A review of studies examining perceived life expectancy among people with long term health conditions has found patients may overestimate their life expectancy.

In a review of more than 700 patients from the UK, Netherlands and the USA with heart, kidney or lung disease, it was found that patients were
around three times more likely to die in the next year than they expected.

The findings, published in the *BMJ Open*, have significant implications for clinicians, who researchers say should be aware of the expectations of their patients, which may be unrealistic and need to be considered when treatment decisions are being made.

"Patients may overestimate their life expectancy for a number of reasons," said University of Bristol student doctor Joseph Salem, who co-authored the *BMJ* paper with Dr Barnaby Hole, a specialist researcher in kidney disease from Bristol's School of Clinical Sciences.

"They might never be told that their condition could affect their life expectancy, they may be given unrealistic predictions by their doctors or make hopeful predictions themselves. However, if patients know how long they could have left it is possible they might change the way they live and make different medical, financial and lifestyle decisions."

The review involved a systematic search for all studies where people with long term conditions were asked to estimate how long they might live. Nine articles were identified which included a total of 729 patients.

Most patients had heart disease, with some patients with smoking-related lung disease and kidney failure also being included. The researchers excluded studies of patients with cancer, who have previously been shown to overestimate their survival and chances of cure.

Outpatients with kidney disease who were receiving haemodialysis were more optimistic about prognosis than their doctors, the study found, to the extent that they overestimated their chances of surviving five years.

Dr Hole added: "Doctors must try to identify what each patient already
knows, wants to know and might benefit from knowing about their prognosis. Appropriate information should then be shared in a form that the patient can use to inform their decisions."


Provided by University of Bristol


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