

High rates of disability and health care use for older Americans with cirrhosis

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New research shows that older Americans with cirrhosis have significantly worse health status and greater functional disability compared to those without this potentially deadly disease. In fact, findings now published in *Hepatology*, a peer-reviewed journal of the American Association for the Study of Liver Diseases, show that elderly patients with cirrhosis require twice the amount of informal caregiving and contribute added strain on the health care system. Given the increase in obesity and aging of those with hepatitis C (HCV), researchers expect the prevalence of cirrhosis to climb in this frail population.

Cirrhosis is a [chronic condition](#) that causes the liver to slowly deteriorate, with [scar tissue](#) replacing healthy tissue and impairing [liver function](#). Studies have shown that non-alcoholic [fatty liver disease](#) (NAFLD)—ranging in severity from fatty liver to nonalcoholic steatohepatitis (NASH) to cirrhosis—has become the most prevalent cause of chronic liver disease worldwide, affecting up to 30% of the general population and found in 75% of obese individuals. The Action Plan for Liver Disease Research estimates that 5.5 million Americans have chronic liver disease or cirrhosis, which is one of the most expensive digestive diseases costing \$1.6 billion annually in healthcare costs and lost work days.

"With the obesity epidemic contributing to a rise in NAFLD cases along with the aging [HCV](#) patient population, cirrhosis among the elderly is expected to become increasingly prevalent," said Dr. Mina Rakoski with the University of Michigan Medical School in Ann Arbor. "Therefore,

understanding the health and economic burden on older cirrhotic patients, their caregivers, and the health system is extremely important." In the present study Dr. Rakoski and colleagues identified 317 patients with cirrhosis and 951 age-matched individuals without the disease from the Health and Retirement Study (HRS) and Medicare claims files. Researchers assessed patients' health status which included comorbidities, healthcare utilization and [functional disability](#). Informal caregiving, measured by hours of care and associated cost, was also examined.

Study results reveal that patients with cirrhosis were more likely to be Hispanic, have less education, and have lower net worth. Older cirrhotic patients had worse self-reported health status and more medical comorbidities compared to those without the disease. Utilization of health care services, including physician visits, nursing home stays and hospitalizations, was more than double in those with cirrhosis compared to non-cirrhotic peers.

Greater functional disability was also significant among those with cirrhosis as measured by activities of daily living (ADL) and instrumental activities of daily living (IADL). Overall, 14% of cirrhotic patients could perform only one to two ADLs, such as dressing oneself, while 10% could perform none or only one IADL, such as housework. Given their inability to perform common everyday tasks, it is not surprising that informal caregiving was much higher in individuals with cirrhosis—twice the number of informal caregiving hours per week at an annual cost of \$4,700 per person—compared to their elderly counterparts without the disease.

"Our population-based study confirms that cirrhosis in the elderly poses a significant burden to patients and their caregivers in terms of health-related and economic costs," concludes Dr. Rakoski. "A greater focus on comprehensive delivery of patient care by involving caregivers and

improving care coordination will help to optimize disease management for older cirrhotic patients." The authors recommend that future studies should investigate the impact of functional disability on outcomes such as hospital readmission and mortality in older patients with cirrhosis.

More information: "Burden of Cirrhosis on Older Americans and Their Families: Analysis of the Health and Retirement Study." Mina O. Rakoski, Ryan J. McCammon, John D. Piette, Theodore J. Iwashyna, Jorge A. Marrero, Anna S. Lok, Kenneth M. Langa, Michael Volk. *Hepatology*; December 21, 2011 ([DOI: 10.1002/hep.24616](https://doi.org/10.1002/hep.24616)); Print Issue Date: January 2012.

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