

# Circular Decision-Making Surrounding Long-term Care Planning for Alzheimer's Disease

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**INTRODUCTION.** Older adults often do not consider what will be needed for their future long-term care (LTC) if they develop Alzheimer's Disease (AD) and have increasing support needs. In real world situations, most important decisions are made utilizing a theoretical model that involves pre-contemplative–contemplative–decision making stages.

- Precontemplation is the stage at which there is no intention to change behavior in the foreseeable future and person may be unaware of issues.
- Contemplation is the stage where people are aware and thinking about options, but have not yet acted.
- Decision-making is the stage where people have acted and in our study, made a decision about their future LTC plans.

We sought to understand older adult longitudinal decision-making about LTC if ever developed AD..

**METHODS:** We longitudinally followed a cohort of participants 65 and older who were shown the LTC planning website, [www.PlanYourLifespan.org](http://www.PlanYourLifespan.org)

- Participants were surveyed at 3 time-points: baseline, 1-month and 6-months post intervention about whether they contemplated or made decisions about LTC planning and to describe decisions made if they were to ever develop AD.
- Responses were analyzed using a mixed-methods approach; qualitative responses were coded by 3 coders using constant comparative analysis.

## RESULTS:

Of the 293 subjects surveyed, mean age was 73.0 years, 72.7% (213) female, 40.4% (118) under-represented minority.

**Table 1: Subject Characteristics at Baseline (N = 293)**

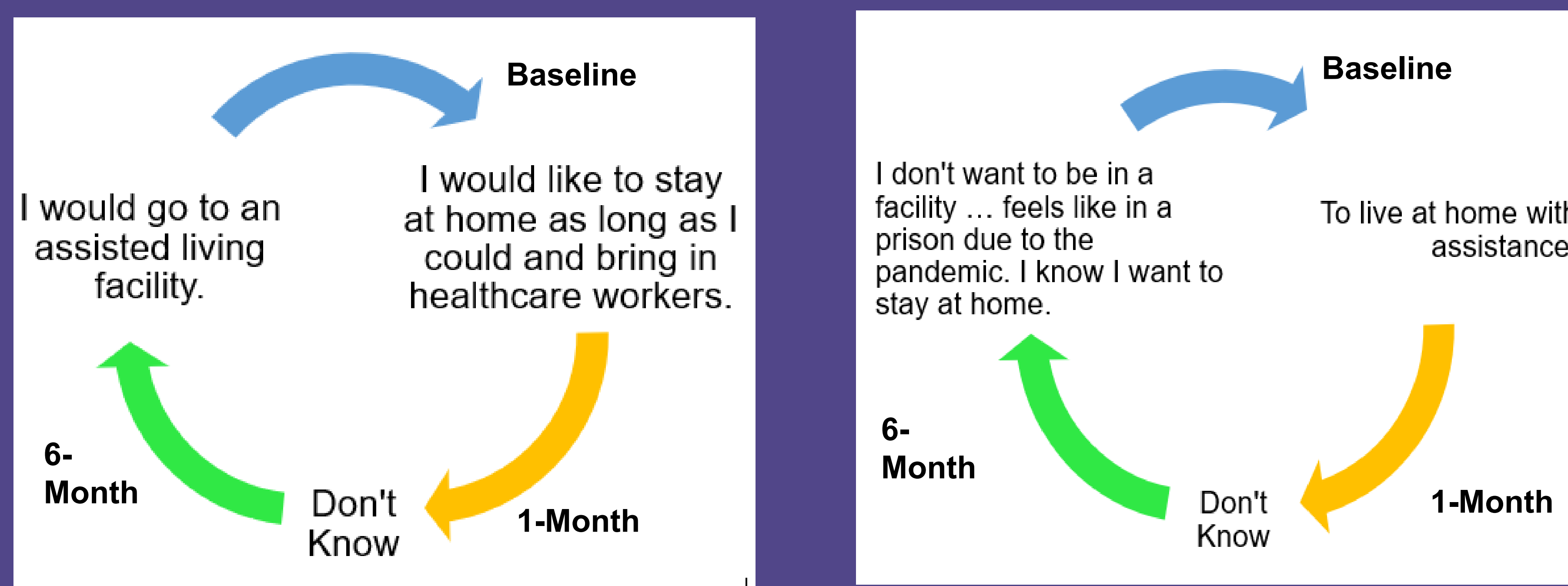
Variable	Baseline N=293
Age, M (SD)	73.0 (5.0)
Sex, %	
Male	27.3
Female	22.7
Race %	
Black	29.1
White	59.6
Other	11.3
Education, %	
HS or less	14.7
Some College	18.5
College Graduate	21.9
Graduate Degree	44.9
Income, %	
< \$10,000	4.6
\$10,000-\$24,999	13.9
\$25,000-\$49,999	24.9
>= \$50,000	56.6
Employment Status, %	
Working for Pay	28.3
Retired/Unemployed	71.7
Marital Status, %	
Married	47.3
Unmarried/Widowed	52.7
Total # Comorbidities, M (SD)	2.3 (1.5)

Older adults often do not consider what their long-term care needs would be if they were to develop Alzheimer's Disease in the future.

Long-term care decision-making for Alzheimer's Disease can fluctuate and exhibit circular change patterns over a period as brief as 6-months.

If you developed Alzheimer's Disease & could not live independently in your home, have you decided what your living preferences would be? (e.g. remain in home with help, move in with family, long term care)

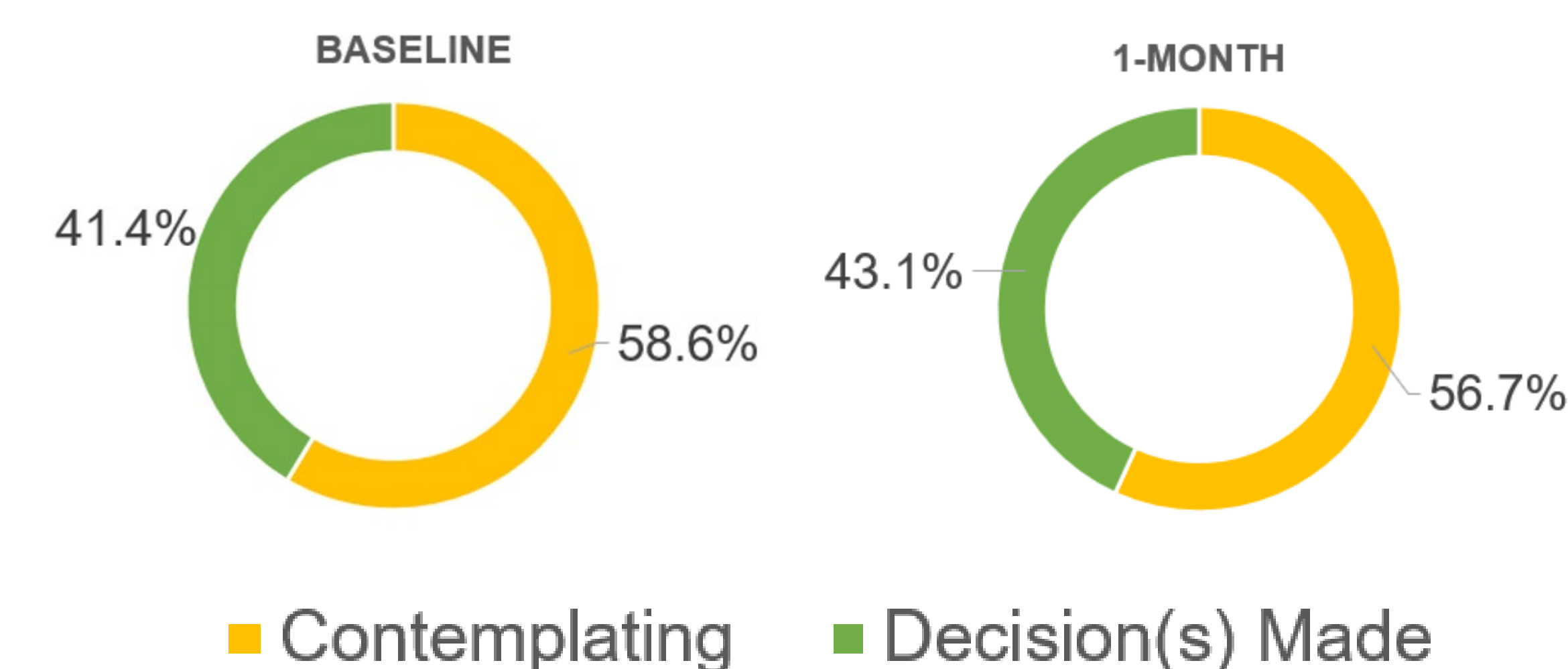
Figure 1: Examples of circular decision-making at baseline, 1- and 6-months



## RESULTS (cont.)

At baseline, 41.4% (n=121) had made AIP-LTC decisions in the event of AD, while 58.6% (n=171) were contemplative. At 1 month, 43.1% had made decisions while 56.7% were still contemplative.

Figure 2: Contemplation versus decision-making about LTC plans by timepoint



- Decision-making patterns continued to fluctuate over a 6-month period.
- Notably, 20.1% (n=59) subjects' decision-making changed followed a circular pattern (e.g. from a BL "Yes" (made LTC decision) to a 1-month "No/Don't Know" to a "Yes" (made LTC decision). (Figure 1).

**DISCUSSION:** Instead of a linear process (pre-contemplative, contemplative, decision), LTC decision making for AD can fluctuate and display circular change patterns over a 6-month period. Findings highlight the need for those age 65 and older to continuously re-visit LTC planning decision-making given that it may fluctuate within a short amount of time.

- Future studies will focus on identifying experiences that may influence older adults to change their LTC decision-making.

## FINANCIAL DISCLOSURE

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