

THE IMPACT OF ADVANCE CARE PLANNING ON QUALITY OF LIFE AND QUALITY OF DEATH FOR ASIAN OLDER PEOPLE IN PALLIATIVE AND END-OF-LIFE CARE: A SCOPING REVIEW

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Abbreviated abstract: Advance care planning (ACP) has been shown to enhance the quality of life (QoL) for those nearing end of life (EoL). However, the state of ACP on QoL and quality of death remain understudied across older Asian populations. A scoping review has been conducted to explore the relationship between ACP and QoL and quality of death in palliative and end of life care (PEoLC) amongst older Asian people. This poster presents preliminary findings, which indicate ACP as the primary focus.

BACKGROUND

- The ageing population has increased substantially across countries in Asia.
- By 2050, the number of people aged 60 or above in Asia is expected to increase up to 20.3% (WHO, 2018).
- Key challenge among older people is deteriorating physical health associated with chronic diseases that contribute to morbidity and mortality.
- Increase in demand for long-term care alongside a need for PC.
- ACP has been shown to enhance QoL for those nearing EoL by enabling individuals to input their preferences for future care.
- The impact of ACP on QoL and quality of death remain understudied across older Asian populations.

Aim

- To explore the relationship between ACP and QoL and quality of death in palliative and end of life care (PEoLC) amongst older Asian people.

Review Question

“How does Advanced Care Planning impact the Quality of Life and Quality of Death in Asian older people who receive Palliative and End-of-Life care?”

METHODS

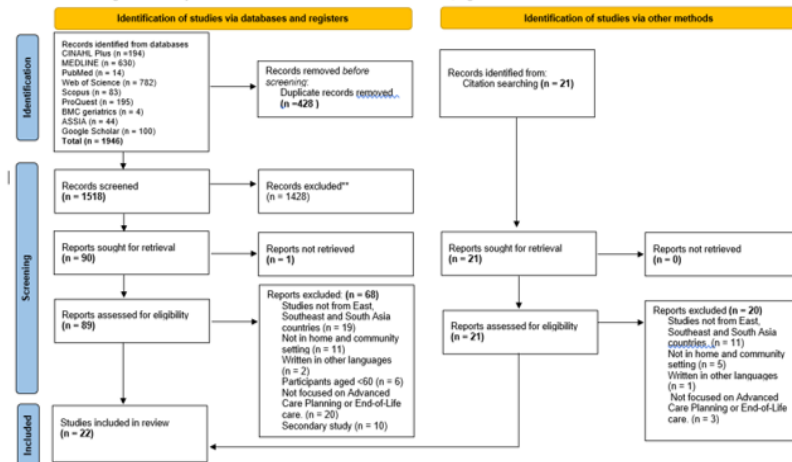
- This review study was informed by both Arksey and O'Malley's scoping review methodological approach and the JBI Manual for Evidence Synthesis.
- "PCC" Framework was utilised to define inclusion and exclusion criteria (Table1).
- Nine electronic databases were search; CINAHL, MEDLINE, PubMed, Web of Science, Scopus, ProQuest, BMC geriatrics, ASSIA, and Google Scholar (January 2012-May 2022).
- The study selection process was guided by the inclusion and exclusion criteria; consists of two levels of screening: (1) a title and abstract review and then (2) full-text review.
- Results will be collated and synthesised both quantitatively and qualitatively by using descriptive statistics and thematic analysis (see Braun and Clarke (2006)).

Table 1: Inclusion and exclusion criteria.

	Inclusion criteria	Exclusion criteria
Population	<ul style="list-style-type: none"> • Adults aged 60 and above. • Asian ethnic group. 	<ul style="list-style-type: none"> • Adults aged < 60. • Other ethnic groups.
Concept	<ul style="list-style-type: none"> • In palliative and end-of-life care. • Focuses on Advanced Care Planning or End-of-Life care. 	<ul style="list-style-type: none"> • Not in palliative care or end-of-life care. • Not focused on Advanced Care Planning or End-of-Life care.
Context	<ul style="list-style-type: none"> • In Home and community settings. • In all countries in Asia. 	<ul style="list-style-type: none"> • In other settings (e.g., hospitals, home cares) • Other regions.
Types of evidence	<ul style="list-style-type: none"> • Primary research studies including qualitative, quantitative, and mixed methods. • Peer review journals. • Grey literature. • Published/created between 2012-2022 • Available through university library services or available free-of-charge. • Written in English and Thai. 	<ul style="list-style-type: none"> • Review articles. • Posters. • Conference abstracts. • Published/created before 2012 • Full-text not available through university library services or required a paid subscription. • Written in other languages.

PRELIMINARY FINDING

PRISMA 2020 flow diagram for new systematic reviews which included searches of databases, registers and other sources



*Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers).

**If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71. For more information, visit: <http://www.rctconstatement.org/>

- A decade search of nine electronic databases yielded 1946 records with 22 studies included in the final subset.
- Preferred Reporting Items for Systematic Reviews and Meta-analyses extension for scoping review (PRISMA-ScR) flow diagram (Tricco et al., 2018) was utilized to report the result.
- The majority of studies were conducted in South Korea, followed by China and Japan with ACP as the primary focus.

Three themes were identified

factors influencing attitudes toward ACP

barriers to ACP

EoL preferences

Surprisingly, none mentioned the effects of ACP on QoL and quality of death.