

A Two Part interRAI Presentation –
(1) Results from EU *ADHOC Study*
(2) *New Self-Report Quality of Life*
Draft

November 2008

Results from interRAI's
European ADHOC Study
November 2008

International standards for care

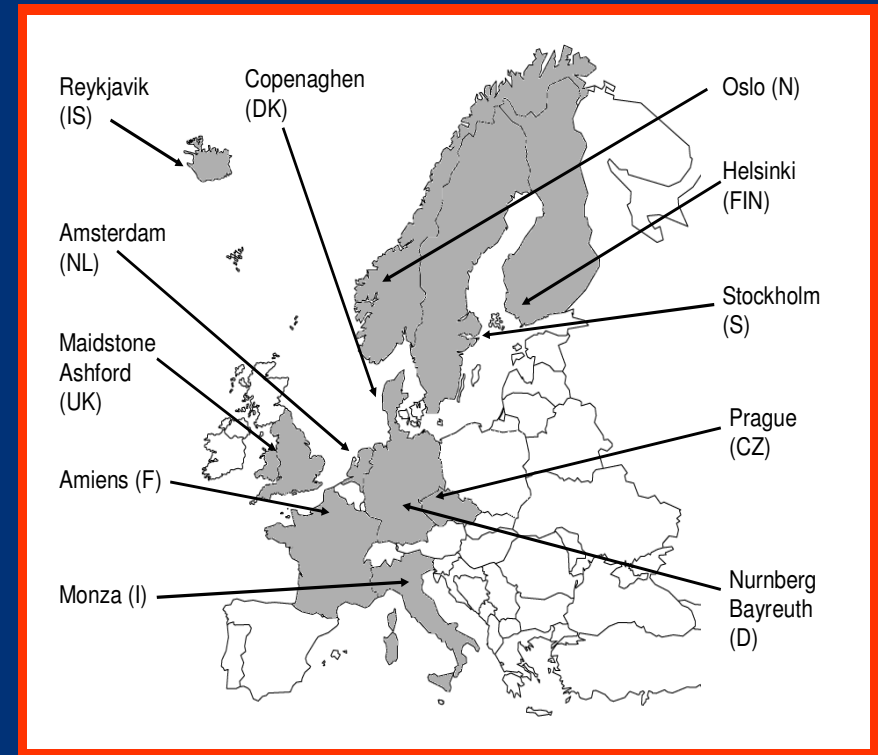
Nature of Study Cohort

- Samples of home care clients in 11 European countries
- All assessed with interRAI HC (Home Care) tool
- 2976 subjects
 - Age -- averaged 82.3 years
 - Gender – 74.1% female

The Aged Home Care project ADHOC

G I Carpenter	Canterbury	V Garms-Homolova	Berlin
E Topinkova	Praque	P Jonsson	Reykjavik
M Schroll	Copenhagen	D Frijters	Utrecht
H Finne-Soverei	Helsinki	L W Sørbye	Oslo
J-C Henrard	Paris	G Ljunggren	Stockholm

R Bernabei Rome (Principal Investigator)



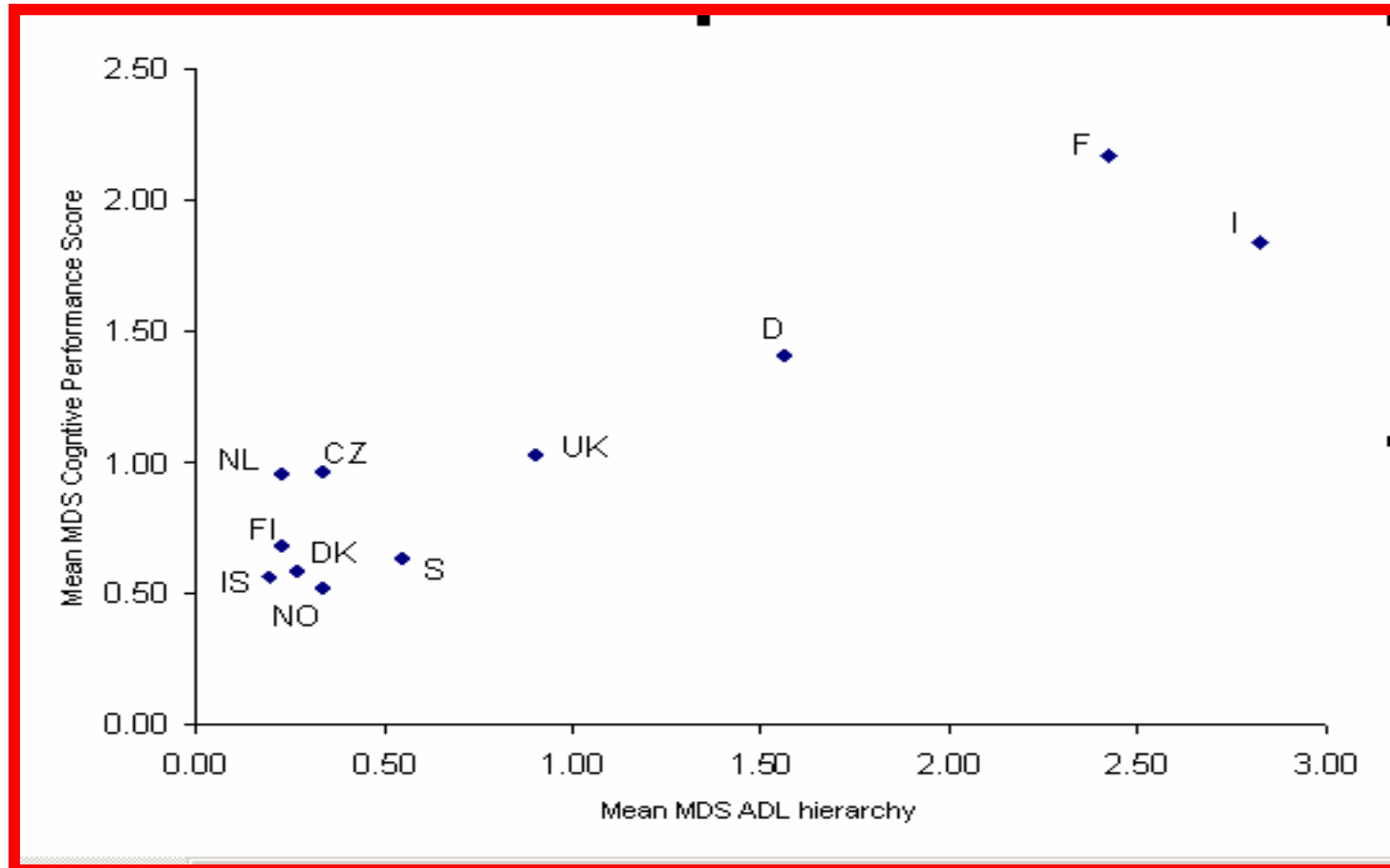
Published Findings Reviewed

- Brief overview of cognitive and functional status of EU home care clients
- Potentially inappropriate medication use
- Pain and depression
- Case Management and nursing home (NH) entry
- Influenza vaccine use
- Case management and prevention
- Depression and NH entry
- Depression and caregiver attitudes
- Fecal impaction and work burden
- Chewing problems and mortality

Quick View of Typical COLLAGE Client

- CPS (Cognitive Performance Scale), independent (0 or 1) – 91.4%
- ADL Hierarchy, independent (0) – 99.1
- Pain – 40.4%
- Any depressive symptoms – 13.2%
- Recent fall – 13.1%

Average Cognitive and Physical Function of Home Care Residents In 11 European Nations





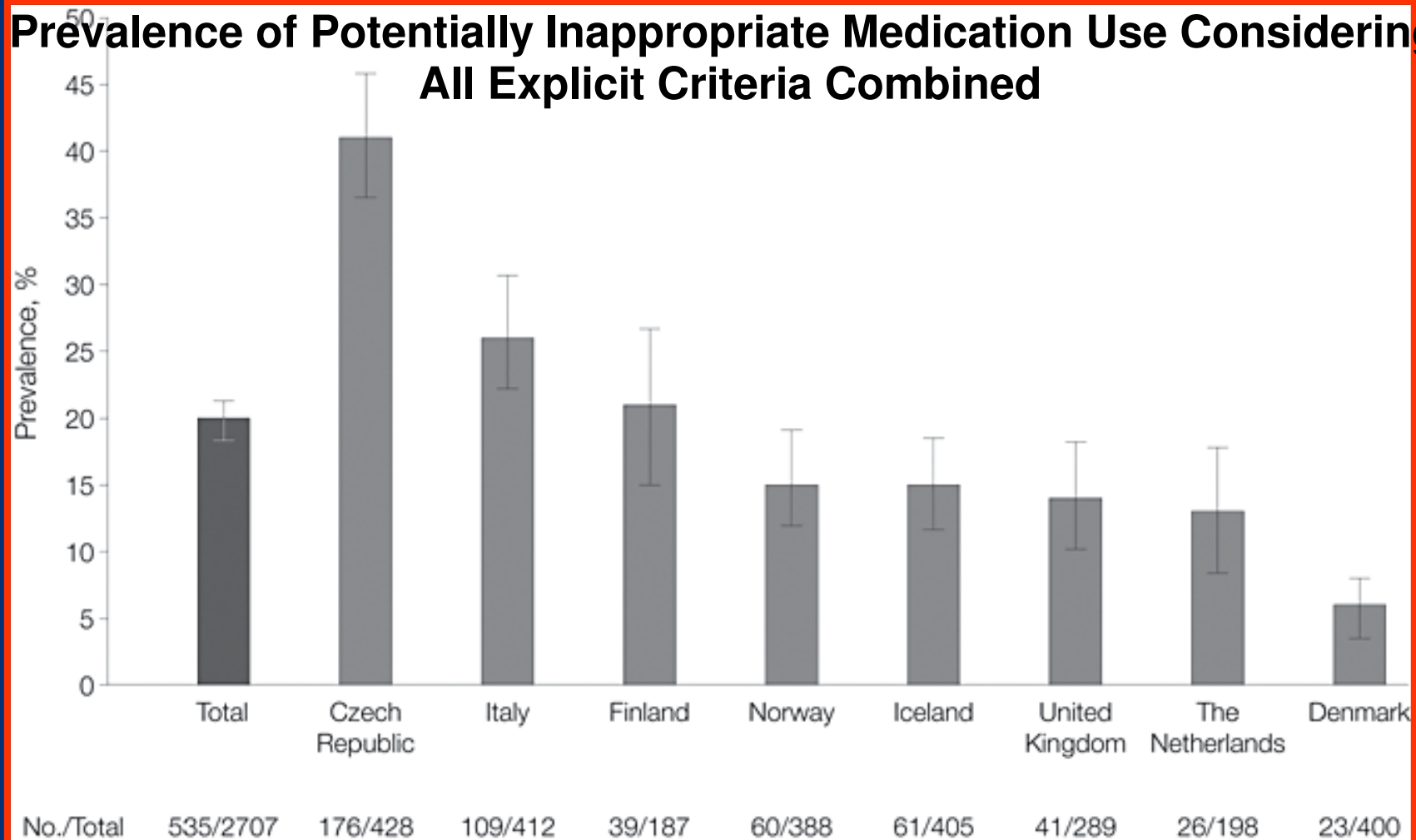
	Mean ADL	Mean CPS	Total hours of care	Any Care giver burden (%)	Better off elsewhere (%)	National summary
Czech Republic	2.0	1.0	1.5	5.8	27.9	stoical
Germany	5.7	1.4	5.3	18.7	7.1	unhappy
Finland	0.9	0.7	3.4	4.7	12.5	happy
Iceland	0.6	0.6	2.8	4.7	18.0	hopeful
Italy	12.5	1.8	3.9	20.8	3.4	masochistic
Netherlands	0.7	1.0	3.6	7.0	17.1	opportunist
Norway	1.9	0.6	3.1	8.3	8.0	normal
UK	2.8	1.0	8.2	11.1	9.0	Caring (or inefficient)
Total	3.8	1.1	3.9	11.1	12.5	

Potentially Inappropriate Medication Use

(Fialova et al. JAMA, 2005)

- Retrospective study of 2,707 home care clients
- Inappropriate med use documented using Beers and McLeod criteria for community-living elderly persons
- 19.8% used one or more inappropriate medication
- Substantial differences between Eastern and Western European countries

Prevalence of Potentially Inappropriate Medication Use Considering All Explicit Criteria Combined



Factors Associated With Inappropriate Med Use

- Poor economic status – RR (relative risk) 1.96
- Polypharmacy – RR 1.91
- Anxiolytic drug use – RR 1.82
- Depression – RR 1.29
- Less likely if 85 or older (RR 0.78), Living alone (RR 0.76)

Pain and Depression

(Onder et al. J Clin Psychiatry, 2005)

- 59.9% of clients had pain
- 11.3% of clients had significant depression
- Pain was significantly associated with depression
- Women with pain were more likely to present with depression

Type of Case Management and Institutional Placement

(Onder et al. J Am Geriatr Soc, 2007)

- Subject nursing home placement tracked for one year
- Home care clients in two types of programs –
 - 36% in a case-management type of program
 - 64% in traditional program with no case manager
- The case management group were less likely to enter a nursing home – 6.8% vs 13%

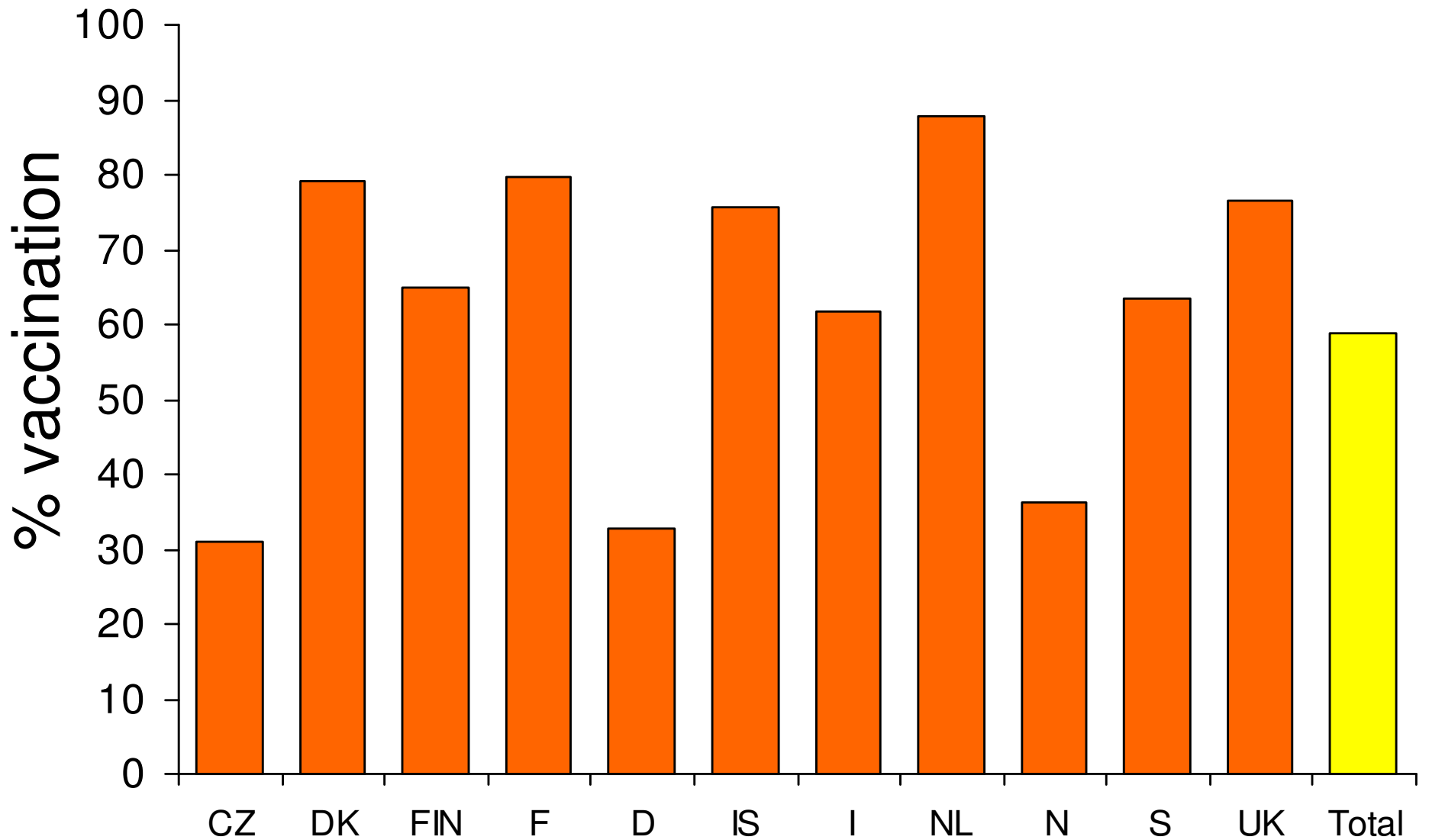
Prevalence and Predictors of Influenza

Vaccination Use

(Landi et al, Vaccine, 2005)

- In EU home care study, 59% received an influenza vaccination (data about six years old)
- Significant country variation – from 31% in Czech Republic to 88% in Netherlands

Prevalence of vaccination



Landi, F. et al Vaccine 2005

Predictors of influenza vaccination

CPS – cognitively impaired less likely	0.94
Economic -- lower less likely	0.95
Living alone -- less likely	0.67
Comorbidity – higher more likely	1.10
N. drugs >3 – higher more likely	1.13

Type of Case Management and Preventative Strategies and Caregiver Distress

(Onder et al. J Am Am Med Dir Assoc, 2008)

- The data are from the baseline assessments of the home care clients
- The case management group were more likely:
 - To have their blood pressure measured – 88% vs 83%
 - More likely to receive influenza vaccination – 70% vs 52%
 - More likely to have their medications reviewed – 20% vs 15%
- Finally care givers in the case management group were less likely to be unable to continue caring activities – 4% vs 6%

Depression and Nursing Home Admission

(Onder et al. J Am Am Med Dir Assoc, 2008)

- Subject nursing home placement tracked for one year
- Depression measured by DRS (Depression Rating Scale)
- Depressed clients more likely to enter a NH – 14.8% vs 10.6%
- Risk of NH placement increased as the DRS score increased

Depression and Caregiver Attitudes

(Soldato et al. J Affect Disord, 2008)

- Two measures of attitudes assessed -
 - caregiver dissatisfied with support from fam/frds
 - Caregiver expresses feelings of distress
- Both outcomes were more common when the client was distressed
 - Dissatisfied – 7.4% vs 2.6%
 - Distress – 18.8% vs 5.9%

Increased Work Load for Fecal Incontinence

(Finne-Soveri et al. European Journal of Public Health, 2007)

- 10.3% fecally incontinent – ranged from 1% in the Czech Republic to 34% in Italy
 - Single digit rates were found in Finland, Iceland, Netherlands, Norway, Sweden, and the UK
 - Double digit rates were found in France, Germany, and Italy
- Associated factors –
 - Diarrhea (OR 10.3), Urinary incontinence (OR 3.99), PU (OR 3.15), Physical disability (OR 4.25), and Cognitive disability (OR 3.76)
- Work load measures
 - High use of visiting nurse (OR 2.04), home health carers (OR 2.40)

Chewing Problems and Mortality

(Onder, et al, J Am Geriatric Soc, 2007)

- Chewing problem – inability to chew food easily and without pain or difficulties
- 14.3% of clients presented with chewing problem
- Mortality related to chewing problem – 20.3% vs 12.8%
- Finding persisted after dropping those with cognitive impairment and those with unintended weight loss

interRAI's New Draft Self- Report Quality of Life Questions

International standards for care

Where We Are

- Extensive review of literature
- Based on work originating in Michigan
- Extensive input by interRAI fellows
- Applicable in independent housing, assisted living, home care, nursing homes, and community/inpatient mental health
- Not every question may work
- About to commence extensive cross-national trial
- Would like to involve COLLAGE in the trial



Availability of Formal/Paid Care Supports

My services are what I need.

My services are delivered when I want them.

My services are helping me live my life the way I want.

I can get health services if I need them.

Relationship with Support Workers

Workers respect what I like and dislike.

I can pick the workers who assist me.

I influence their work.

I can replace a worker when I want.

Workers have enough time for me.

I am not ignored by workers.

Workers assist me when I need it.

Workers involve me in decisions about my care.

Activities and Community Integration

I can do activities that are important to me.

I play an important role in people's lives.

People know the story of my life.

I belong to a group that values me.

I get to take part in activities in the community.

I get along well with other residents here.

I did meaningful things in the past week.

Personal Relationships

I have people I can count on.

I have people who want to do things together with me.

People ask for my help or advice.

I have opportunities for affection or romance.

I have opportunity for a sexual life.

I have people I can chat with.

Dignity/Respect

I am treated with respect by the people involved in my support/care.

I am treated with respect by my family/friends

I can express my opinion without fear of consequences.

Workers do not take advantage of me.

Autonomy

I live where I want.

I decide how I spend my time.

I decide when I go to bed and get up.

I control who comes into my home (room).

I decide how my money is spent.

I can go where I want on the “spur of the moment.”

If I want to, I can spend time with a pet.

I eat when I want.

I am able to keep as clean as I would like.

I decide which clothes to wear.

Privacy

I can be alone when I want.

People ask before using my things.

I can have a conversation in private.

My personal information is kept private.

My privacy is respected during care procedures.

Security

I feel safe when I am alone.

I feel safe around those who provide me with support and care.

If I need help right away, I can get it.

I feel my possessions are safe.

I feel safe around my family/friends

Environment/Meals

My home (room, facility) is as clean as I would like.

I can easily get outdoors if I want.

I am bothered by noise.

I enjoy mealtimes.

I like the food here.

I get enough to eat.

I get my favorite foods here.

I enjoy my food.

I have enough variety in my meals.

I would recommend this (specific site, name of program, service, or funding arrangement) to others.