

Older singles in hospital more often, longer

July 21 2015, by Fiona McGill



Independence and isolation are important considerations in healthcare planning.
Credit: Thinkstock

Older Australians who live alone are the focus of new research with implications for health policy and funding.

Health economists have crunched the numbers on [hospital admissions](#)

and discharges and found that people who live alone are more likely to be admitted to hospital and to stay longer once admitted.

Professor Jane Hall, of the Centre for Health Economics Research and Evaluation (CHERE) at the University of Technology Sydney (UTS), says living alone increases the probability of hospital admission by about 3 per cent, and the length of stay by almost four days among people aged 45 and older.

The findings, using data from the 2009 Household, Income and Labour Dynamics in Australia (HILDA) survey, sharpen the focus on the healthcare challenges posed by an ageing population and the rise in the number of single-person households.

The Australian Bureau of Statistics (ABS) estimates that by 2022 the number of people aged 65 to 84 will top 4 million. Living alone is more common among the elderly. The ABS predicts one in three households will be single-person by 2026.

"Living alone is a factor that makes you more vulnerable to being hospitalised," says Professor Hall.

"We can all imagine why that might be the case – because there isn't someone at home to take care of you. There isn't someone to see you – perhaps even before you're sick – to notice that you're not as well as you used to be."

People living alone after separation or divorce are more likely to be admitted to hospital, whereas those who've always lived alone are most likely to stay in hospital longer once admitted, the researchers have found.

"We don't see any effect on people who've been widowed, which is

perhaps a little surprising given there has also been a loss," says Professor Hall.

"Maybe people are better at looking after themselves. They may have become carers [before their spouse died] and have learnt how to manage the cooking and the shopping and the nutrition."

Economist Chunzhou Mu who collaborated with Professor Hall on the research, says for each extra year of living alone, the likelihood of hospital admission rises by 0.29 percentage points, while the length of stay increases by 0.4 days.

The findings come as no surprise to Ian Day, chief executive of the Council on the Ageing NSW (COTA NSW), who says the health and wellbeing needs of older Australians require urgent and targeted planning.

Day says nurturing independence and countering isolation are important goals. He highlights hospital discharge policies, housing and mental health as key areas for attention.

"Remember what it was like to get your driver's licence? That sense of freedom and independence? Imagine that in reverse. That's what old age feels like for some people."

He identifies a wave of "economic migration" out of Sydney in the next 20 years as both a challenge and an opportunity.

"Mum and dad go north and rely on each other but when one of them goes, the other is on their own. Their visits to hospital are more frequent because there's no one to look after them ... and the level of home care is not sufficient."

The grey migration offers a chance to change how people live, says Day, who dismisses stale ideas about retirement living: that it should be on a flat, greenfield site with plenty of scope for gardens.

"Why? Why can't it be a high-rise with cafés? How and where we live is critical," Day says.

"If old people are going to be emigrating out of Sydney, where will they go to? And when they get there, then what?"

Professor Hall agrees that housing and the vulnerability of elderly tenants, as well as other economic issues, are all pieces in a jigsaw of healthcare in the future.

"This is part of a whole lot of interlinked questions about how we live, with a population that is getting older and experiencing more chronic conditions and frailty.

"If you're living with someone, there's someone to make it easier – to tell you to go to bed and rest, to bring you the hot chicken soup – though that doesn't mean we think everybody should be forced to live with somebody.

"It does mean trying to think about how services can pick up vulnerable people earlier and provide them with the sort of support that will improve their quality of life, improve their health outcomes, while at the same time placing fewer demands on the health system."

Professor Hall says it underlines the need for a continuum of services, rather than thinking about health as hospitals on the one hand and primary care on the other.

Provided by University of Technology, Sydney

Citation: Older singles in hospital more often, longer (2015, July 21) retrieved 27 April 2024 from <https://medicalxpress.com/news/2015-07-older-singles-hospital-longer.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.