

Abstract 15135: Preliminary Results of a Randomized Controlled Feasibility Study of an Intervention to Facilitate End-of-Life Discussions in Implantable Cardioverter Defibrillator Recipient and Informal Caregiver Dyads

Abstract

Introduction: Mean survival following implantable cardioverter defibrillator (ICD) implantation is 2.5 years with 13% of ICD recipient deaths related to arrhythmic mechanisms and 37% related to end-stage heart failure. Despite the relatively short survival expectancy and potential of death from other causes most ICD recipients do not participate in advance care planning discussions. Information regarding communication of EOL choices between ICD recipients and informal caregivers is sparse.

Objective: To determine feasibility of an internet-based dyadic communication intervention to facilitate EOL conversations between ICD recipients and informal caregivers using the Hello game, a question-based card game.

Methods: The feasibility of this intervention was determined by ease of recruitment, study drop out, and participant evaluation of the intervention using a Likert-style questionnaire (0-5 with 5 being the highest rating) and open-ended questions to gather additional information to enhance the quality of the intervention.

Results: From January 2021 to July 2022, a total of 38 ICD recipient (70% male, 91% white, 60 years + 11) and informal caregiver (29% male, 100% white, 56 years + 12) dyads of 97 approached (39%) in the outpatient electrophysiology clinic of an academic medical center participated in this randomized control pilot study. The majority of those who declined participation cited not having enough time. Eleven dyads (29%) dropped out after completing the consent process. No significant baseline differences were noted between the control and intervention groups. One hundred percent of intervention completers (N=9 dyads) expressed comfort regarding the intervention and highly rated the content 4.11 + .86, presentation and presenter 4.10 + .82, technology use 4.17 + .60, comfort 3.46 + .61, and conversation 4.11 + .90.

Conclusion: Preliminary results indicate that this intervention is feasible and acceptable to ICD recipients and informal caregivers