Conclusion Overall, patients appreciate honest, personalized and attentive communication on a limited life expectancy enabling reflections and communications about ACP.

OP67

PATIENT PERSPECTIVES ON INFORMATION PROVISION AND ADVANCE CARE PLANNING REGARDING IMPLANTABLE CARDIOVERTER DEFIBRILLATOR DEACTIVATION AT THE END OF LIFE

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Background Implantable Cardioverter Defibrillator (ICD) shocks can negatively influence the last phase of life. Advance care planning, timely and frequently discussing ICD deactivation with the patient, can help patients to make a well-informed decision about future ICD deactivation. Perspectives of patients on ICD deactivation are however largely unknown. **Methods** Focus groups with ICD patients were conducted using a predefined topic list and were audiotaped and transcribed. Transcripts were analyzed using the constant comparative method.

Results Forty-one patients participated in a total of five focus groups. Average age was 64 years and 56% of patients were male. Many patients expressed a need for more information about ICD deactivation. Although most patients agreed that it would be appropriate to deactivate the ICD on a certain point in the disease trajectory, they had difficulties deciding on the right moment to do so, indicating the need to frequently re-assess their preferences. Possible circumstances in which patients would consider deactivating their ICD in order to avoid shocks were: a terminal stage of their disease, and a diminished quality of life. Arguments *against* deactivation were also mentioned, and mainly concerned not wanting to give up on life, both for themselves and for their family.

Conclusion(s) There is room for improvement in informing patients about ICD deactivation in the last phase of life. We found that patients' perspectives towards ICD deactivation were highly personal and sometimes ambivalent. This emphasizes the importance of early and recurring discussions on this topic.

OP68

A CLUSTER-RANDOMIZED TRIAL OF A NURSE-LED ADVANCE CARE PLANNING SESSION IN PATIENTS WITH COPD AND THEIR LOVED ONES

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Background Advance Care Planning (ACP) is uncommon in patients with COPD.

Aims To assess whether a nurse-led ACP-intervention can improve quality of patient-physician end-of-life care communication in patients with COPD. Furthermore, the influence of an ACP-intervention on symptoms of anxiety and depression in patients and loved ones was studied.

Methods A multicenter cluster randomized-controlled trial (RCT) in patients with advanced COPD was performed. The intervention group received an 1.5-hours structured nurse-led ACP-session. Outcomes were: quality of patient-physician end-of-life care communication, prevalence of ACP-discussions six months after baseline, and symptoms of anxiety and depression in patients and loved ones.

Results 165 patients were enrolled (89 intervention: mean age 65.7 (9.2) years; 49.4% male; 76 control: mean age 69.5 (9.0) years; 57.9% male). The improvement of quality of patient-physician end-of-life care communication was significantly higher in the intervention group compared to the control group ($p < .001$). The ACP-intervention was significantly associated with the occurrence of an ACP-discussion with physicians within 6 months ($p = .003$). At follow-up, symptoms of anxiety were significantly lower in loved ones in the intervention group compared to the control group ($p = .02$). Symptoms of anxiety in patients, and symptoms of depression in both patients and loved ones were comparable at follow-up ($p > .05$).

Conclusion One nurse-led ACP-intervention session improves patient-physician end-of-life care communication without causing psychosocial distress in both patients and loved ones.

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OP69

EFFECTIVENESS OF ADVANCE CARE PLANNING IN IMPROVING END OF LIFE CARE FOR PATIENTS WITH ADVANCED HEART FAILURE

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Background Our primary aim was to assess, among advanced heart failure patients, effectiveness of Advance care planning (ACP) in ensuring end of life (EOL) care consistent with patient wishes. Secondary aims were to assess its impact on patients' decisional conflict, discussion of care preferences with surrogates, illness understanding, anxiety, depression and quality of life.

Methods We conducted a randomized controlled trial of ACP (based on Respecting Choices Model) versus usual care in Singapore. 282 patients hospitalized with heart failure and NYHA III and IV symptoms were randomized to ACP (93) or control (189) arm. They answered up to 6 follow-up surveys conducted every 4 months. Primary outcome was assessed in the deceased sample (89; 23 in ACP, 66 in control arm). Both intention-to-treat and per-protocol analyses were done.

Results 63% of ACP arm received intervention. Deceased patients in ACP arm were no more likely to have their wishes followed for EOL treatments (35% in ACP vs 44% in control; $p = 0.47$) but were more likely to have their wishes followed for cardiopulmonary resuscitation (83% in ACP vs 62% in control, $p = 0.12$) though the difference was not statistically significant. At first follow-up, ACP patients had lower decisional conflict ($\beta = -10.8$, $p < 0.01$) and were more likely to discuss preferences with their surrogate decision maker ($\beta = 1.3$, $p = 0.04$). Both arms did not differ on other patient outcomes. Per-protocol analyses showed similar results.