

UC Irvine

UC Irvine Previously Published Works

Title

Planning for Extreme Illness with Demented Patients and Their Caregivers

Permalink

<https://escholarship.org/uc/item/42q2k17p>

Journal

JOURNAL OF THE AMERICAN GERIATRICS SOCIETY, 38(8)

ISSN

0002-8614

Authors

Beamer, BA

Finucane, TE

Kawas, C

et al.

Publication Date

1990-08-01

DOI

10.1111/j.1532-5415.1990.tb05697.x

Copyright Information

This work is made available under the terms of a Creative Commons Attribution License, available at <https://creativecommons.org/licenses/by/4.0/>

Peer reviewed

## Abstracts of AGS Student Papers

---

- S1 PLANNING FOR EXTREME ILLNESS WITH DEMENTED PATIENTS AND THEIR CAREGIVERS.** Brock A. Beamer BA, Thomas E. Finucane, MD (AGS Member), Claudia Kawa, MD (AGS Member), Robert P. Roca MD (AGS Member), Johns Hopkins University School of Medicine, Francis Scott Key Med. Ctr., 4940 Eastern Avenue, Baltimore, MD 21224

We studied the feasibility and risks of asking mildly demented patients (pts) and their caregivers to formulate advance directives. Six mildly demented pts (mean Folstein Mini-Mental State [MMS] 17.1; range 10 to 22.5) and their caregivers completed a standard interview 3 times in 5 wks. Pts were asked to accept or reject aggressive intervention (CPR, tube feeding and mechanical ventilation) if they became severely ill (a) at their current level of cognitive ability, and (b) at a severely impaired level. Caregivers were asked to decide for themselves and for the pts. At each interview a caregiver-rated depression scale for the patient was completed; pt, caregiver, and interviewer reported any evidence of emotional distress; and the interviewer judged whether the interview had been meaningful or not. Five days later, the caregiver was again asked about adverse effects.

Three caregivers predicted that the pt would be upset; none were. Three pts and 3 caregivers spontaneously reported enjoying the process. All thought "it was a good idea" to talk about this subject. Five pts realized that they had an irreversible memory problem. Pts with higher MMSs had higher scores on the depression scale, and they stated their prognosis more accurately.

For 2 pts (mean MMS 18 and 21) all 3 interviews were consistent and judged meaningful by the interviewer. Three pts (mean MMS 22.5, 15.3, 10) were mildly inconsistent or were judged less meaningful at one of the interviews. For one pt (mean MMS 15.7) only 1 interview was judged meaningful.

Pts and caregivers were more likely to refuse treatment in the severe-impairment scenario. Caregivers were usually accurate at predicting pt responses to questions about aggressive intervention. Caregivers' decisions about their own care were very similar to the decisions they made regarding pts. Most participants wanted MDs to initiate these kinds of discussions, but none had discussed these topics with an MD.

In this small sample, mildly or moderately demented pts and their caregivers could be asked for advance directives with little risk of harm and a good likelihood of obtaining a meaningful reply.