difficult,⁶ making it hard for clinicians, patients and families, to alter mindset from one of 'cure' to one of comfort, bringing different challenges to these discussions.

Aim Assess the quality and content of end of life conversations in a London Critical Care Unit (CCU).

Methods The notes of 15 patients who had recently died on the CCU were reviewed by two clinicians (DB and JA). Content analysis approaches used for documentary review were used. Emergent themes were identified from the data and discussed between reviewers. A data extraction form was then developed by modifying the UCLH 'Excellence at End of Life Framework' to ensure consistency between reviewers. Extracted data were then synthesized to answer the research questions.

Results Conversations in critical care occur, but normally happen with family because the patient lacks capacity. The reasons for lack of capacity are rarely documented, but can be deduced from surrounding documentation (e.g. patient is sedated). The conversations cover the 'key points' for decision making and it is possible to understand what has/is happening. An area which is often missed is the spiritual and psychosocial support for patients and families.

Conclusions The prognostic uncertainty of treatment in critical care often delays diagnosis of 'dying' to a point when it is too late for patients to communicate their wishes. In our cohort, this resulted in the majority of conversations happening with family. Spiritual and psychosocial support was frequently missed in these conversations. This omission might be due to a heavily 'technological culture' prevalent in critical care.

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P11 PERCEIVING THE DIVERSION POTENTIAL OF THE BUPRENORPHINE/NALOXONE COMBINATION IN TAIWAN

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10.1136/bmjopen-2019-QHRN.46

Background The buprenorphine/naloxone combination was first introduced in Taiwan in 2005 and has since been widely used in clinical settings to treat opioid dependence. This medication can be prescribed by any physician with a valid license. The other treatment option is methadone, but its use is strictly supervised by psychiatrists only and distributed through government-certified hospitals. Considering the relatively loose architecture (a concept of sociologist Shobita Parthasarathy) of the buprenorphine/naloxone combination, diversion has become a potential public-health concern.

Objectives This study aims to examine the diversion potential of the buprenorphine/naloxone combination from the perspective of healthcare providers and situate this medication's

perceived potential in an architecture of pharmaceutical governance taking form out of institutional, professional, and social conditions.

Methods Data are collected by reviewing relevant archives encompassing academic journals, newspapers, official and professional documents, and statistical reports. Additionally, in-depth interviews were conducted with 20 professionals who were involved in the distribution and management of the buprenorphine/naloxone combination.

Results The architecture of buprenorphine/naloxone governance is best characterised as a sociomaterial assemblage taking shape in a historical process. On the social side are ingrained discrimination against people who use drugs, slow acceptance of addiction as a medical illness, exclusion of addiction from the coverage of national health insurance, competition of imported medicine and local generics, and professionalisation of addiction medicine. On the material side are the pharmacological properties of buprenorphine and naloxone, as well as the drug design that renders the combination safe and convenient. All of these factors combine to make the buprenorphine/naloxone tablet liable to diversion.

Conclusions The notion of architecture as a sociomaterial assemblage is a useful theoretical tool to understand how a substance prevails in its societal environment and interacts with it.

P12 SOCIAL AND CULTURAL CONSIDERATIONS IN ADHD DIAGNOSIS: A CROSS-CULTURAL DISCOURSE ANALYSIS

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10.1136/bmjopen-2019-QHRN.47

Attention Deficit and Hyperactivity Disorder (ADHD) is described as a neurodevelopment disorder with a highly inheritable genetic origin according to standard terminology. Since 1960s the biomedical perspective of ADHD as a self-evident scientific reality, which apparently dominates the field, by sociologists, psychologists, neurobiologists, psychiatrists, and paediatricians. The globalisation of diagnostic and pharmacological treatment become widespread throughout the world by the domination of the biomedical approach. In this study, I intend to scrutinise different manifestations of ADHD's adoption in various countries via a comparative discourse analysis. This paper presents my research in order to explore how the diagnostic category of ADHD is socially and culturally established, and how it is maintained.

A cross-cultural research between France and Turkey, including semi-structured interviews with psychiatrists will be the main part of the research. France, where the psychoanalytic tradition is deeply rooted, however at the same time the effect of DSM and biomedical approach gradually increase, and Turkey, where the psychological circles act in line with the APA's approach, were selected data gathering.

Anticipated results from the ongoing procedure are; the theoretical orientation of medical education in the country where psychiatrists originated, affects their thoughts and practices about ADHD, therefore the social and cultural factors of their countries have the capacity to influence their diagnostic and treatment decision.

Consequently, the research aims to contribute to the discussion of the multidimensional understanding of ADHD phenomenon in order to move it further biological reductionism.

The social construction of ADHD is nourished from very heterogeneous fields that includes various kinds of knowledge, institutions and actors. One of the crucial actor of the field is psychiatrists who are active in the biggest part of research field and who hold the power of diagnosis. Hence, it is important to uncover the discourse of mental health professionals to prevent over diagnosis and overmedication.

P13 IMPACT OF MILITARY SERVICE ON THE PHYSICAL AND MENTAL HEALTH OF UK VETERANS OVER 65

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10.1136/bmjopen-2019-QHRN.48

Background The UK veteran population is predominantly elderly; yet little is known about the impact of Armed Forces (AF) service on the wellbeing of older veterans. Some research suggests that service may have negative implications for physical and mental health later in life. Nonetheless, as health problems are also common in older civilians, it is unclear whether veteran health problems are reflective of military service or are a feature of ageing.

Aims/Objectives Aim: To investigate the impact of military service on the health and wellbeing of older UK AF veterans (>65 years) compared to age and gender matched non-veterans.

Methods Qualitative, semi-structured interviews were conducted with 25 UK AF veterans, 10 UK AF veterans with self-reported mental health disorder diagnoses, and 25 non-veterans, all aged over 65 years. A close-companion (e.g. spouse, child, close friend) of all participants were also interviewed to corroborate findings. The data were triangulated and analysed thematically.

Results Three key themes emerged. First, better physical health was reported by veterans and attributed to the high volume of exercise undertaken in the AF. However, veterans also reported more physical health problems (e.g. hearing loss, injuries) due to a lack of protective equipment in the AF compared to non-veterans. Second, despite health problems, veterans were more reluctant to seek medical treatment than non-veterans, owing to a sense of self-sufficiency instilled during AF service. Finally, veterans developed a greater resilience and self-confidence during service that was carried across the life-course. However, high-levels of workplace trauma exposure appeared to result in psychological problems later in life for some veterans.

Conclusions Military service can have long-lasting positive and negative health effects. Understanding the needs of older veterans is key to ensure effective support services are in place, and that negative effects can be identified and minimised early on in careers.

P14 LIVED EXPERIENCES OF PATIENTS WHO WERE ON MECHANICAL VENTILATION IN AN INDIAN MEDICAL-SURGICAL ICU

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10.1136/bmjopen-2019-QHRN.49

Background Patients on mechanical ventilator in ICU are subjected to various physical and emotional stressors which they may be unable to communicate causing further distress.

Objective To describe the lived in experiences of critically ill patients who were on mechanical ventilation in medical-surgical ICU of a Tertiary care hospital in Delhi, India.

Methods This Phenomenological hermeneutic study included patients above 18 years who were on mechanical ventilator for at least 48 hours in the medical-surgical ICU of a tertiary care hospital between August to November 2017 and fulfilling inclusion criteria. Ethical approval was obtained from institutional ethical committee. The data was collected using in-depth interview guide with six patients only out of the twelve enrolled (n=6 dropped out of study). Audio recorded interviews were transcribed and further analyzed by Van Manen's approach.

Results All patients were on ventilator via Endotracheal tube and the duration of mechanical ventilation ranged from 48 hours and 15 min to 299 hours and 30 min, had no previous experience of ET intubation, mechanical ventilation or ICU stay and interviewed within three days after extubation. The analysis of verbatim revealed emergence of twenty themes and corresponding subthemes which were grouped under four fundamental existentials of human experience which are spatiality, corporeality, temporality and relationality. Most of the patients reported discomfort due to ET tube, problems due to suctioning, impaired communication, altered thirst, hunger and sleep-wake cycle. Two of the patients expressed that they felt more at ease and less embarrassed with staff of same gender. Even comforting words from relatives sometimes caused irritation to patients.

Conclusion There is a need for provision of routine mental health assessment of ICU patients by mental health professionals and interventions to minimize impact of traumatic experiences of patients who're put on mechanical ventilation in order to promote healthy coping patterns.

P15 PARENT PERSPECTIVES ON INTERACTIONS WITH SPEECH AND LANGUAGE THERAPISTS: WHAT FACILITATES ENGAGEMENT

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10.1136/bmjopen-2019-QHRN.50

Background Speech and Language Therapists (SALTs) work closely with parents to engage them in making decisions about therapy, carrying out therapy at home and adapting the way they communicate with their child. The more parents engage in Speech and Language Therapy (SLT) the better the outcomes are for their child. Parent engagement is achieved through the parent-SALT interaction however very little research has investigated this. Research to date focuses on young children receiving early-intervention.

Aims This study explores from the parent perspective how the parent-SALT interaction facilitates parent engagement in SLT for children with long term speech, language and communication needs (SLCN).

Methods The qualitative design adopted an appreciative inquiry approach to guide sampling and interview questions. Parents engaged with SLT services across Cornwall were