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