

(RRR = 0.90 [0.87, 0.92]), while those with a recent health shock were more likely to report inaccurate (RRR=2.83 [1.56, 5.13]) or uncertain belief (RRR=2.42 [1.39, 4.22]), compared to accurate belief. Increase in symptom burden was associated with change towards accurate belief (RRR = 1.77 [1.34, 2.33]), as opposed to no change.

**Conclusions** Patients' prognostic beliefs are unstable, change from accurate to inaccurate/uncertain, and vice-versa, and are associated with their changing health status. Findings underscore the need to understand prognostic belief as a dynamically evolving construct and imply that conversations about goals of care must occur regularly to factor in these changes.

#### PP13.002 CAREGIVERS' END-OF-LIFE CARE GOALS FOR PERSONS WITH SEVERE DEMENTIA CHANGE OVER TIME

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**Background** End-of-life (EOL) care decisions for persons with severe dementia (PWSDs) are guided by their family caregivers' goals and preferences. It is not known if the caregivers' EOL care goals for PWSDs change over time. We assessed caregivers' EOL care goal for PWSDs, extent to which these change over time and the factors influencing them.

**Methods** In a prospective cohort of 215 primary informal caregivers of community-dwelling PWSDs in Singapore, we surveyed caregivers every four months over a period of 16 months. We assessed the proportion of caregivers whose EOL care goal for PWSD changed between two consecutive time points. Multivariable regression models assessed factors associated with caregivers' EOL care goals for PWSD (maximal, moderate, minimal life extension); and change in EOL care goal from previous time point.

**Results** 21% of the caregivers had a goal of maximal life extension for their PWSD, and 59% changed their EOL care goal at least once over a period of 16 months. Caregivers of PWSDs with lower quality of life (RR: 1.15, CI: 1.06, 1.24), who were less optimistic about PWSDs' remaining life expectancy (RR: 10.34, CI:2.14, 49.9) and who had an advance

care planning discussion (RR:3.52, CI: 1.11, 11.18) were more likely to have a goal of minimal life extension for PWSD. Caregivers with higher anticipatory grief (RR: 0.96, CI: 0.93,1) were more likely to have a goal of maximal life extension. Change in PWSDs' quality of life and change in caregivers' anticipatory grief were associated with change in caregivers' EOL care goals.

**Conclusions** Results highlight that caregivers' EOL care goals for PWSDs change over time, and that this change is associated with both PWSD and caregiver related factors. Findings have implications regarding how health care providers can best engage caregivers to make informed decisions for PWSD's EOL care.

#### PP13.003 CONCORDANCE OF THE PATIENTS' PREFERENCES AND THE ACTUAL OUTCOMES IN ELDERLY WITH LATE-STAGE DEMENTIA IN KARUNRUK ADVANCE DEMENTIA CARE PROGRAM

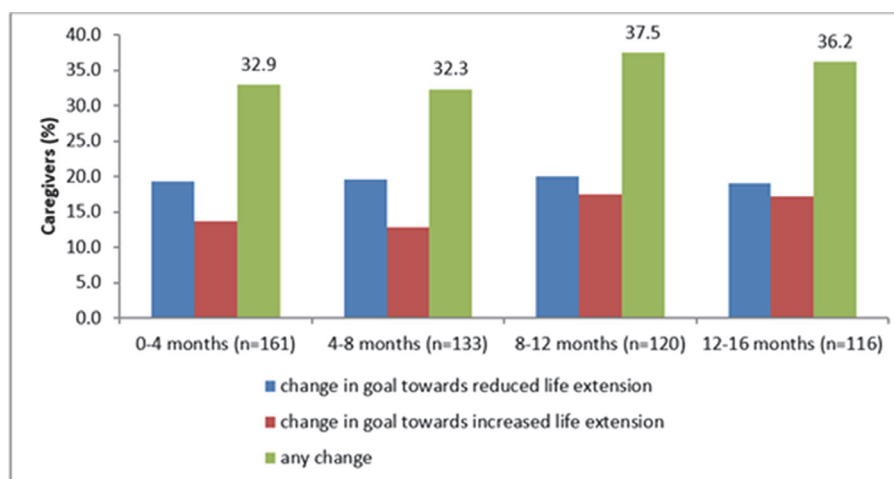
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**Background** Dementia is fatal disease and becomes burden due to increased elderly population. Karunruk Palliative Care Center (KPC) has established a care program for late-stage dementia. Family education on disease trajectory and established advance care plan (ACP), which inform about the preferences on place of care and death and medical treatment. The program provides routine home visit by multidisciplinary palliative care team, 24-hour emergency call and direct admission to palliative unit.

**Methods** Profiles of 65 patients recruited from October 1, 2020 to September 30, 2022 were: 84.6% were > 80 years, 76.93% were in FAST stage > 7c, and 43.07% retained NG feeding/PEG. Data were analyzed to obtain the concordance between the patients' preferences and the actual outcomes.

**Results** Only 7/65 (10.76%) had an ACP before referral. All patients in our program had an ACP. Place of death of 30 patients who died were 43.33% at home, 43.33% at Palliative unit, 10.0% at medical ward, and 3.34% at nursing home.



**Abstract PP13.002 Figure 1** Proportion of caregivers who changed end-of-life care goal for persons with severe dementia from previous time point