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The concept of health-related quality of life focused on the family in the pediatric transplantation context: a synthesis of current research

Ana Marcia Mendes-Castillo, Regina Szylit Bousso
University of Sao Paulo, LAURO DE FREITAS, Brazil

Despite the great technical advances regarding organ transplantation, little hás been studied about families who experience pediatric transplants. The impact that the experience has on family functioning and their quality of life have been described in the literature, but to date, little systematic evaluation of qualitative research on this topic has been conducted. The aim of this study was to analyze how health-related quality of life focused on the family has been studied in pediatric transplantation in the last ten years. A methodological systematic review was carried out for the period 1998–2008 according to the Joanna Briggs Institute (JBI) guidelines on systematic reviews. We searched multiple electronic databases and included all English and Portuguese language publications describing primary empirical research of generic health-related family quality of life and pediatric transplantation. The selected studies were analyzed based on the steps proposed by the JBI, reviewed critically using a tool developed to assess content and reviewers recorded open-ended comments on the strengths and weaknesses of each paper. Results provide a baseline for further research into the needs of these families, and also provided aspects that allowed the identification of the attributes and consequences of the concept. There is a need to develop empirically robust and conceptually comprehensive health-related quality of life measures, particularly in the context of organ transplantation.

used. Following IRB-approval, the study was conducted during August 2006-May 2008 at five community health centers. Socio-demographic data and family health history were collected from 4230 family medical records using a structured questionnaire. Cancer histories were registered using a pedigree format and classified as sporadic, familial or hereditary. Families with notations of breast and prostate cancer are being visited and interviewed, because of the prevalence and hereditary aspects of these tumors.
Results: Cancer history notations were found in only10.5% of the medical records, including unspecified site (23.61%), breast (18.88%), skin (13.05%), prostate (8.05%), head/neck (8.05%), colorectal (6.11%), uterine (5.55%), lung (4.72%), stomach (3.05%), and leukemia (2.77%). To date, 20 families with 347 family members have been visited; 8 families (40%) suggested familial or hereditary cancer.
Conclusions: Health care professionals need education regarding documenting family cancer histories. Findings will aid in developing early diagnosis and cancer prevention resources for Brazilian low-middle income families.

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Beliefs held by families with older adults who need care upon hospital discharge in Japan (First Report): Review of the literature

Mayuko Tsujimura[1], Kazuko Ishigaki[2], Masaki Watanabe[3]
[1]*Chiba University, CHIBA, Japan*
[2]*School of Nursing, Chiba University, CHIBA, Japan*
[3]*Graduate School of Nursing, Chiba University, CHIBA, Japan*

Background: In recent years in the field of geriatric medical care in Japan, early discharge from hospitals has been facilitated by the reform of the medical system. Therefore, the role of nurses in discharge planning is becoming more and more important. In order to encourage good decision making in discharge planning, it is important to consider the beliefs of older adults and their families in Japan.
Objectives: This study aims to clarify the beliefs held by families with older adults who need care upon hospital discharge in Japan by a review of the literature.
Methods: A search of medical and nursing literature in Igaku