M34 What do intensive care nurses and physicians think of the older patient in their unit (and are they right)?

Topic medical

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Quality project

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Abstract title

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Abstract body

Purpose:

The increasing number of older patients admitted to the ICU is often at the center of debate in daily practice. Whether ICU clinicians tend to discriminate older patients is unknown.

Methods:

Clinicians from 68 ICUs in 12 European countries and the USA completed daily a questionnaire about the appropriateness of care during a 28 day period. We compared the cumulative incidence of patients with concordant perceptions of excessive care (cPECs), treatment limitation decisions (TLDs) and death at one year across subgroups via Cox-regression (accounting for competing risk) and Fisher-exact tests, respectively. To adjust for differences in ICU and patient characteristics, we used inverse probability weighting.

Results:

Of 1641 patients admitted during the study period, 405 (25%) were ≥75 years. The cumulative incidence of patients with concordant PECs was significantly higher in patients ≥75 years than in patients < 75 years (13.6 % vs. 8.5 %, p-value < 0.001). We found no evidence for a difference in risk of death (HR 1.14, 95%CI 0.79-1.65) and TLDs (HR 1.22, 95%CI 0.69-2.17) between older and younger patients with concordant PECs. In patients without concordant PECs, we found evidence for a difference in risk of death (HR 1.48, 95%CI 1.20-1.83) and TLDs (HR 2.59, 95%CI 1.71-3.39), though TLDs were mostly installed already before ICU admission.

Conclusions:

Although the higher incidence of concordant PECs in older patients may suggest stigmatization, the absence of a higher risk of TLDs and death in patients with concordant PECs makes discrimination of older patients by ICU clinicians unlikely.