her down, but in one occasion a nurse saw her holding the pills in her mouth and then spitting them down the toilet. Her roommate got sick and was taken away. Angela kept asking about her, receiving no answer. She was noticed having difficulties falling asleep and although she showed no signs of infection or disease, she was heard saying that her days were over. One day, she told the nurse that she had finally figured out what to do. A few days later, she was found dead during lunchtime, apparently suffocating on a piece of turkey.

P49: The effect of old age on the experience of those who received an unexpected and violent death notification: A qualitative study

Authors: Diego De Leo^{1,2,3} and Josephine Zammarrelli³

Background: How an individual is informed of the traumatic loss of a loved one can influence the grieving process and quality of life for survivors. Objective: this qualitative survey aimed to explore how age influences the experience and feelings of those who have received communication of this type of death from a professional figure.

Method: 30 people recruited through the use of social networks and word of mouth participated in the study. The participants were divided into three groups according to the age variable (1 group: 10 participants up to 35 years old; 2 group: 10 participants aged between 45 and 55 years; 3 group: 10 participants aged 60 and over) who have received notification of the death of a loved one from police officers or health care professionals. The data was collected through an ad hoc questionnaire, completed online. The thematic analysis technique used Atlas.ti software 8.

Results: the following four key themes were identified: (a) how the communication took place; (b) reactions; (c) support; and (d) coping strategies.

Conclusions: it is possible that advanced age confers greater resilience and coping strategies through life experiences to mitigate the stressful impact of communicating an unexpected and violent death.

P50: Looking for the best: Video vs written informed consent in coronary angiography procedures

Authors: Ines Testoni¹, Francesca Lampis¹, Erika Iacona¹, Roberto Valle², Gabriele Boscolo², Diego De Leo^{3,4}

- ¹ Dept Psychology, University of Padua, Italy
- ² Cardiology Unit, Chioggia Hospital, Italy
- ³ Australian Institute for Suicide Research and Prevention, Griffith University Australia
- ⁴ Dept Psycholoy, Primorska University, Slovenia

Background: Informed consent practices in healthcare are a fundamental element of patient-centred care; however, the traditional written description of the medical procedure for obtaining informed consent seems to have several limitations. Aim: This research aimed to evaluate the effects of an alternative method of obtaining

¹ Australian Institute for Suicide Research and Prevention, Griffith University, Brisbane, QLD 4122, Australia ² Slovene Centre for Suicide Research, Primorska University, 6000 Koper, Slovenia

³ De Leo Fund, 35137 Padua, Italy

informed consent, based on a short informative video for patients waiting to undergo a coronary angiography procedure in Italy.

Methods: The study involved 40 participants, 28 males and 12 females (mean age: 68.55, SD = 13.03), equally divided into two groups, one that received video informed consent and the other the traditional written one. Each group was asked to fill out two questionnaires, one created ad hoc by the authors to measure the level of understanding of the information provided and the perception of usefulness of informed consent, and the other the DASS-21 scale, able to assess anxiety, depression and stress levels.

Results: Comparing the results of the two groups showed that informed consent via video enabled participants to better understand the information provided, as well as feel more confident in their subjective understanding of it, while perceiving informed consent via video as more useful than the traditional one. Video informed consent did not lead to higher levels of anxiety, depression, or stress among participants.

Conclusion: it can be hypothesized that video formats could represent a more useful and understandable alternative to traditional informed consent in the coronary angiography procedure sector.

P55: Reaching Caregivers living with a loved one with Dementia/Alzheimer's Disease

Author: Elaine Jurkowski

Objectives: Caregiving can be a daunting and isolating experience, especially when supporting a loved one with Dementia The objective of this intervention was to provide a series of educational sessions available to caregivers to help educate them on strategies to enhance their well-being and interactions with a loved one living with dementia.

Methods: The Caregiver Literacy Series is a compilation o 18 webinar sessions with therapeutic workbooks designed to help caregivers understand the nature of specific dementia-related issues, and designed to help the caregiver build some personal strategy to help better manage their caregiving role. Based upon a Framework that uses the Perceived Self-Efficacy Theory, each webinar provides educational materials, and resources and is designed to help build an action plan for the caregiver. Topics include "What is Caregiving?", "Caregiving and Compassion Fatigue and Self-Care" and topics address coping and communication strategies. The webinar sessions were administered monthly and semi-monthly to consumers through a local Alzheimer's Association network in the rural Midwest of the United States.

Results: Feedback from consumers who have used the materials suggest that the materials have provided some measure of information and helpful educational materials. The workbooks have also been an effective tool to help guide and empower the caregiver.

Conclusion: The Caregiver Literacy Series provides some effective and needed materials to help equip caregivers living with a loved one that has Dementia or Alzheimer's disease with some measure of health literacy and empowers them to feel some sense of empowerment and comfort in the process.