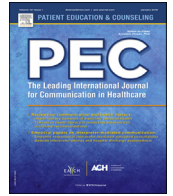




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## Treatment decision making involving patients with dementia in acute care: A scoping review

Kristen E. Pecanac<sup>a,\*</sup>, Mary Wyman<sup>b,c</sup>, Amy J.H. Kind<sup>b,d</sup>, Corrine I. Voils<sup>b,e</sup>

<sup>a</sup> School of Nursing, University of Wisconsin, Madison, USA

<sup>b</sup> William S. Middleton Memorial Veterans Hospital, Madison, USA

<sup>c</sup> Department of Psychiatry, University of Wisconsin, School of Medicine and Public Health, Madison, USA

<sup>d</sup> Department of Medicine, University of Wisconsin, School of Medicine & Public Health, Madison, USA

<sup>e</sup> Department of Surgery, University of Wisconsin, School of Medicine and Public Health, Madison, USA

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### ABSTRACT

**Objective:** To summarize the evidence regarding the factors and processes of treatment decision making involving a person with dementia (PWD) in the acute care setting.

**Methods:** We conducted a scoping review, searching 4 databases (PubMed, CINAHL, Web of Science, & PsychINfo) for articles that contained primary data from a quantitative or qualitative study involving treatment decision making in the acute care setting for PWD and were published in English. We categorized the factors and processes of decision making identified in each article using inductive content analysis. We also consulted with healthcare practitioners to receive stakeholder input on our findings.

**Results:** Our search initially revealed 12,478 articles, of which 28 were included in the review. We identified 5 categories of factors that influence the decision-making process: knowing the patient, culture and systems, role clarity, appropriateness of palliative care in dementia, and caregiver need for support.

**Conclusion:** Our findings highlight the complexities of the decision-making process and the importance of attending to the needs of the caregiver, healthcare practitioners, and the patient.

**Practice Implications:** It is important to address beliefs of involving palliative care for a PWD and the role of each healthcare discipline.

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\* Corresponding author at: 4167 Signe Skott Cooper Hall, UW-Madison School of Nursing, 701 Highland Ave, Madison, WI, 53075, USA.

E-mail addresses: [lund2@wisc.edu](mailto:lund2@wisc.edu) (K.E. Pecanac), [mfwyman@wisc.edu](mailto:mfwyman@wisc.edu) (M. Wyman), [ajk@medicine.wisc.edu](mailto:ajk@medicine.wisc.edu) (A.J.H. Kind), [voils@surgery.wisc.edu](mailto:voils@surgery.wisc.edu) (C.I. Voils).

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**1. Introduction**

Older persons with dementia (PWD) are frequently treated in acute care settings, with prevalence estimates of up to 40% [1], where they may receive aggressive, nonbeneficial care [2,3]. About 10% of nursing home residents with advanced cognitive impairment, including dementia, are admitted to the intensive care unit (ICU) [2] and half of patients with advanced dementia who receive mechanical ventilation die within 30 days of admission [3]. Decisions about initiating or limiting certain treatments or care (a “treatment decision”) occur frequently at the end of life but may occur at any stage of the disease. Advance care planning allows a PWD to anticipate decisions about aggressive treatment. However, a review on advance care planning for PWD revealed that patient preferences may differ from those of caregivers who may ultimately make the decision [4]. In a review of proxy decision making of multiple decisions for PWD—from placement in long-term care to end-of-life decisions—Lord and colleagues [5] reported that proxies felt excluded from decision-making that occurred in the hospital. To determine how to minimize unwanted or burdensome treatment among hospitalized PWD, it is important to synthesize what is known regarding decision making in the acute care setting.

One method used for synthesis is a scoping review: a narrative summary of the evidence to summarize and disseminate research findings [6]. We undertook a scoping review of the literature that summarizes the evidence regarding the factors and processes of treatment decision making involving a PWD in the acute care setting.

**2. Methods**

We followed the 6-step framework for conducting a scoping review developed by Arksey and O’Malley [7] and later refined by Levac and colleagues [6]: 1) Identifying the research question, 2) Identifying relevant studies, 3) Study selection, 4) Charting the data, 5) Collating, summarizing, and reporting the results and 6) Consultation.

*2.1. Identifying the research question*

The primary research question is to determine what is known in the literature about treatment decision making involving PWD in the acute care setting. The sub-questions “What is the process by which treatment decisions involving PWD are made?” and “What factors influence decision-making?” helped to guide data extraction.

**Table 1**  
 Definition of terms and corresponding search terms.

Term	Definition	Search terms
Dementia	Chronic cognitive impairment resulting from Alzheimer’s Disease or other dementias	Dementia, Alzheimer’s disease, cognitive dysfunction, cognitive impairment, cognitive decline
Treatment decision making	A decision regarding whether to initiate, continue, withdraw, or withhold a medical treatment or procedure	Decision making, shared decision making, decision making process, treatment decision making, communication, communication strategies, communication skills, advance care planning, advance directives, advance care directive, living will, end of life wishes, palliative care, palliative medicine, terminal care, life support care, life-sustaining treatment, prolongation of life by medical means, end of life care, dying, professional-patient relations, professional-family relations, physician-patient relations, nurse-patient relations
Hospital setting	Includes inpatient units and the emergency department	None <sup>a</sup>

<sup>a</sup> The search was not specific to the hospital setting to be inclusive of studies that incorporated the hospital setting with other settings.

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