CHARACTERIZATION OF THE EXPERIENCE IN HEALTHCARE ATTENDANCE OF OLDER ADULTS AT THE END OF LIFE BETWEEN 2016 AND 2019 IN A HOSPITAL OF HIGH COMPLEXITY

Elly Morros-González 1,2 , Ana María Ayala Copete 1,2 , Sofía Beltrán 1 , Carlos Cano-Gutiérrez 1,2 , Diego Andres Chavarro-Carvajal 1,2 , Sandra Milena Caicedo Correa 1,2.

1. Semillero de Neurociencias y Envejecimiento de la Pontificia Universidad Javeriana. Instituto de envejecimiento, Bogotá, Colombia. 2. Unidad de geriatría, Hospital Universitario San Ignacio, Bogotá, Colombia.

- Bac**kground:** Control of symptoms at the end of life is a fundamental objective in geriatrics. Palliative sedation is a valuable and last instance intervention for symptom relive and control in patients with terminal illnesses.
- **Objective:** To characterize the population that received an end-of-life care plan and those that received palliative sedation in the context of refractory symptoms in an acute geriatric unit of a high complexity level hospital.
- **Methods**: Cross-sectional study through the review of medical records between January 2016 and December 2019 of the geriatrics' unit at San Ignacio University Hospital in Bogotá, Colombia. We reviewed 436 records, performed descriptive analyses, and used measures of central tendency for the analysis of the variables.

Results: 163 patients were include of whom 141 patients received end-of-life care plans and 22, received palliative sedation. The average age was 84 years and 58% were women. The most frequent cause of death was respiratory infectious cause, followed by oncological disease. Functional decline prior to admission and the presence of moderate or severe major neurocognitive disorder were conditions that were frequently found in those in which therapeutic effort was redirected, besides, among those who were in the end-of-life care plan, 1 out of 10 people required palliative sedation. Palliative sedation has a mean duration of 2.22 ± 5 days, the most frequent refractory symptom was dyspnea (45.45%), followed by pain (36.36%) and 100% of management included the use of benzodiazepines and opioids and up to 50%, management with antipsychotics.

Clinical characteristics of people who received an end-of-life plan vs. palliative sedation.

Variables	End of life care attention plan n=141	Palliative sedation n=22	*p value*
Age (years) mean ± SD	85,21 ± 5,65	81,27 ± 6,15	<0.05
Sex (female), n (%)	87 (61,70)	9 (40,91)	0.06
Previous Barthel, mean ± SD	51,66 ± 33,86	42,5 ± 37,47	0.12
Barthel at admission mean ± SD	33,22 ± 33,83	29,09 ± 37,40	0.29
Functional Decline, n (%)	66 (46,81)	7 (31,82)	0.18
Dementia, n (%)	122 (86,52)	19 (86,36)	0.98
MNA-SF mean ± SD	9,79 ± 5,61	13,36 ± 5,72	0.99
Social support network n (%)	128 (90,78)	20 (90,01)	0.98

Conclusions: Palliative sedation is common in the elderly population with non-oncological diseases with refractory symptoms. The characterization of these people promotes increased knowledge and readiness to improve end-of-life management.

- **Email of contact: anaayala@javeriana.edu.co**