

Seniors with dementia make more emergency department visits

November 12 2015

Older adults with dementia are more frequent visitors to emergency departments, returning at higher rates and incurring greater costs than older adults without dementia, according to a new study from the Regenstrief Institute and the Indiana University Center for Aging Research. The study is one of the first to explore long-term patterns of healthcare use and mortality rates of elders with cognitive impairment who visit the emergency department.

Older adults with dementia are also more likely to be admitted to the hospital (not a trivial event for this age group) and have a higher death rate following an [emergency department](#) visit than those without dementia, according to the study of 32,697 individuals aged 65 and older with and without dementia who sought emergency care over an 11-year period at Eskenazi Health, a large, urban, safety-net healthcare system.

Between one-third and half of older adults with dementia made an emergency department visit in any given year. Five years after their first emergency department visit, only 46 percent of those with dementia were alive while 76 percent of older adults without dementia who visited an emergency department had survived.

"As people live longer we will increasingly be faced with a growing number of individuals with cognitive impairment. We now know that survival rates after an ED visit differ significantly by cognitive status," said IU Center for Aging Research and Regenstrief Institute investigator Michael LaMantia, M.D., M.P.H., assistant professor of medicine at IU

School of Medicine. "We need to continue to learn how to provide better care to these vulnerable individuals in fast-paced emergency departments and after their visits to the ED.

"Our findings, which were controlled for age, race, gender and health conditions in addition to degree of [cognitive impairment](#), fill in gaps in knowledge about trajectories of care for [older adults](#) with dementia and provide an evidence-based starting point for future investigations that we should not defer."

Dr. LaMantia and colleagues write that they were intrigued to find that 53 percent of patients with dementia visiting the emergency department were discharged rather than being admitted to the hospital, raising the issue of how medically necessary the emergency department visit was and whether these patients might have received care in a lower cost setting. Or, they posit, it is possible that decisions to discharge were flawed, due to missed medical complications, incomplete assessments of the safety of the patient's home environment or other factors.

"Emergency departments are appropriately focused on recognizing and stabilizing acute life-threatening conditions and should not be, but are often used as, a substitute for ongoing comprehensive primary care especially for those, like patients with [dementia](#), whose evaluations and management require more intensive, time-consuming, and multidisciplinary resources," said study co-author Frank Messina, M.D., associate professor of clinical emergency medicine and of clinical medicine at the IU School of Medicine.

More information: The study "Emergency Department Use Among Older Adults with Dementia" has been published online in advance of print publication in *Alzheimer Disease & Associated Disorders*.

Provided by Indiana University

Citation: Seniors with dementia make more emergency department visits (2015, November 12)
retrieved 25 April 2024 from

<https://medicalxpress.com/news/2015-11-seniors-dementia-emergency-department.html>

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