home care employees filled in the amount and type of medication-related problems twice, in the beginning and at the end of the pilot. During the pilot, October-November 2014, the HOME-instrument was used as a smartphone application by one team of a Dutch home care organization (12 home care employees) and one pharmacy. Subsequently, interviews were conducted with home care employees and the pharmacist to evaluate their experiences.

Results: A total of 51 elderly received home care. About half of the elderly (26) received care in medication tasks. The amount of medication-related problems increased from four (beginning of the pilot) to 30 (end of the pilot). The type (and amount) of the observed symptoms after the pilot include: pain (7), thick legs/feet (5), organizing medicines (littering) (3), fall without apparent cause (3), client acts unusual (2), absence of medication list (2), medication intake (2), nose bleeding (1), heart palpitations (1), nausea/vomit (1), other (3: rash, weight loss in combination with thick ankles, symptoms of flu). Home care employees were satisfied regarding the instrument and an increased cooperation between home care and the pharmacy was experienced.

Conclusions: The number of reported symptoms of medication-related problems increased considerably, furthermore the cooperation between care employees and the pharmacist improved. The preliminary results show that the HOME-instrument is feasible for the recognition of the first symptoms of medication-related problems in community-living elderly.

A second pilot with this study design has been initiated (October 2015) and ending in May 2016. In total 15 teams of three Dutch home care organizations and several general practitioners and pharmacists are involved. Results will be expected in July 2016.

Factors influencing exacerbation-related self-management behavior in patients with COPD

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Background: In patients with Chronic Obstructive Pulmonary disease (COPD) self-management skills are important to reduce the impact of exacerbations. However, detection of exacerbations appears to be difficult for patients which subsequently results in inadequate self-management actions. Little is known about factors influencing exacerbation-related self-management behavior. Therefore, the objective of the current study was to identify and explain factors influencing patients' perspectives on exacerbation-related self-management necessary for development of future tailored self-management interventions.

Material and methods: A qualitative study was performed using semi-structured in-depth interviews. Interviews were audiotaped, transcribed verbatim and analyzed according to the Grounded Theory approach following a cyclic process in which data collection and data analysis alternated. Fifteen mild to very severe COPD patients (8 men; age range 58–88) were recruited from primary and secondary care settings near Utrecht, the Netherlands, in 2015.

Results: Several patterns in exacerbation-related self-management behaviour were observed. Perceived severity of symptoms, acceptance of COPD, experience with exacerbations, knowledge and social support were important factors influencing the underlying process of exacerbation-related self-management behaviour. Specific barriers with regard to recognition of exacerbations were heterogeneity in exacerbations and habituation to symptoms. Feelings of fear, patient belief, hope, an avoiding coping strategy and a sub-optimal relationship with healthcare professionals were identified as barriers for self-management actions. Patients who performed prompt actions were generally more pro-active and self-empowered.

Conclusion: This study has provided in-depth insight into factors influencing the underlying process of exacerbation-related self-management behavior in COPD patients. In future development of self-management interventions, factors influencing the process of exacerbation-related self-management should be taken into account. Furthermore, special attention should be paid to elimination of barriers in the process of exacerbation-related self-management to be able to develop effective self-management interventions that fit patients' perceptions, capabilities and needs.

Detection of depression in the early stage of stroke: the Post Stroke Depression-toolkit

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Background: Early screening, detection, and therapeutic interventions for post stroke depression (PSD) are important to reduce the impact on rehabilitation outcome[1–3]. Guidelines regarding the management of stroke recommend the structural screening of depression post stroke[2,4]. Implementing clinical practice guidelines into clinical practice, however, is difficult[5]. Nurses state that they need recommendations provided in a more practical form to be able to use them in daily care. Therefore, we developed a toolkit including screening of PSD and nursing interventions and tested it on its feasibility and sustainability in daily nursing care.

Primary objective: to investigate the feasibility and sustainability of the PSD-toolkit in in the daily nursing care in hospital.

Secondary objectives: 1) to enhance the implementation of the PSD-toolkit by gaining insight into aspects that determine a successful implementation of the toolkit, 2) to increase the expertise and skills of nurses regarding PSD.

Material and methods: *Study design*: A concurrent embedded strategy of mixed methods, pre-test post-test design, in which qualitative data are embedded in a quantitative design.

Population: Nurses working on the participating neurological wards.

Main study parameters: The percentage of patients screened on PSD and the percentage of patients with a positive screening in which nursing interventions are used.

Secondary study parameters: Nurses' perceived barriers and facilitators to provide PSD-care. Patients' perception on nursing care according to the PSD-toolkit.

The clinical utility of the PSD-toolkit.

The level of expertise of nurses concerning PSD.

Results: *Main results to date:* 150 nurses were included in the study, data on the use of the PSD-toolkit on 1100 patients were collected, 30 nurses were interviewed, 3 focus groups were organized, patients perception on the PSD toolkit was investigated ($n = 40$) and the use of the PSD-toolkit in daily practice was examined by participant observation ($n = 47$).