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**ASSOCIATION OF TREATMENT PREFERENCES,  
SPIRITUAL BELIEFS AND RELIGION AMONG  
ADOLESCENTS INFECTED WITH HIV/AIDS  
PARTICIPATING IN FAMILY CENTERED (FACE)  
ADVANCE CARE PLANNING (ACP)**

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10.1136/bmjspcare-2013-000491.102

**Background** Among adults religious beliefs are associated with treatment preferences at the end-of-life (EOL). This is unknown for adolescents with HIV/AIDS. **Aim** To determine if spiritual beliefs, religious practices or religion are correlated with treatment preferences for end-of-life (EOL) care among adolescents with HIV/AIDS.

**Methods** Adolescents (N=53) aged 14 to 21 were enrolled in a 3-site, controlled, randomised clinical trial. Data were collected between 7/2011–10/2012. FACE-ACP consists of weekly, 60-min sessions: (1) Lyon Advance Care Planning Survey©; (2) Respecting Choices Interview; (3) Five Wishes©. Measures were Brief Multidimensional Measurement of Religiousness/Spirituality and Statement of Treatment Preferences. Six subjects had missing data.

**Results** Mean age was 18 years; 57% male; 94% African-American; 74% perinatally infected. In Situation 1 (long hospitalisation, low chance survival) 53% of adolescents reporting religion and 100% of non-religion group chose to continue treatment ( $p=0.0317$ ). In Situation 2 (physical impairment) 74% of adolescents who 'felt God's presence most days' chose to continue treatments; 45% who did not 'feel God's presence' chose to continue ( $p=0.0426$ ). In Situation 3 (mental impairment), there was no significant associations. Combining the three situations, 28% of religion group choose to continue treatment; 71% of non-religion group chose to continue ( $p=0.0364$ ). Belief in miracles, HIV is a punishment from God, feeling abandoned by God, religious practices were not associated with treatment preferences.

**Conclusion/Discussion** Religious beliefs were associated with decisions to continue treatment, depending on the situation. These data begin to fill the gap in understanding the complexities of the influence of spirituality/religion on treatment preferences.