Prevalence and factors associated with Advance Health Directives in frail older inpatients

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Introduction:
Advance health directives (AHDs) can be used to explore and document patient preferences for treatment and are therefore an important aspect of care planning.

Method:
This retrospective study of the Comprehensive electronic Geriatric Assessment database included patients aged 2 65 years referred for specialist geriatric consultation between 2007 and 2018 in Queensland, Australia. The interRAI-Acute Care Comprehensive Geriatric Assessment tool was used to calculate a frailty index based on the model of accumulated deficits. All analysis was conducted using SPSS v25 (IBM Corp, Armonk, NY).

Objective:
To investigate the prevalence and factors associated with AHDs among older inpatients.

Results:
Mean (SD) age was 80.7 (7.7) years and 3489 (54.1%) were female. Majority of patients were born in Australia (72.4%) and admitted from the community (94.2%). Frailty index (FI) was categorised into four groups based on previously validated cut-offs: fit (FI <0.25), moderately frail (FI >0.25-0.4), frail (FI >0.4-0.6) and severely frail (FI >0.6).

This project was reviewed by the Office of Research Ethics at the University of Queensland and deemed to be exempt from ethics review under the National Statement on Ethical Conduct in Human Research. There was no external funding.

Conclusion:
The presence of AHDs is associated with sociodemographic factors, as well as higher frailty levels. Prevalence of AHDs among inpatients has increased over the past decade but remains modest.