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Building an Evidence Base for Education on Advance Care Planning

Fall ADC Meeting, October 14, 2016 Baltimore, MD



Dementia is a Terminal Illness

- AD is 6th leading cause of death in the US, and 5th leading cause of death among those age 65+
- Dementia is under-recognized as a terminal illness & under-reported on death certificates
- Issues Caregivers Can Anticipate:
 - Loss of decision making capacity is inevitable
 - Disease course includes prolonged disability
 - Treatment decisions can be anticipated

Advanced Dementia

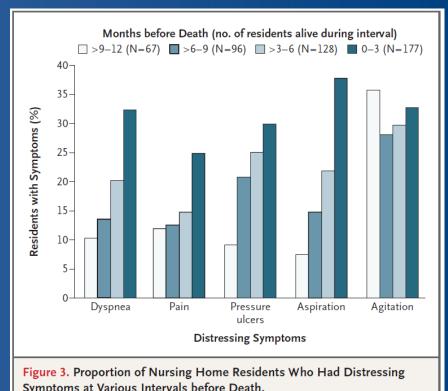


Common complications:

- Eating problems
- Febrile episodes
- Pneumonia

Distressing symptoms:

- Shortness of breath
- Pressure ulcers
- Aspiration
- Pain
- Agitation



Symptoms at Various Intervals before Death.



Common Treatment Decisions near End of Life

- Blood tests / other diagnostic tests
- X-rays / scans
- Pneumonia / other infection treatment
- Respirator / ventilator use
- Tube feeding
- Hospital transfers





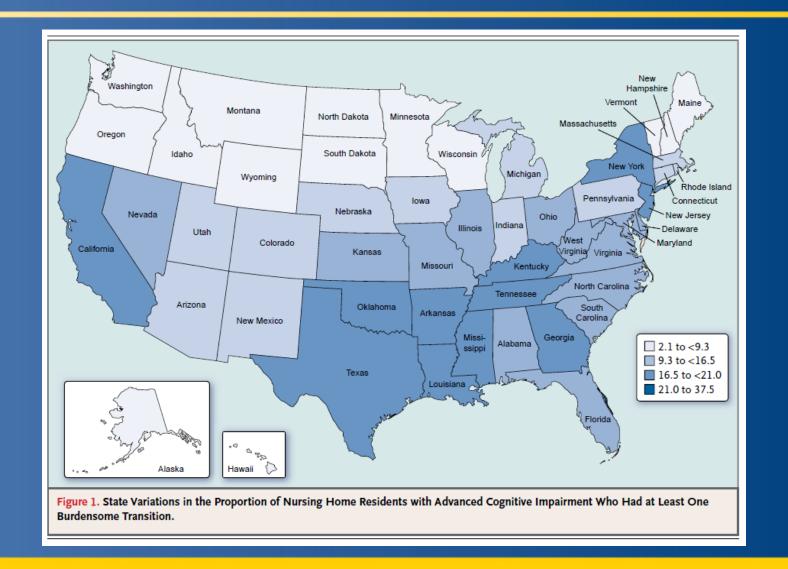
Burdensome Interventions:

Not associated with improved outcomes

- Emergency room visits
- Hospitalizations
- Intravenous nutritional therapy
- Tube feeding

Burdensome Transitions Vary by Regions Johns Hopkins

Gozalo et al., NEJM, 2011





Strategies to Improve Care

Modifiable factors associated with better outcomes for patients with advanced dementia:

- presence of advance directives
- **better counseling of health care proxies**
- nurse practitioners on-site in NHs
- > residence in a special care dementia unit
- use of hospice



Advance Care Planning Needs

Need for ACP in dementia is clear:

- Loss of decision-making capacity is inevitable
- Disease course includes prolonged severe disability
- Common complications & distressing symptoms
- Treatment decisions can be anticipated
- EOL care should be based on patient preferences

It is critical to understand how, when & with whom ACP should be conducted.



Goals:

- To gain a better understanding of the status of advance care planning (ACP) among patients with dementia
- To examine how ACP differs by race & disease stage
 <u>Study Aims</u>:
- Conduct a cross-sectional survey on ACP
- Include a geographically & racially diverse sample of study partners of patients with mild, moderate and severe dementia followed in ADCs



Sample Characteristics:

Goal: Survey study partners of ~ 400 patients with mild, moderate & severe dementia (based on power analyses)

- complete survey ~ 40 English speaking study partners of dementia patients per ADC
- seek sample of ~ 70% white & 30% non-white study partners



Participating ADCs:

- * Ask study partner of dementia patient enrolled in their ADC to complete the survey during: (1) an inperson visit or (2) a telephone follow-up visit or (3) by mail
- * Receive \$25 for each completed survey (NB: the Alzheimer's Association is funding this project)
- * Try to complete a target number of surveys for each racial group based on the NACC racial profile for their ADC



Advance Care Planning Survey

Survey Content Areas (~20 minutes):

- Knowledge of dementia & dementia stages
- Perspectives on the patient's dementia status
- Knowledge of any ACP by the patient
- Perspectives on the patient's preferences for level of medical care at EOL
- Opinions on the family's openness to discussing EOL care
- Religious/spiritual affiliations & impact on EOL care preferences
- Knowledge of hospice
- Comfort level with survey topics
- Interest in obtaining information on stages of dementia, health care decision-making, treatment options or EOL care



Current Status:

- Number of completed surveys = 250
- Number of participating ADCs = 12
- Survey generally well received by study partners and seen by ADCs as helpful for expanding links with caregivers of dementia patients they are following
- Some sites still in the process of getting IRB approval



Potential Impact of the Survey:

- Will be the first large survey on ACP among a well-characterized cohort of racially & geographically diverse patients across the dementia stages
- Will provide novel data on the need, preparedness & willingness of study partners to engage in ACP
- Will further our understanding of reasons for disparities in the quality of EOL care that patients receive
- Will <u>lay the groundwork for a larger prospective study</u> on factors to improve earlier ACP & for designing educational programs to improve ACP



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