

**Conclusion** Age and prior serious illness experience were significantly associated with readiness to discuss EOL care with HCP and signing official papers about preferred EOL care. Advocacy programs targeting participants of different age groups and prior experience may be helpful.

**BOS5b.003 ATTITUDINAL FACTORS INVOLVED IN ADVANCE DIRECTIVE ADOPTION OVER A FOUR-YEAR PERIOD: EVIDENCE FROM A POPULATION-BASED STUDY**

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**Background** Advance care planning (ACP) is a process that ideally leads to the writing of advance directives (ADs). The ACP process can be explained using the TransTheoretical Model (TTM), which describes the consecutive stages of intentional change (precontemplation, contemplation, preparation, action and maintenance) that individuals follow before engaging in a target health behavior. We investigate how involvement in the different stages toward AD completion predicts actual AD adoption over a four-year period.

**Method** We use data from waves 6 (2015) and 8 (2019/2020) of the Swiss component of the longitudinal Survey of Health, Ageing and Retirement in Europe (SHARE). We explore the involvement of three attitudinal measures (regular thinking about end-of-life (EOL) wishes; having discussed EOL preferences; planning to make ADs in the future) in the adoption of ADs among adults ages 55 and over (n=903) using multivariable probit regressions and controlling for contextual factors.

**Results** Among respondents who did not have an AD at wave 6, 30% reported completing an AD at wave 8. The three attitudinal measures were positively associated with AD adoption at wave 8. Introducing all three attitudinal measures simultaneously into the regression showed that only having discussed EOL preferences and planning to make ADs in the future remain statistically significantly associated with AD adoption in wave 8.

**Conclusion** Consistent with the TTM, the adoption of ADs follows a process in which the motivation and readiness of individuals to engage in a new behaviour appear to be paramount.

**BOS5b.004 INFORMATION MEETINGS ABOUT END-OF-LIFE CARE TO FACILITATE ADVANCE CARE PLANNING: ONE-THIRD OF OLDER PEOPLE IS INTERESTED**

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**Background** Information meetings are a way to inform older people about end-of-life care, to create awareness, and to prepare for advance care planning (ACP). Research shows that information meetings stimulate engagement in ACP. This study explores whether older people are interested in information meetings, in which topics they are interested, and what factors are associated with being interested.

**Methods** A cross-sectional study consisted of 1242 older persons ( $\geq 65$  years; response 93.2%) from a representative sample of the Dutch population. Older persons were asked whether they were interested in information meetings on end-of-life care (yes; no; possibly in the future) and given a list of potential topics. Logistic regression analyses for interest in information meetings (yes vs no) were done.

**Results** One-third of older people reported to attend an information meeting if they were invited this week (33.5%), whereas 33.3% was not interested and 33.2% was (possibly) interested in the future. Older people were mainly interested to receive information about possibilities for care at home (88.1%), symptom relief (87.7%), and advance directives (80.6%). Having a higher education level (58% vs 53%; OR 1.54), contacting their general practitioner (GP) more often (53.2% vs 41.2%; OR 1.53), self-reported knowledge of palliative care (53.6% vs 38.5%; OR 1.96), and having previously thought about end-of-life care topics (53.6% vs 38.5%; OR 1.74), were associated with being interested in attending an information meeting.

**Conclusions** Older people are open to information meetings when they have contact with their GP, have self-reported knowledge of palliative care, are already occupied with end-of-life topics and have a higher education level. This may be related to a higher awareness of both the need for and more readiness to engage in ACP. Extra attention should be paid to older people less interested in or hard to reach for information meetings.

**BOS5c: ACP in Specialty Care Units**

**BOS5c.001 PREFERENCES AND ATTITUDES TOWARDS LIFE-SUSTAINING TREATMENTS OF OLDER CHINESE PATIENTS AND THEIR FAMILY CAREGIVERS**

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**Background** Family plays a major role in medical decision-making in China. Little is known about whether family caregivers understand patients' preference for receiving life-sustaining treatments and are able to make decisions consistent with these when patients are incapable of making medical decisions. We aimed to compare preferences and attitudes concerning life-sustaining treatments of community-dwelling patients with chronic conditions and their family caregivers.

**Methods** We conducted a cross-sectional study among 150 dyads of community-dwelling patients with chronic conditions and their family caregivers from four communities in Zhengzhou. We measured preferences for five life-sustaining treatments (cardiopulmonary resuscitation, mechanical ventilation, tube feeding, hemodialysis, chemotherapy), who should decide whether to apply treatments, the timing of making decisions, and their most important consideration behind the preference.

**Results** For each life-sustaining treatment, family caregivers more frequently preferred the patient to receive such treatment in case the patient would be incapable of making