Factors Influencing Time to Nursing Home Placement in Persons with Probable Alzheimer’s Disease

McGee JS, Nguyen, A, Darby E, Chan W, Pavlik V, Doody R

Baylor College of Medicine, Department of Neurology, Alzheimer’s Disease and Memory Disorders Center, Houston, TX

**BACKGROUND**

- Between 30-50% of people with dementia (PWD) from high income countries reside in resource- and cost-intensive residential or nursing home care facilities.
- However, the majority of PWD report a preference to reside in their own homes regardless of disease stage.
- Thus, there is a need: 1) to better identify those at risk for early placement; and 2) to identify effective interventions aimed at mitigating/reducing time to placement.

**METHODS**

- Participants: Prospectively collected longitudinal data were obtained from the Baylor College of Medicine ADMD, Houston, TX.
- Inclusion: a) NINCDS-ADRDA criteria for probable AD; b) no confounding secondary diagnoses; and c) at least one yearly follow-up visit (n = 1210).
- Exclusion: a) onset of symptoms greater than 3 years prior to baseline visit; and b) NHP between baseline and the first yearly follow-up visit.

**RESULTS**

**IMPLICATIONS**

1) In this sample, we demonstrated that slower PPR was associated with longer delays in NHP even after adjusting for covariates (p<0.01).
2) Disease severity at which HCRS is introduced is associated with longer delays to NHP in an unadjusted model (p=0.03).
3) However, when other variables are accounted for (e.g. caregiver stress, functional status, and gross cognitive functioning), this finding does not hold (p=0.39).

**LIMIATIONS**

- Participants were followed at a single site, which may have limited the generalizability of the study.
- Recall error may have contributed to inaccurate reporting of HCRS.
- Since data collected regarding service utilization was based on a binary measure of use versus non-use, we were unable to examine the association between amount of HCRS use and time to NHP.

**EXCLUSION**

- a) NINCDS-ADRDA criteria for probable AD; b) no confounding secondary diagnoses; and c) at least one yearly follow-up visit (n = 1210).