

End-of-life hospital and healthcare use among older adults with Alzheimer's disease

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Because people are now living longer and often healthier lives, the rate of some illnesses that are more likely to develop with age has risen. These illnesses include dementia. In fact, the number of us living with dementia was already 47 million worldwide in 2015. It could reach 131 million by 2050.

Dementia is a general term that includes different types of mental decline. The most common type of [dementia](#) is Alzheimer's [disease](#), which accounts for 60 to 80 percent of all dementia cases.

As Alzheimer's disease worsens, older adults may become more likely to have trouble performing daily activities, can develop trouble swallowing, and may become less active. This increases the risk for other concerns like infections. These infections, such as pneumonia, can increase the risk for [death](#). As a result, the cause of death for people living with Alzheimer's disease is often infections or some other cause, rather than the Alzheimer's disease itself.

A team of researchers from Belgium recently studied how people with Alzheimer's disease use medical services during their final months. The goal was to learn more about the best ways to help older adults with dementia at the end of their lives. Their study was published in the *Journal of the American Geriatrics Society*.

The researchers studied information from people with Alzheimer's disease living in Belgium who died during 2012. They compared two groups of people who were diagnosed with Alzheimer's disease.

One [group](#) had death certificates that listed Alzheimer's disease as the cause of death. This was the group who died because of Alzheimer's

disease.

The second group included individuals diagnosed with Alzheimer's disease but with death certificates that listed another cause of death (like infections). This was the group who died with Alzheimer's disease (but not of Alzheimer's disease).

The researchers looked at the healthcare resources the two groups used in the last six months of life.

Of the more than 11,000 people in the study, 77 percent had something other than Alzheimer's disease listed as the cause of death on their death certificate while 22 percent died of Alzheimer's disease. The average age of these individuals was 85, and most were women.

People who died with Alzheimer's disease were more likely to have at least one hospital admission and more intensive care unit (ICU) stays. People in both groups had about 12 visits with a doctor during the last six months of their lives.

However, the people who died with Alzheimer's disease received fewer [palliative care](#) services. Palliative care helps keep us comfortable when we are near death or dealing with a serious illness. This included fewer palliative home care services during the last six months of their lives. They also spent fewer days in a nursing home.

People in the study whose cause of death was listed as something other than Alzheimer's disease were also more likely to have [invasive procedures](#) compared to people who died of Alzheimer's disease. These invasive procedures included being put on breathing machines and being resuscitated (the medical term for reviving someone from unconsciousness or apparent death).

The researchers concluded that [older adults](#) whose cause of death was Alzheimer's disease used fewer healthcare resources than [people](#) whose cause of death was listed as something else even though they had been diagnosed with Alzheimer's disease. The researchers suggested that recognizing late-stage Alzheimer's disease as an end-of-life condition could influence healthcare providers to use more palliative care resources and fewer invasive procedures.

More information: Kristof Faes et al, Resource Use During the Last 6 Months of Life of Individuals Dying with and of Alzheimer's Disease, *Journal of the American Geriatrics Society* (2018). DOI: [10.1111/jgs.15287](https://doi.org/10.1111/jgs.15287)

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