
CONFERENCE ABSTRACT

Prioritized health outcomes of acutely hospitalized older patients.

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Background: The population is ageing, leading to an increase in older patients visiting the Emergency Department (ED) and acute hospitalizations. Ageing is often accompanied by the presence of multiple chronic diseases, known as multimorbidity. This presence of multimorbidity challenges the application of treatment guidelines, that are generally focused on treating a single disease. Consequently, choosing the most fitting treatment option for the patient with multimorbidity often entails making a trade-off. A trade-off is a situational decision in which prioritization leads to a decrease of benefits for an outcome in return for gains in another. Insight in the health priorities of patients can aid in making this trade-off. Little is known about older patients' health priorities while being hospitalized, especially for acute hospitalizations. Therefore, we aimed to explore the health priorities of acutely hospitalized older patients.

Method: In this study we performed a post-hoc analysis of prospectively collected data by the Acutelines Bio- and Databank. Older hospitalized patients (aged ≥ 70 years) were included between September 2020 and October 2022 at the University Medical Centre Groningen, the Netherlands. Demographic, medical and survey data were collected. The primary outcome was the prioritized health outcome of the patient, assessed using the Outcome Prioritization Tool (OPT). Health outcomes of the OPT were life extension, maintain independence, reducing pain and reducing other complaints. Data were analyzed descriptively, whereafter two separate multivariate logistic regression analyses were performed to assess which factors are associated with prioritized health outcomes. For analysis, reducing pain and reducing other complaints were taken together and life extension was used as reference category.

Preliminary Results: Three-hundred-ninety-nine older patients (mean age 76.7 ± 5.3) were included, with a median Charlson comorbidity score of five. Patients mainly experienced problems with their mobility (75%), somatic complaints (73%) and problems with activities in daily living (69%). Their self-rated health (0-100), based on two weeks before hospitalization, was scored with a mean of 55.5 ± 21.9 . The main prioritized health outcome by patients was maintaining independence (42%), whereafter reducing pain (22%), life extension (20%) and reducing other complaints (16%) were ranked. When patients prioritized maintaining independence highest, life extension was most often the lowest priority. If patients did not prioritize maintaining independence highest, it was often prioritized as the second most important health outcome. The education level of the patient and the presence of cognitive impairment were associated more with maintaining independence compared to life extension. Experiencing fear and a lower self-rated health were associated more with reducing complaints compared to life extension.

Conclusion: Our study showed that, despite being hospitalized for an acute problem, most patients prioritized maintaining independence. This is an interesting finding, as treatment guidelines focus on life extension and treating complaints. Our findings in acutely hospitalized older patients, emphasizes the importance of goal elicitation by healthcare professionals and alignment of a treatment plan to the patients' goal. An increased awareness of this importance amongst healthcare professionals can lead to providing more optimally integrated care.