

Repeated hospital admissions are missed opportunities to offer better end of life care for people with dementia

Leniz, J., Higginson, IJ., Stewart, R., Sleeman, KE. Understanding which people with dementia are at risk of inappropriate care and avoidable transitions to hospital near the end-of-life: a retrospective cohort study. *Age and Ageing*. 2019 May 28. pii: afz052. doi: 10.1093/ageing/afz052

Implications for Research and Practice

- Research – Explorative study with healthcare professionals to identify their clinical reasoning when admitting to hospital people with dementia for end of life care.
- Practice – Ensure advanced directives are identified for people admitted to hospital with dementia.

Context

Around 46 million people worldwide have a diagnosis of dementia. Caring for people with dementia at the end of life has significant economic implications (1). Hospital admission is not always the preferred option for people with dementia for end of life care. This study explores the number of transitions to hospital that people with dementia who need end of life care undergo. They consider, in particular, multiple admissions in the year before death as missed opportunities to sign-post the person to more appropriate end of life care options.

Methods

This is a retrospective observational study reviewing data from a single site but which covers several Boroughs in South London. The Boroughs included have diverse population demographics. The sample is limited to people over 60 years old and with a diagnosis of dementia who have died. The researchers measured two distinct groups – those people who had been admitted (transitioned) to hospital within the last three days of life (late transitions) and those who had had multiple hospital admissions in the last year of life (early transitions). Age, gender, ethnicity, date of diagnosis and type of dementia, along with socio-demographics were recorded. Multivariable logistic regression modelling was used to investigate any association with socio-demographic and clinical characteristics and late or early transition to hospital.

Findings

8,800 people were included in the study. 1,421 had one transition to hospital; 788 of these were late transitions; 505 were early transitions and 128 were both early and late transition. Younger age, being male, deprivation and co-morbidities including depression were factors in early transitions; while older age and living in a care home reduced the number of early transitions. Late transitions were associated with being male, white and having drink or drug taking problems.

Commentary

Some of the findings from this study are unsurprising, that is, people with co-morbidities are more likely to be admitted to hospital rather than other options for end of life care being considered. However, this study identifies an association with social deprivation and multiple hospital admissions. This study also found that people with a history of drug or alcohol misuse were more likely to have late transitions to hospital. With this group late transition to hospital at end of life could suggest that they were not engaging with healthcare or were resistant to intervention. With a different group of people, who may also be resistant to intervention provided contradictory results, where there was not an association between aggressive and disruptive behaviour and number of hospital transitions.

The number of people with hospital admissions in this study was relatively small (16%). The researchers also found that the number of late transitions reduced over the years of data that was reviewed which aligns with an overall reduction of people with dementia dying in hospital. In a study that explored advanced care planning for people with dementia the stated preference for both the person with dementia and their carer was for less intervention for end of life scenarios (2). End of life advanced directives, when present, have been associated with reduced hospital admissions (3). This study found a smaller number of care home residents had multiple hospital admissions. The findings from all three studies would suggest that when being cared for in an environment that has specialist understanding of the needs of people with dementia the 'catch all' option of admitting to hospital is not used.

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3. Gozalo, P. Teno, J.M. Mitchell, S.L. (2011) End of life Transitions among nursing home residents with cognitive issues. N Engl J. Med Sep 29; 365(13):1212-21

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Competing Interests - None