e.g. cancer and psychiatric diseases, and suspected alcohol abuse, among family members.

A qualitative interview study of family members, half a year after the loss, is ongoing. The results will inform us about the agreement between staff assessments and next of kins perceptions and experiences.

Conclusion. In 50% of families of patients in late palliative phase, one or more family members were assessed to be at risk for long-term morbidity. Young families, fast disease progress and lack of awareness of impending death seem to be prevalent problems as rated by staff. We offer tailored support for these families.

References.