

Hospital admissions strongly linked to disability for older adults in last year of life

May 20 2015

Yale researchers found a close association between acute hospitalizations and the development and progression of disability among older adults at the end of life. Their findings may have profound implications for medical decision-making for older people and those who care for them.

The research was published May 20 in *The BMJ (British Medical Journal)*.

In an earlier study, Thomas M. Gill, M.D., professor of medicine, and his co-authors at Yale School of Medicine had shown that the course of disability for older adults at the end of life was varied and unpredictable. To better understand the process leading to disability, a key predictor of mortality among [older people](#), they conducted a prospective study of more than 500 adults over age 70 during the last year of life.

Through home-based assessments and monthly telephone interviews, the researchers collected data on the health and functional status of participants over a 15-year period. They asked about hospital stays and reasons for admission. To assess and categorize disability, researchers also inquired about participants' ability to perform basic tasks (bathing, dressing, walking, standing from a chair) without assistance.

With these data, the researchers identified six distinct trajectories, or patterns, of disability in the last year of life, ranging from no disability to persistently severe disability. They also found that most participants—70%—had been hospitalized at least once, and 45% had

multiple hospitalizations in the last year of life.

By analyzing hospital admissions and disability severity for each of the trajectories in the last year of life, the researchers uncovered a strong association between hospital admissions for acute conditions and disability progression. "These results suggests that the disabling process in the last year of life is strongly influenced by the occurrence of acute hospitalizations," said Gill.

These new findings can help [older adults](#), family members, and physicians make more informed healthcare decisions to avoid or minimize the negative effects of acute hospitalizations, noted Gill. For example, restorative interventions may be indicated for older patients with previously low levels of disability, while palliative care may be preferable for older patients hospitalized with severe disability, he said.

"Our results may help inform decisions about the management of disability and the appropriate level of care at the end of life," Gill explained.

Provided by Yale University

Citation: Hospital admissions strongly linked to disability for older adults in last year of life (2015, May 20) retrieved 2 May 2024 from <https://medicalxpress.com/news/2015-05-hospital-admissions-strongly-linked-disability.html>

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