Abstract: P5411

Prognostic communication with hospitalized heart failure patients; the patients' perspective

Authors:
H Kitakata¹, T Kohno¹, S Kohsaka¹, D Fujisawa¹, N Nakano¹, Y Shiraishi¹, Y Katsumata¹, S Yuasa¹, K Fukuda¹, ¹Keio University School of Medicine - Tokyo - Japan

Topic(s):
Acute Heart Failure - Clinical

Citation:

Background: Informing heart failure (HF) patients about their prognosis is an important part of clinical management, particularly at the time of hospitalization. Current European Society of Cardiology guidelines recommend communicating this information to HF patients at the time of hospitalization and with any change in clinical status. However, little is known about actual patient preferences, understanding, and attitudes towards prognostic communication with their treating physicians.

Methods: We surveyed 113 consecutive hospitalized HF patients in a single university hospital. We assessed patient understanding of prognosis (likelihood of survival beyond 2 years), and compared patient expectations to model predictions. Model-predicted 2-year survival rate was calculated by the Seattle Heart Failure Model (SHFM). We also assessed patient preferences for information disclosure using the Prognosis and Treatment Perception Questionnaire (PTPQ). The PTPQ assesses patient beliefs regarding 1) the importance of knowing about prognosis, 2) the importance of knowing about treatment option, and 3) frequency of having a conversation about prognosis during the hospital stay.

Results: Enrolled patients were predominantly male (65.5%), with a mean age of 73.6±9.6 years and mean left ventricular ejection fraction was 46.2±15.4%. Median SHFM-estimated 2-year survival rate was 89.2% (interquartile range: 83.8-92.9%). Overall, patient understanding about prognosis was suboptimal. Among patients with a guarded 2-year survival (SHFM <90%; N=60), 44% reported that their likelihood of 2-year survival was >90% (Figure; red box). However, among patients with favorable 2-year survival (>90%; N=53), 38% reported a likelihood of <90% (Figure; blue box). Regarding treatment options, most patients (98%) desired to learn as many details as possible. Responses varied with regard to information on individual prognosis; whereas 51% wanted to know more about prognosis than their present status alone, a significant number (28%) of subjects answered "never" or "less often" to a query on the frequency of discussion about prognosis. Patient preference for more information about prognosis was associated with female sex (odds ratio [OR]: 2.52; 95% confidence interval [CI]: 1.12-5.69), fewer symptoms of depression (1-point increase on Patient Health Questionnaire-2, OR: 0.66; 95% CI: 0.49-0.87), and previous stroke (OR: 2.92; 95% CI: 1.04-8.19), but not other social/demographic or clinical factors (e.g., age, education, caregiver support, HF phenotype and severity, and other comorbid conditions).

Conclusions: There were substantial discrepancies in patient understanding of prognosis and in desire for more information from physicians. Interventions to improve prognostic understanding are warranted for HF patients, and hospitalization for HF could represent an opportunity for optimization.
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Figure

Distribution of SHFM-predicted and patient-expected 2-year survival rate

SHFM-prediction (%)

Favorable (>90%) Guarded (<90%)

Patient-expectation (%)

Survival rate
Orange 99-100%
Red 95-99%
Dark pink 90-95%
Pink 80-90%
Light pink 50-80%
Gray 0-50%

38% 44%

27 9 26 13 17 8
20 7 17 21 24 11