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Perceptions of VeryOld Adults on Informed Care in Medical Encounters

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To the Editor: Cognitive, physical, and sensory limitations in older adults often limit informed decision-making in medical encounters.[1]However,older adults remaininterested in making informed healthcare choices,and patient-centered care will require innovations that promote engagement of older adults in care decisions.[2-3] The aim of this study was to determine the proportion of very old adults who felt adequately informed about their care following their most recent clinical encounter and identify correlates of informed care.

METHODS

The Health, Aging, and Body Composition (Health ABC) study began in 1997 and recruited a population-based sample of 3075 participants aged 70-79 without mobility disability. By year 15 (2011-12), 1396 participants were alive and located. They ranged in age from 82 to 94 (median 86 years). Our study included 1082 participants who were able to complete the year 15 telephoneinterview independently. Participants resided in Memphis, TN or Pittsburgh, PA (34.9% Black and 57.4% women).

We defined“informed care” based on participants’ answers to two questions: “Did your doctor or other health care professional check to see if you understood your condition and care?” and “How much information did the doctor or other health care professional give you about your medical condition?”If a participant answered yes to the former and either “just the right amount” or “more than was needed” to the latter, we considered them “informed.”

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Author Contributions: Conceived study (Hoffelder-Wynne, Albert, Lunney); acquired data and ensured quality of data collection (Ives, Newman, Satterfield, Ayonayon, Rubin); conducted analyses (Hoffelder-Wynne, Albert); prepared manuscript (Hoffelder-Wynne, Albert); reviewed manuscript for intellectual content (Hoffelder-Wynne, Lunney, Ives, Newman, Satterfield, Garcia, Harris, Ayonayon, Rubin, Albert).

Conflict of Interest Disclosures:

Lunney, Newman, Satterfield, and Albert are PIs or Co-PIs on NIH grants or contracts that support data collection and analysis of Health ABC. Garcia and Harris are employed by NIA and oversee the NIH Heath ABC contract.

We assessed cognitive performance using the Telephone Interview for Cognitive Status Test (TICS), a dementia screening tool (score ≥ 33 no impairment; 26-32 potential impairment, 21-25 mild impairment, ≤ 20 moderate to severe impairment).[4] Respondents also completed a question about depressed mood: how frequently they “felt down, depressed or hopeless.”[5] Other measures included information about the last encounter with a clinician. The study was approved by the Institutional Review Boards of the University of Pittsburgh, University of Tennessee Health Sciences Center (Memphis), and University of California San Francisco.

RESULTS

76.2% of participants met criteria for informed care. Informed care status did not differ by gender, race, level of education, or self-reported health or disability. Pittsburgh residents were somewhat more likely to report informed care than Memphis residents (79.5% vs. 72.7%, $p = .009$). Informed care status was not associated with features of the medical encounter, such as being accompanied to the appointment, use of the internet to look up medical information, or prescribing of new medicines, tests, or treatments. Cognitive performance was similar in the two groups (27.9 ± 6.8 vs. 27.6 ± 6.5 , N.S.)

Participants who met criteria for informed care were more likely to prefer sharing treatment decisions with their doctor compared to those who were not informed (70.5% vs. 50.4%, $p < .001$).

Finally, participants who did not meet criteria for informed care were significantly more likely to report depressed mood. Among these participants, 9.4% reported feeling down, depressed or hopeless more than half the days over the past two weeks compared to 4.4% of informed participants ($p = .002$).

DISCUSSION

Over three-quarters of community-dwelling older adults met criteria for informed care based on self-reports that clinicians checked to see that they understood their condition and provided adequate information about their medical condition. Participants who felt they were informed about their care were more likely to prefer shared decision making with clinicians and reported more positive mood.

The association between informed care and shared decision-making is consistent with results from a qualitative study of patients aged 80-93 that found that people less informed about their health were more likely to let physicians make decisions.[2] The association between informed care and mood confirms an early study reporting that older patients with depressed or anxious mood were less likely to receive medical information in clinical encounters.[6]

Surprisingly, neither sociodemographic factors nor cognitive performance were associated with the likelihood of reporting informed care. The difference between Pittsburgh and Memphis residents is hard to explain but may reflect differences in practice patterns or expectations for informed care. Absence of differences in cognitive status is likely due to limitation of the sample to people able to complete the telephone interview.

A limitation of our study is that the criteria for informed care were based solely on participants' perceptions of clinical encounters. We do not have correlative information from healthcare providers. Nor can we determine if participants adequately understand information provided by clinicians.

This study demonstrates that a majority of veryold adults feel that cliniciansseek to inform them about their medical status.Future studies should include a provider interview and determine if informed care is associated with decision-making and health outcomes.

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