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Risk factors for community-based home help services among patients with Alzheimer's disease



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Conclusions

Functional, but not cognitive, ability influenced the need for home help in AD patients. Solitary living, age and functional status predicted the use of community-based home help services with high accuracy. Male patients were cared for by their spouses to a higher extent than were female patients.

Background and objectives

Alzheimer's disease (AD) is a chronic, progressive disease that usually develops over the course of several years. As the disease progresses gradually, the need for various types of social service and medical care grows. At present, AD is considered as one of the principle causes of increment in health care costs. The aim of this presentation was to identify socio-demographic and clinical factors that predict the use of community-based home help services in long-term cholinesterase inhibitor (ChEI)-treated patients with AD.

Methods and subjects

The Swedish Alzheimer Treatment Study (SATS) is an open, prospective, non-randomized, multicentre study performed in a routine clinical setting. Patients with the diagnosis of AD who were living at home at the time of inclusion were treated with donepezil, rivastigmine or galantamine. They were assessed using several cognitive and functional rating scales, including MMSE, IADL and PSMS, at baseline and every 6 months over 3 years. The first 880 patients with mild-to-moderate AD (baseline MMSE score, 26–10) who had the opportunity to complete the full study were assessed regarding the use of home help services and adult day care. The following factors were investigated: sex, APOE ε4 carrier status, living alone or with family members, level of education, age, illness duration and cognitive and functional level at baseline. Binary logistic regression was used to determine the patient characteristics that influenced the use of home help services at baseline.

Table 1. Baseline characteristics

Number of patients (n)	880
Sex (male/female; %)	37/63
APOE ε4-carrier (yes/no; %)	68/32
Solitary living (yes/no; %)	34/66
Age at start of treatment, years ^a	75.1 ± 7.0
Education, years ^a	9.4 ± 2.5
Illness duration, years ^a	3.1 ± 2.2
MMSE ^a	21.3 ± 3.8
IADL ^a	16.1 ± 5.5
PSMS ^a	7.5 ± 2.2

^amean ± SD

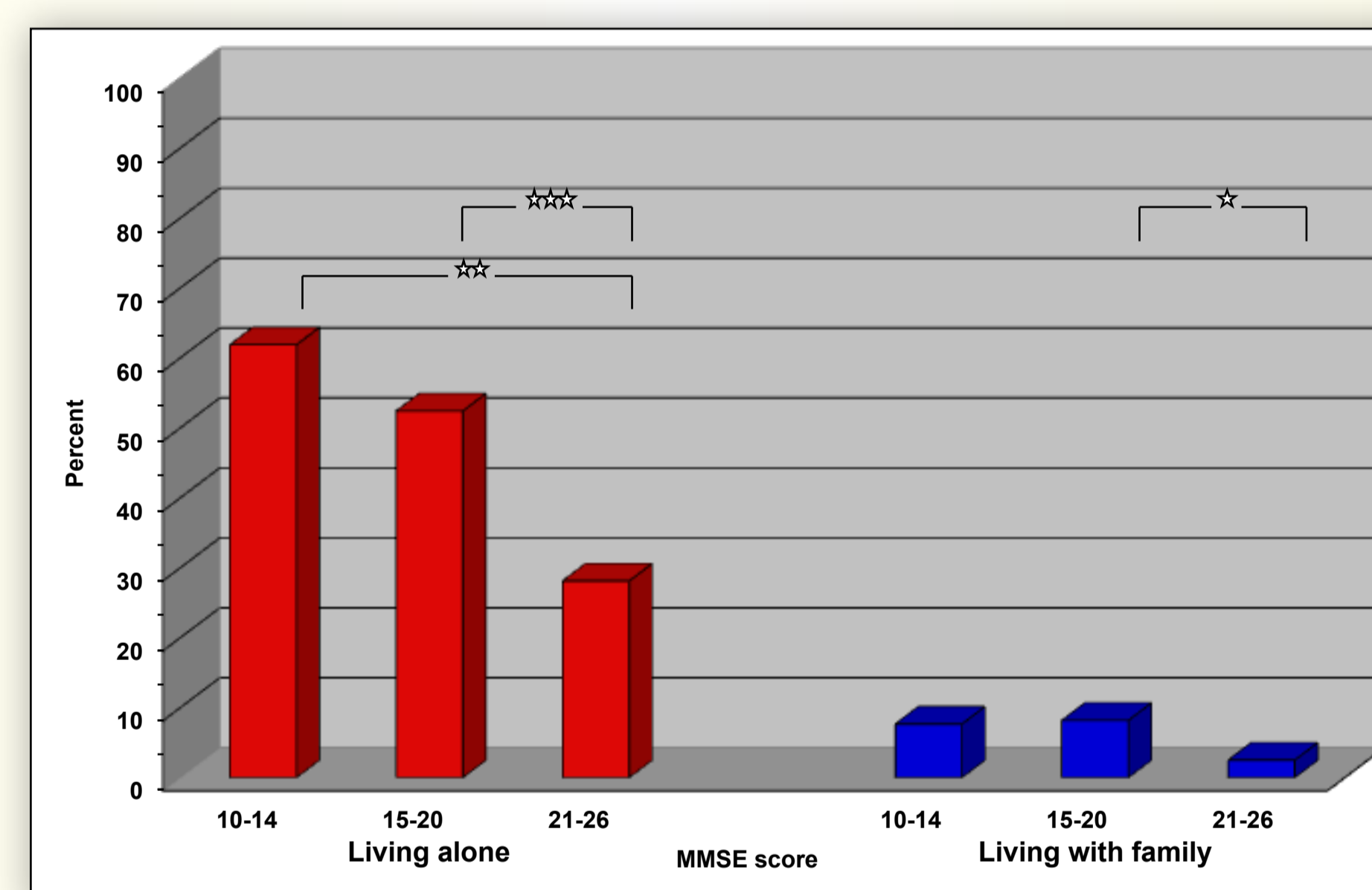
MMSE – Mini-Mental State Examination scale (30–0)
IADL – Instrumental Activities of Daily Living scale (8–31)
PSMS – Physical Self-Maintenance Scale (6–30)

Results

Usage of community-based services over the course of 3 years

- Among the 880 AD patients examined, 139 (16%) received home help services at the start of ChEI treatment (average, 5.7 h/week).
- After 3 years, 31% of the remaining 286 patients living at home used a mean of 8.7 h of home help/week.
- The corresponding number of users of adult day care was 42 patients (5%) at baseline, and 71 (25%) after 3 years.

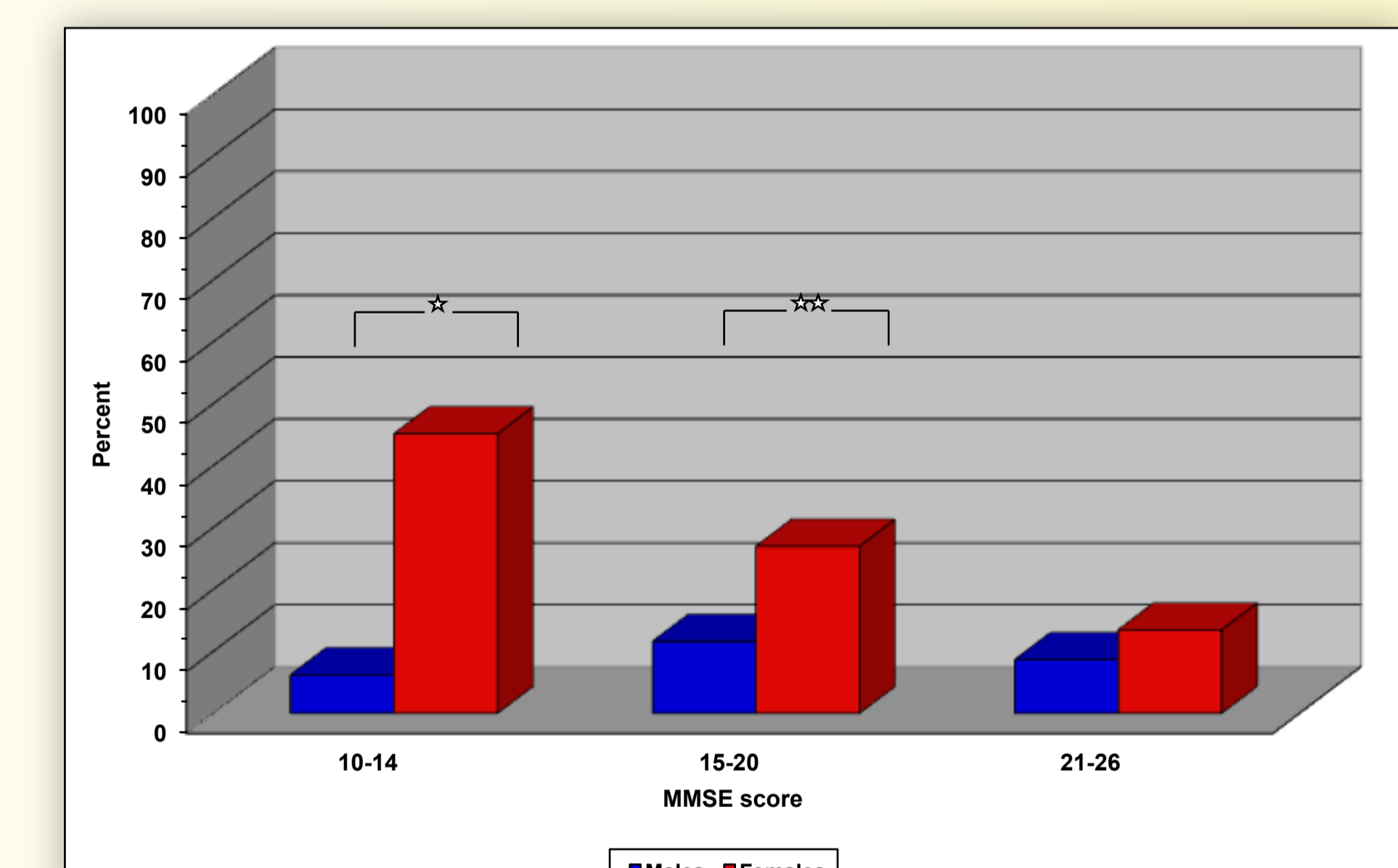
Figure 1. Usage of home help services according to cognitive ability at baseline and solitary living



Among the patients with an MMSE score of 10–14, 62% of those living alone used home help services compared with 8% of those living with a spouse. No difference regarding usage of home help services was detected between the groups with MMSE scores of 10–14 and 15–20.

(* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$)

Figure 2. Usage of home help services according to cognitive ability at baseline and sex



A significantly greater percentage of female patients with an MMSE score < 21 used home help services compared with males. No difference between sexes regarding the usage of home help was detected in the group with an MMSE score of 21–26.

(* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$)

Table 2. Binary logistic regression analysis of the presence of home help services at baseline and significantly associated variables

Independent variables	Odds ratio	Odds ratio, 95% CI	p-value
Solitary living at baseline (no = 0, yes = 1)	21.5	11.2–41.3	<0.001
Age at first assessment, years	1.08	1.02–1.13	0.004
IADL score at baseline	1.23	1.15–1.32	<0.001
PSMS score at baseline	1.22	1.08–1.38	0.001

The four variables mentioned above classified 90% of the patients correctly regarding whether they used home help services. The variables of sex, APOE ε4 carrier status, level of education, illness duration and MMSE score at baseline were not significant in the multivariate model.

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