Abstract: Associations of advance directive knowledge attitudes and barriers with the preference for advance treatment directives in patients with heart failure and caregivers.

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Background: Patients with heart failure (HF) have not been considered major beneficiaries of palliative care with advance directive (AD) utilization.

Objectives Purpose: To examine the extent of HF patient-caregiver dyadic agreement in AD treatment options, and the associations of HF diagnosis, functional capacity, depressive symptoms, and AD knowledge, attitudes, and barriers/benefits with each preference for AD treatments in HF patients and their caregivers.

Methods: Patient–caregiver dyads completed questionnaires in this descriptive, correlational study. Cohen’s kappa coefficients and multiple logistic analyses were conducted to address the study purpose.

Results: Seventy-one dyads of patients (mean age, 68 years) and caregivers (mean age, 55 years) participated. The dyadic agreement in aggressive treatment preferences was poor or fair, while that on hospice care was moderate (k = 0.42, p = .016). Both patients and caregivers demonstrated poor AD knowledge, and similar levels of perceived benefits and barriers. However, caregivers had more positive AD attitudes, better functional status, and less depressive symptoms than did patients. Patients and caregivers who were older and male, and/or had higher education, had greater odds of preferring both aggressive treatments and hospice care. Further, those with greater perceived barriers had greater odds, and those with depressive symptoms had lower odds of preferring hospice care.

Conclusion: Dyadic agreement was moderately high only for hospice care preference in patients with HF. Both patients and caregivers demonstrated knowledge deficits regarding ADs in the field of HF. Early palliative and AD discussion could increase dyadic agreement and enhance informed and shared decision making regarding medical care for HF.