P1-504 INFLUENCE OF PATIENT MCI ON PHYSICIAN CONCEPTION OF RISK AND DECISION-MAKING FOR CARDIOVASCULAR TREATMENTS

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Background: Older adults with mild cognitive impairment (MCI) face competing health risks including death, dementia, and cardiovascular disease, particularly stroke and myocardial infarction (MI). Patients with MCI may be less likely than cognitively normal patients to receive guideline-concordant treatments for stroke and MI. To understand this disparity, we conducted a study to explore the influence of patient MCI on physician conception of risk and decision-making for stroke and MI treatments as well as physician understanding of MCI. **Methods:** Qualitative study of 22 physicians from cardiology, neurology, and internal medicine using in-depth, semi-structured interviews. We asked subjects the following questions about doctors in their specialty: how do doctors go about deciding whether an older patient will live long enough and remain functional enough to benefit from an invasive cardiovascular treatment like carotid endarterectomy, defibrillator or coronary artery bypass surgery? Does a patient's history of having MCI affect how doctors think about her risk of dementia? Do some doctors in your specialty conflate MCI with dementia? Why do you think that physicians might think that MCI is similar to dementia? We used qualitative content analysis to identify the unifying and recurrent themes. **Results:** Four themes were identified. When deciding if a patient would live long enough or remain functional enough to benefit from an invasive cardiovascular treatment like carotid endarterectomy, physicians said that patient cognitive function (MCI and dementia) was a major factor (41%), along with comorbidities (59%), functional status (45%), and age (41%) (Table 1). Many physicians (41%) felt that MCI increases dementia risk with some assuming that dementia is "inevitable". Many physicians (68%) believed that physicians frequently conflated MCI with dementia. Most physicians (73%) felt that physicians might conflate MCI with dementia because they receive inadequate training. **Conclusions:** Patient MCI influences physician perceived risk of dementia and CVD treatments. Patient MCI has an impact on physician decision-making for CVD treatments. Physicians often conflate MCI and dementia, assume that MCI will inevitably lead to dementia, and lack adequate training in MCI and dementia.

Table 1: Themes for How Patient Mild Cognitive Impairment Influences Physician Conception of Risk and Decision-Making

Physician Conception of Risk in Patients with MCI		
Patient Factors Considered When Deciding if a Patient with MCI Will Live Long Enough and Remain Functional Enough to Benefit from an Invasive Cardiovascular Treatment Like Carotid Endarterectomy		
Cognitive function (MCI and dementia)	"When someone has even some impairment it always raises questions about how they are doing and what risk factors they have." "A patient with dementia that undergoes bypass surgery is probably not going to be able to return to their home, you know, because there's going to be worse cognitive impairment afterwards."	9 (41)
Comorbidity/health status	"The thing that jumps to your mind is comorbidities"	13 (59)
Functional status	[If a patient] has previous stroke with significant disability – they are using a walker or are wheelchair bound. I may not see the benefit of having a revascularization treatment for that person."	10 (45)
Age	"I assess people – I hate to say it – on the basis of absolute age. So my cutoff today is 84, 85."	9 (41)
How MCI Influences Physician Conception of Patient Dementia Risk		
MCI increases dementia risk	"A lot of people feel that once the patient has MCI that it's near inevitable that they will end up with dementia if they live long enough."	9 (41)
Physician Knowledge of MCI		
Do Physicians Conflate MCI and Dementia?		
Physicians conflate MCI and dementia	"They don't mind the difference between MCI and dementia, or they're not aware of the difference between MCI and dementia." "MCI is not familiar waters – we just talk about maybe early dementia versus full blown dementia" "It's easy to get confused between MCI and dementia."	15 (68)
Why Do Physicians Conflate MCI and Dementia?		
Physicians receive inadequate training in MCI and dementia	"Because we don't teach it. Like it's not part of medical education... It's really abysmal." "We don't get trained as well as we should. There is a gap - a training gap."	16 (73)

P1-505 IMPROVING CARE FOR PEOPLE WITH DEMENTIA: A SURVEY ON HOW TO INCREASE UPTAKE OF ADVANCE CARE PLANNING USING A DISCUSSION AID IN PATIENTS WITH ADVANCED DEMENTIA

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Background: For patients with advanced dementia, preferred plan of care conversations helps to improve end of life outcomes. Advance care planning creates an opportunity for discussion with relatives and caregivers of patients with advanced dementia, to explore about setting appropriate care goals which will avoid overly aggressive, burdensome or futile treatment. A discussion aid provides patients and families with structured information about clinical choices and help enhance the clinical decision making. This will improve time efficiency and quality of informed decision making by increasing disease specific knowledge, reducing decisional conflict and promote evidence-based treatments. **Methods:** This study was a cross sectional study conducted in August 2018. The target population are physicians in the department of Geriatric Medicine, Tan Tock Seng Hospital. A discussion aid was designed to present balances, evidence-based information about risk, benefits and alternatives of clinical decisions to aid in discussion of end of life care in patients with advanced dementia. A survey was conducted to examine health professionals' views of potential barriers, suggestions on improving uptake and the use of a discussion aid to improve quality of ACP discussion for patients with advanced dementia. **Results:** Of the 43 physicians surveyed, 30% of them strongly agreed; 62% agreed; 4% neither agree nor disagree and 2% disagree that the discussion aid will improve quality of ACP discussions. The major findings from the survey indicate that scheduling more ACP training sessions to increase the numbers of trained facilitators, consider to upskill geriatric nurses to do ACP and allocating time outside of clinical work to focus on ACP discussion are some of the ways to improve uptake of ACP. **Conclusions:** Most of the physicians surveyed felt that the discussion guide will improve the quality of ACP discussion in patients with advanced dementia. They are also likely to use this guide for future ACP discussions. The feedback gathered from the survey will be considered for future implementation of ACP discussion in this group of patients.

P1-506 REDUCING NUMBER AND DURATION OF STAYS IN A HOSPITAL WITH A COMPLETE SUPPORT NETWORK (CSN)

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