

The factors associated with advance care planning among people with mild cognitive impairment

Hsiu-Li Huang

PhD, RN, Associate Professor, Department of Long-term Care, National Taipei University of Nursing and Health Science

◆ Background.

Advance care planning (ACP) is provided opportunity for people with mild cognitive impairment (PWMCI) whose cognitive function are still intact to conduct end-stage care choices autonomously. However, researches about the advance care planning focused primarily on the people with cancer diagnosis. Relatively little is known about ACP of PWMCI.

◆ Objectives.

To explore the factors associated with the intention of ACP among PWMCI.

◆ Method.

The descriptive and correlative design were used. 95 PWMCI who were diagnosed as mild cognitive impairment or mild dementia with CDR 0.5 or 1.0 were recruited. Standard questionnaires were used to face to face interview.

◆ Results.

PWMCI have lower awareness of symptoms, and treatment regarding end-stage dementia, and ACP. PWMCI who have signed advance directive for palliative care, health care agents, and DNR were 7.4%, 1.1%, 4.3% (Figure 1). PWMCI believe that family members (77.7%) should be more involved in their end-of-life care decisions than themselves (51.7%). 71.0% of PWMCI did not discuss the future care with their family members. 26.9% had discussed it, but there was no written any record. Only 2.2% had discussions and written records. Less than half of PWMCI have intention to ACP consultation (Figure 2). The factors of significantly correlated with intention to ACP showed in Table 1.

◆ Conclusion.

PWMCI's decision regarding end of life care tend to depend on their family members. They also are insufficient awareness of existing policy regarding ACP and advance directives. Future interventions should be designed to promote awareness of dementia disease progression and ACP for PWMCI and their family members.

Table 1. The factors of correlated with intention to ACP

	AD for Palliative Care	AD for Health Care Agents	ACP consultation
Age	r=-0.29, P=0.010		
Cognitive function	r=0.29, P=0.022		
Being informed dementia diagnosis	r=0.31, P=0.011		
Awareness of symptoms and treatment	r=0.26, P=0.022	r=0.27, P=0.018	
Educational levels	r=0.24, P=0.033		r=0.30, P=0.015

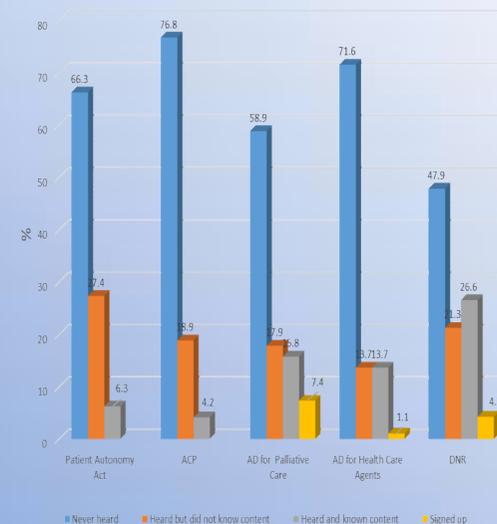


Figure1. Cognition of Advance Care Planning (N=95)

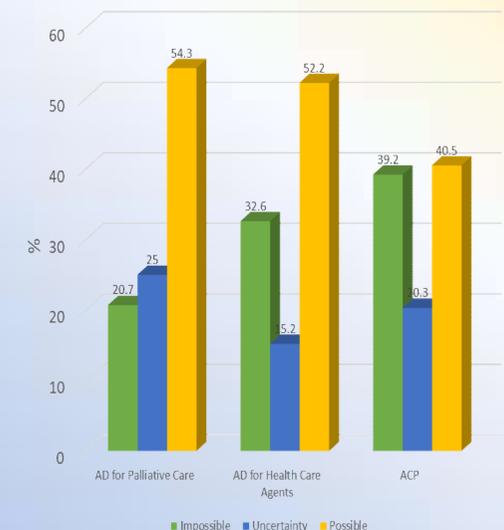


Figure2. Intention to ACP