Preferences of Patients with Heart Failure for Discussing Prognosis and Advanced Care Planning (SA545-B)

Nicole Gordon, BA, University of California, San Francisco, San Francisco, CA
David O’Riordan, PhD, University of California, San Francisco, San Francisco, CA
Kathleen Dracup, RN, University of California, San Francisco, San Francisco, CA
Teresa De Marco, MD, University of California, San Francisco, San Francisco, CA
Steven Pantilat, MD FAAHPM, University of California, San Francisco, San Francisco, CA

Objectives

- Describe Heart Failure (HF) patient’s preferences for discussing specific palliative care topics with their provider.
- Identify which populations of patients may warrant further attention when providing palliative care to HF patients.

Original Research Background: National guidelines recommend integrating palliative care into Heart Failure (HF) treatment. Few studies examine whether HF patients receive palliative care.

Research Objectives: Describe the characteristics and preferences of HF patient’s palliative care discussions with clinicians.

Methods: Patients diagnosed with NYHA class II-III HF were surveyed about whether they had discussed with their clinician what to expect in the future regarding their HF, prognosis, advanced care planning, and their surrogate choice, and if they had not, whether they wanted to have these conversations.

Results: Participants (n=102) were on average 53 years old, had HF for 7 years, were 66% male, and had either Class II (57%) or Class III (43%) HF. Most participants reported having had discussions with their provider about what to expect in the future regarding HF (76.5%), prognosis (68.0%), and their surrogate choice (63.4%). Half discussed advanced care planning (46.5%). Of those who reported not having these conversations, most wanted to discuss what to expect in the future with respect to HF (81.5%), prognosis (76.3%), and advanced care planning (56.4%). HF class was not associated with having had or desiring to have discussions on any issue. Men were more likely than women to report discussions about future expectations of HF (83.6% vs. 62.9%; p=0.02), prognosis (78.5% vs. 48.6% p=0.002), and advanced care planning (56.1% vs. 28.6%; p=0.008).

Conclusions: Most participants discussed palliative care issues with providers, and most of those who did not wanted to. Our data cannot explain why women are less likely to report these discussions but suggest that clinicians be mindful of this disparity. We cannot confirm the content or quality of the discussions.

Implications for Research, Policy, or Practice: These data should embolden clinicians to discuss patients’ prognosis, wishes for advanced care planning, and choice of a surrogate. Further research should examine the impact of these discussions on outcomes.