

<b>Paper Category:</b>	<b>Health Services</b>
<b>Paper Title:</b> (Arial Font; 14 Pt Size)	<b>Failing Heart and Frailty: Perspectives of Older Patients from a Multiethnic Community in the UK</b>
<b>Abstract Body:</b> (Arial Font; 12Pt Size)	<ul style="list-style-type: none"> <li>• Background</li> <li>• Objectives</li> <li>• Method</li> <li>• Results</li> <li>• Discussions and Conclusions</li> </ul>
<p>(Maximum word limit - 300 words)</p> <p><b>Background:</b> Heart failure (HF) is predominantly a disease of older people. HF patients are often frail and multimorbid with complex healthcare needs which are challenging to manage. Limited understanding of their healthcare priorities remains a barrier for delivery of value-based care.</p> <p><b>Objective:</b> To identify main healthcare goals in older people with HF of different frailty status and ethnic background.</p> <p><b>Method:</b> We recruited patients aged <math>\geq 65</math> with HF and frailty (Clinical Frailty Score (CFS) <math>\geq 5</math>) from a tertiary hospital in the UK. Semi-structured questionnaire was used to understand what mattered to patients in healthcare and identify components of good healthcare. Data was analysed using inductive content analysis.</p> <p><b>Results:</b> Sixty-eight patients (median age 78 years, 60% White, 40% South Asians) completed the study. Forty-four patients were of CFS 5 (68% White vs 60% Asian), 22 were of CFS 6 (29% White vs 37% Asian) and 2 patients were severely frail. Majority of patients (60%) had <math>\geq 5</math> comorbidities.</p> <p><b>Discussion:</b> The main priority of healthcare for White patients was <b><i>being symptom-free</i></b>, across all frailty status. On contrary, Asians living with <u>mild frailty</u> valued <b><i>independence</i></b> and those with <u>moderate frailty</u> "<b><i>did not want to be a burden to their family</i></b>". Majority (83%) of those who perceived themselves as a burden were dependent on their family for ADLs and required formal carers.</p> <p><b><i>Receiving comprehensive care</i></b> was quoted as the most essential constituent of good healthcare by both Whites and Asians, followed by <b><i>prompt access to primary care</i></b>. White patients also emphasised on <b><i>patient-centred care</i></b> (32%). Asian patients identified <b><i>language barrier</i></b> as a significant problem (48%) and would benefit from <b><i>better education about their condition</i></b> (44%) and <b><i>communication from clinicians</i></b> (33%).</p>	

**Conclusion:**

Older HF patients of different ethnicities value unique healthcare priorities. Recognition of cultural diversity is integral for delivery of optimal person-centred care.

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