

Introduction

Advance care planning helps ensure medical care consistent with one's values, goals, and preferences. These medical treatment decisions can be recorded in an advance directive..

Aims

To evaluate the intention of outpatients with heart failure (HF) to create Advance Directives (AD) and to develop an interview script on HF knowledge, intention to create and beliefs about AD, and to submit it to content and face validation; to describe the prevalence of intention to create AD by patients with HF; to identify relationships between the intention to develop AD, sociodemographic and clinical-functional characteristics and knowledge about the chronic and progressive nature of HF; to describe the priorities of patients with HF for the creation of ADs.

Methods

Step 1) A methodological study for the development of a script based on the Brazilian Guidelines for Chronic and Acute Heart Failure, the Brazilian Model of AD and the Theory of Planned Behavior.

The script was submitted to content validation by six specialists, who assessed it for practical pertinence, clarity, theoretical relevance, and dimensionality. Items with a content validity index (CVI)<80% were reformulated and reassessed.

The script was subjected to cognitive testing with 20 outpatients with HF.

Ineffective activity planning in individuals with heart failure: factors related to the lack of advance care planning

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Step 2) An analytical, cross-sectional study performed at the outpatient clinic of a cardiology hospital in São Paulo-SP, Brazil. Sociodemographic and clinical-functional data were collected from 108 patients with HF. Quality of life was assessed using the Minnesota Living with Heart Failure Questionnaire, knowledge about the chronic and progressive nature of HF and the intention to develop AD were assessed through the script. Relationships between independent variables were analyzed using the chi-square and Mann-Whitney tests. Relationships with $p < 0.05$ were considered significant.

Ethics

The project was approved by two ethics committees: Research Ethics Committee of the Federal University of São Paulo and Research Ethics Committee of Dante Pazzanese Institute.

Results

Step 1) The script was developed with 11 items about HF and 21 items about beliefs and intention to create AD. Thirteen items were reformulated as suggested in the first assessment, reaching a CVI>80% in the reassessment. In the cognitive testing, there was difficulty regarding items about beliefs and adjustments were made.

Step 2) Only two patients had heard about AD. After explanation, 90% reported having the intention to create them.

The factors related to the intention to elaborate AD were: reporting of adherence to pharmacological recommendations (99% vs 88.1%, $p=0.02$); worse quality of life (29.7 ± 18.2 vs 20.9 ± 11.0 ; $p=0.0336$); considering that they understand the disease (89.7% vs 63.6%, $p=0.0495$); not wishing that the physician/healthcare team make decisions about their treatment (27.3% vs 2.15, $p=0.0026$).

Of those who intended to create their AD, priorities included living as long as possible (50.5%), not being sedated even if it was meant to relieve suffering (37.1%) and staying close to family and friends as long as possible (32.0%).

Conclusions:

Ineffective activity planning in the context of creating AD should be assessed mainly in those who do not adhere to pharmacological treatment, those who have low reported knowledge of the disease, those with low QoL and those who wish that their healthcare providers make their decisions.

References

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