Living Alone in Alzheimer’s Disease—The Influence of Functional Impairment.

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The Swedish Alzheimer Treatment Study (SATS) is a prospective, open, non-randomized, multicenter study undertaken to investigate the long-term effectiveness of cholinesterase inhibitor (ChEI) treatment from various perspectives, such as cognition, activities of daily living (ADL), and usage of community-based services. Among the 1,258 patients with a clinical diagnosis of probable or possible AD in the SATS, 1,021 had mild-to-moderate AD (Mini-Mental State Examination (MMSE) score, 10–26) at the start of ChEI therapy (baseline). Three hundred fifty-five (35%) of these individuals were living alone at the baseline, with or without HHS, and were included in the current study. Patients were assessed regarding cognitive ability (MMSE), functional capacity (Instrumental Activities of Daily Living (IADL) scale and Physical Self-Maintenance Scale (PSMS)), and the amount of HHS (hours/week), at baseline and every 6 months for a total period of 3 years. Binary logistic regression was used to determine the individuals’ characteristics that affected the use of HHS at baseline. The following potential predictors were investigated: gender, APOE ε4 carrier status, level of education, illness duration, age, number of medications, and cognitive and functional abilities at baseline. 

### Methods

The SATS is a prospective, open, non-randomized, multicenter study undertaken to investigate the long-term effectiveness of ChEI treatment from various perspectives, such as cognition, activities of daily living (ADL), and usage of community-based services. Among the 1,258 patients with a clinical diagnosis of probable or possible AD in the SATS, 1,021 had mild-to-moderate AD (Mini-Mental State Examination (MMSE) score, 10–26) at the start of ChEI therapy (baseline). Three hundred fifty-five (35%) of these individuals were living alone at the baseline, with or without HHS, and were included in the current study. Patients were assessed regarding cognitive ability (MMSE), functional capacity (Instrumental Activities of Daily Living (IADL) scale and Physical Self-Maintenance Scale (PSMS)), and the amount of HHS (hours/week), at baseline and every 6 months for a total period of 3 years. Binary logistic regression was used to determine the individuals’ characteristics that affected the use of HHS at baseline. The following potential predictors were investigated: gender, APOE ε4 carrier status, level of education, illness duration, age, number of medications, and cognitive and functional abilities at baseline.

### Results

At the start of ChEI therapy, 267 of the 355 (75%) solitary-living patients were in the mild stage of AD (MMSE score, 20–26). After 3 years of ChEI treatment, 89 individuals (25%) were still living alone in their own home. The cognitive ability of those patients varied appreciably.

### Conclusions

A substantial number of AD patients, predominantly females, live alone with severe cognitive and functional impairments. The amount of home help services used did not reflect disease severity. Functional, but not cognitive, ability predicted the need for home help, suggesting that home help services meet the needs related to cognitive deterioration to a lesser extent. Increased knowledge about how community-based services can better accommodate the care needs of recipients with cognitive impairment is essential.

### Background

A large number of individuals with Alzheimer’s disease (AD) live alone and receive little or no help from family members, which implies an additional pressure on the increasing societal costs of dementia care. About half of the informal help received has been reported to consist of surveillance, diversion from repetitive or dangerous activities, and management of behavioral disturbances. Lack of help in monitoring these expressions of AD might lead to safety issues for individuals who live alone. Moreover, difficulties in detecting increasing impairments in their cognitive and functional abilities could affect negatively the opportunities of solitary-living individuals to receive necessary formal help. Living alone with dementia is also a strong risk factor for nursing home placement. This study aimed to describe the cognitive and functional abilities of solitary-living AD patients, as well as the potential predictors of usage of community-based home help services (HHS).