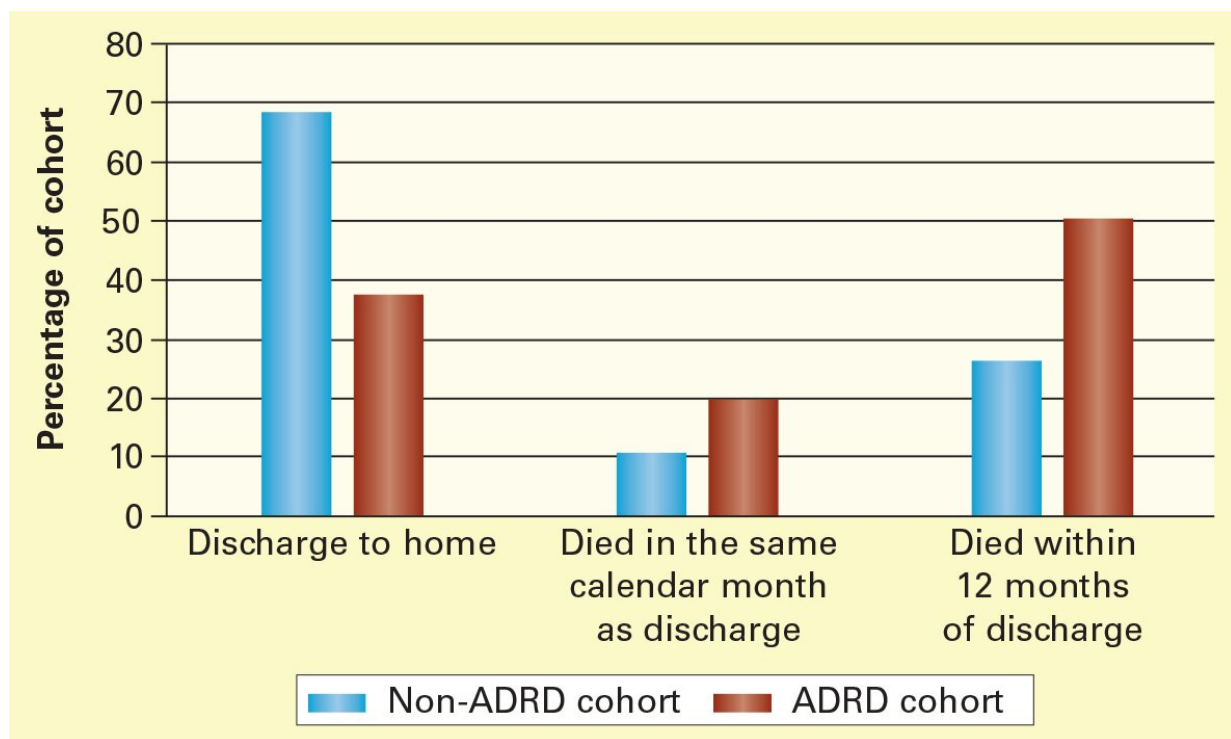


# Patients with Alzheimer's disease, dementia face twice the risk of dying after ICU discharge

July 3 2023



Outcomes after a stay in the intensive care unit for patients in cohorts with versus without Alzheimer disease and related dementia (ADRD). Credit: *American Journal of Critical Care* (2023). DOI: 10.4037/ajcc2023328

Older patients with Alzheimer's disease and related dementia (ADRD) have almost twice the risk of dying soon after they are discharged from

an intensive care unit (ICU) and within the 12 months afterward, according to research published in the *American Journal of Critical Care*.

The study, "Mortality and Discharge Location of Intensive Care Patients With Alzheimer Disease and Related Dementia," examines data from a large, geographically diverse sample of patients enrolled in Medicare Advantage (MA) plans. The authors believe it is the only published study that examines ICU outcomes among MA enrollees with ADRD, and one of the few that focus on patients with ADRD covered by MA plans.

The study found that [older adults](#) with ADRD who were admitted to an ICU were much less likely to be discharged home and faced almost twice the risk of death in the same calendar month as discharge and the 12 months after discharge when compared with patients who did not have an ADRD diagnosis.

Co-author Mary Lynn Davis-Ajami, Ph.D., FNP, RN, is a health services researcher with expertise using national databases to focus on cost and quality outcomes in complex chronic disease, often with policy implications. Currently, she is transitioning to join the faculty at Michigan State College of Nursing, in East Lansing, as associate dean for academic affairs. She worked with colleagues from Indiana University and other institutions to conduct this study.

"Patients with ADRD often have a limited life expectancy, which can be further shortened after an ICU admission or other acute event," she said. "Our findings raise questions about proactive strategies to diminish the likelihood of an ICU admission or early discussions with families and caregivers about palliative care."

Deaths in the ADRD cohort were almost twice as common within the same calendar month after discharge as well as within the following 12-month period, compared with deaths in the non-ADRD cohort.

In addition to short-term and [long-term mortality](#), the analysis revealed that a little more than one-third (37.6%) of patients with ADRD went home after hospital discharge, compared with more than two-thirds (68.6%) of non-ADRD patients.

Being dual-eligible for Medicare and Medicaid further raised patients' risk of not being discharged home from the ICU, as well as dying within the same calendar month after discharge and within 12 months following their [discharge](#).

The [observational study](#) used Optum's de-identified Clinformatics Data Mart Database version 8.1, which covers the period from 2016 to 2019. The analysis included adults 67 years of age or older with continuous MA coverage who were first admitted to an ICU in 2018. ADRD and comorbid conditions were identified from claims.

After applying exclusion criteria, the final study population included 145,342 patients with a first-time admission to the ICU in 2018 and who were discharged from the ICU. Among this group, 10.5% (15,289) had a diagnosis of ADRD.

The analysis did not examine reasons for the initial ICU admission and causes of death or differentiate between types of ADRD or between mild and severe dementia, and other elements that might influence outcomes.

**More information:** Mary Lynn Davis-Ajami et al, Mortality and Discharge Location of Intensive Care Patients With Alzheimer Disease and Related Dementia, *American Journal of Critical Care* (2023). [DOI: 10.4037/ajcc2023328](https://doi.org/10.4037/ajcc2023328)

Provided by American Association of Critical-Care Nurses (AACN)

Citation: Patients with Alzheimer's disease, dementia face twice the risk of dying after ICU discharge (2023, July 3) retrieved 3 May 2024 from

<https://medicalxpress.com/news/2023-07-patients-alzheimer-disease-dementia-dying.html>

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