Factors associated with change in quality of life of people with dementia recently admitted to long-term care facilities

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Background (1)

• Quality of Life (QoL) in dementia¹:
  – The subjective evaluation of...

  Physical health  Friends
  Energy          Self as a whole
  Mood            Ability to do chores around the house
  Living situation Ability to do things for fun
  Memory          Money
  Family          Life as a whole
  Marriage

• Self-report vs. proxy report

¹ Logsdon et al., 1999; Logsdon et al., 2002
Background (2)

- **Rationale**
  - Longitudinal studies on change in QoL in general are scarce
  - QoL does not necessarily decrease as dementia progresses
  - QoL of recently admitted People with Dementia (PwD): lower than QoL of PwD who lived in facility for longer period (but these studies were scarce)
  - Studies about factors associated with change in QoL in the months after admission are lacking

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¹ Selwood et al., 2005; ² e.g. Moyle et al., 2007
Aims

1) To evaluate the course of QoL of PwD who are recently admitted to long-term care facilities;
2) To assess which factors are associated with a change in their QoL.
Methods (1)

- Longitudinal survey (follow-up at 3 months); 8 countries

- Main inclusion criteria:
  - >65 years of age
  - Diagnosis of dementia
  - Newly admitted to facility (at least 1 month, no longer than 3 months)
  - **PwD’s ability to complete the Quality of Life in Alzheimer’s Disease scale (QoL-AD) at baseline and follow-up**
Methods (2)

- Dependent variable: QoL
  - QoL-AD: self-report and proxy-report
  - 13 items, rated on a scale (1=poor, 4=excellent)
  - Range: 13-52
  - Clinically meaningful difference: 3 points or more

- Independent variables:
  - Cognition (S-MMSE)
  - Comorbidity (Charlson Comorbidity Index)
  - Activities of Daily Living (ADL) (Katz Index)
  - Depressive symptoms (CSDD)
  - Neuropsychiatric symptoms (NPI-Q; clusters: hyperactivity, mood/apathy, psychosis, anxiety)
  - Socio-demographic data
## Results (1)

<table>
<thead>
<tr>
<th></th>
<th>RTPC n=791</th>
<th>Excluded n=448</th>
<th>Included n=343</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>84.1 (6.4)</td>
<td>83.8 (6.7)</td>
<td>84.3 (6.0)</td>
</tr>
<tr>
<td>Gender: female (%)</td>
<td>74.0%</td>
<td>73.2%</td>
<td>74.9%</td>
</tr>
<tr>
<td>Marital status: married (%)</td>
<td>30.9%</td>
<td>35.3%</td>
<td>25.1%</td>
</tr>
<tr>
<td>Cognition – range 0-30*</td>
<td>11.9 (6.3)</td>
<td>9.3 (6.4)</td>
<td>14.1 (5.2)</td>
</tr>
<tr>
<td>Comorbidity – range 0-37*</td>
<td>2.4 (1.6)</td>
<td>2.4 (1.7)</td>
<td>2.4 (1.5)</td>
</tr>
<tr>
<td>Indendency in ADL – range 0-6*</td>
<td>2.2 (1.7)</td>
<td>1.7 (1.6)</td>
<td>2.8 (1.7)</td>
</tr>
<tr>
<td>Depressive symptoms – range 0-38*</td>
<td>6.1 (5.1)</td>
<td>7.0 (5.5)</td>
<td>5.0 (4.3)</td>
</tr>
<tr>
<td>NPI-Q subscale: hyperactivity – range 0-15*</td>
<td>2.8 (3.0)</td>
<td>3.1 (3.2)</td>
<td>2.4 (2.8)</td>
</tr>
<tr>
<td>NPI-Q subscale: mood/apathy – range 0-12*</td>
<td>2.7 (2.3)</td>
<td>3.1 (2.5)</td>
<td>2.2 (2.0)</td>
</tr>
<tr>
<td>NPI-Q subscale: psychosis – range 0-6*</td>
<td>0.8 (1.4)</td>
<td>0.9 (1.5)</td>
<td>0.7 (1.2)</td>
</tr>
<tr>
<td>NPI-Q subscale: anxiety (% yes)</td>
<td>42.6%</td>
<td>47.3%</td>
<td>36.4%</td>
</tr>
</tbody>
</table>
Results (2)

QoL-AD (range: 13-52)

self-report  proxy-report

- baseline
- follow-up
Results (3)

However, on an individual level there were changes in QoL

Self-reported QoL:

- Decreased QoL: 25.4%
- No change in QoL: 44.0%
- Increased QoL: 30.6%

QoL-AD (range: 13-52)
Results (4)

Proxy-reported QoL:

- **Decreased QoL**: Baseline 25.6%, Follow-up 25.6%
- **No change in QoL**: Baseline 48.8%, Follow-up 48.8%
- **Increased QoL**: Baseline 25.6%, Follow-up 48.8%

QoL-AD (range: 13-52)
Results (5)

• A decrease in self-reported QoL associated with:
  – High self-reported QoL score at baseline;
  – Better cognitive abilities at baseline.

• A decrease in proxy-reported QoL associated with:
  – High proxy-reported QoL at baseline;
  – Greater dependency in ADL at baseline;
  – Increased ADL dependency between baseline and follow-up;
  – More depressive symptoms at baseline;
  – An increase of depressive symptoms between baseline and follow-up.
Conclusions

• Although it may take effort getting accustomed to a new place of residence, QoL of recently admitted PwD does not necessarily decrease.

• A limited number of factors can be identified as influential on self-reported QoL.

• Physical activity programs and recognition and treatment of depressive symptoms deserve special attention.
Thank you for your attention!

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