

Predicting mortality amongst older care home residents

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The number of medications prescribed to a care home resident and the frequency of their contact with their GP are strong predictors of mortality in care homes shows research published today in *Age & Ageing*, the scientific journal of the British Geriatrics Society.

Researchers from St George's, University of London investigated

predictors of mortality in older care [home residents](#) in England and Wales as compared to older people living in the community. They followed 9,772 care home and 354,306 community residents aged 65 to 104 years in 293 English and Welsh general practices in 2009. Approximately a quarter (26.2 per cent) of care home residents died within one year compared to just over 3 per cent of community residents.

The study found that in both care homes and the community, age and gender were important determinants of mortality, although the effect of increasing age was markedly attenuated in care homes. A diagnosis of dementia predicted mortality in both care homes and the community but its effect on mortality in care homes was modest compared to the community, due to the higher overall mortality in care homes. A previous cancer diagnosis was the strongest diagnostic predictor of mortality in both the community and care homes.

However, high numbers of GP consultations and prescribed medications were strong predictors of mortality in both settings. The researchers measured how many different classes of medication people had been prescribed in the last three months and the number of times they had been in contact with their GP in the last three months. This included contact, either in person or by telephone, with any GP practice clinical staff, either with the individual themselves or with a representative. It is likely that these measures of general practice use are indicators of frailty and clinical instability. Mortality was much higher in people receiving 11 or more medications compared to those receiving two or less and for people who had six or more clinical contacts compared to none.

Lead author Dr Sunil Shah said: "Care home residents are a vulnerable group. It is important to understand mortality in care homes in order to ensure that residents receive appropriate elective, preventive and palliative care. Our study shows that conventional indicators, such as

diagnosis and age, are less predictive of mortality in [care homes](#) but frequency of contact with GPs and medication use are indicators of future [mortality](#). These measures often indicate frailty and unstable health. Our findings should help GPs have timely discussions with patients and their relatives about preferences for end of life care."

Provided by St. George's University of London

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