

Mortality in older people with cognitive spectrum disorders on admission to the acute medical unit:

- analysis of a prospective cohort of 6724 patients with two years follow up-

Simona M. Hapca, Bruce Guthrie, Jinnan Zang, Vera Cvorc, Emma Reynish and Peter Donnan

School of Medicine, University of Dundee,



hic
health informatics
centre



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*National Institute for
Health Research*

Mortality in older people with cognitive spectrum disorders on admission to the acute medical unit:

Presentation outline:

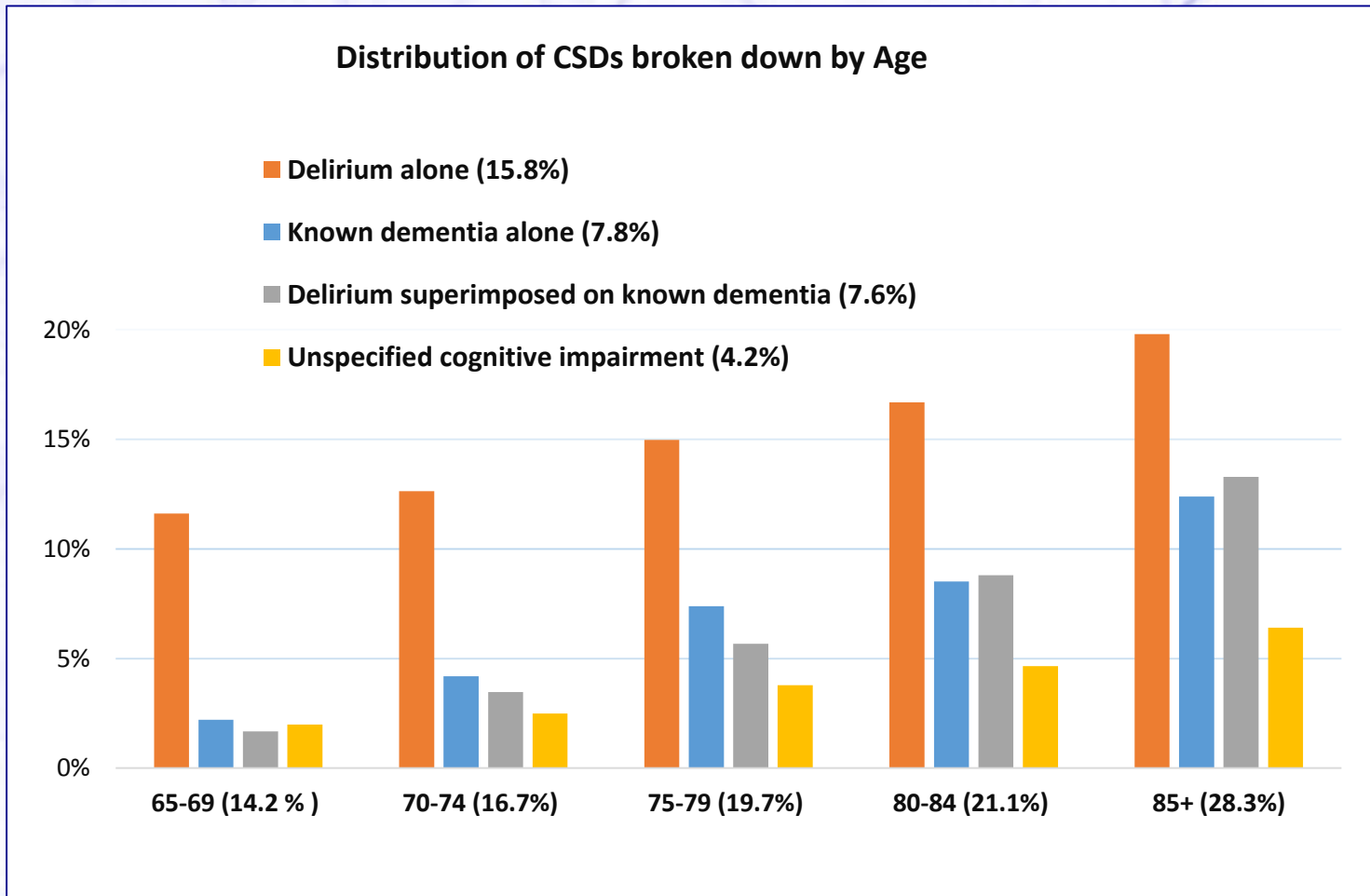
- About the study
- Describing the cohort
- Mortality in patients with CSD
- Who is mostly at risk and when?

About the study

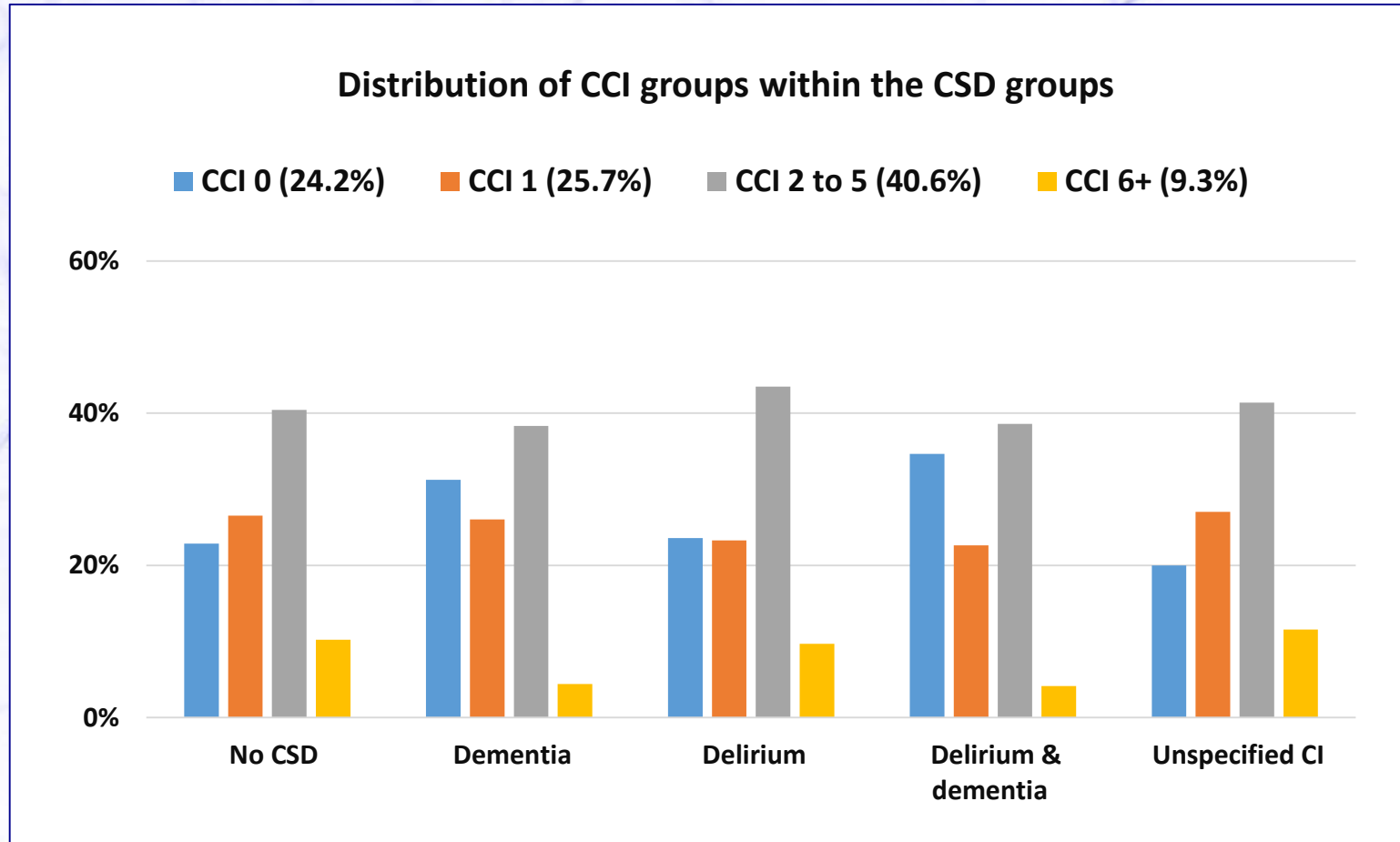
Main definitions	
Study period	- from 01/01/2012 to 31/12/2013 (2 years)
Eligible admissions:	- any admission of Fife patients at the Acute Medical Unit (AMU) under the Acute Medicine, General Medicine and Geriatric Medicine specialty
Cohort	- Fife patients 65+ and have had at least one eligible admission with an episode at Victoria hospital during the study period
Incident cohort	- Patient from the cohort with no eligible admission during the 6 months prior to the study
Incident cohort admissions with OPRAA assessment	- There were 6724 incident admission with OPRAA assessment included in the analysis

Describing the cohort: Prevalence of CSD with Age

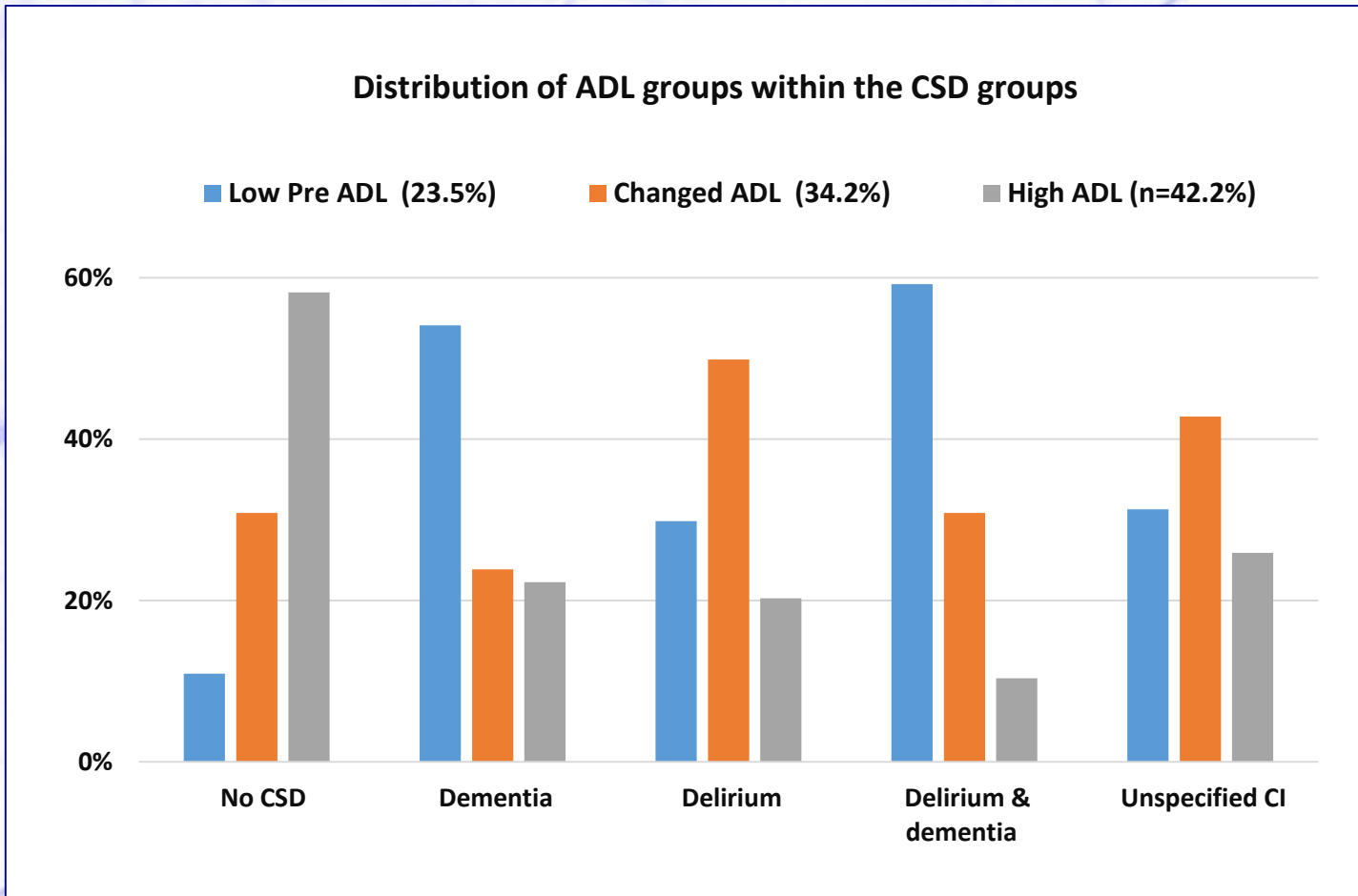
- 6724 patients: 56% women, 7.4% care home, 35.4% with CSD



Charleston Comorbidity Index (CCI) in patients with CSDs



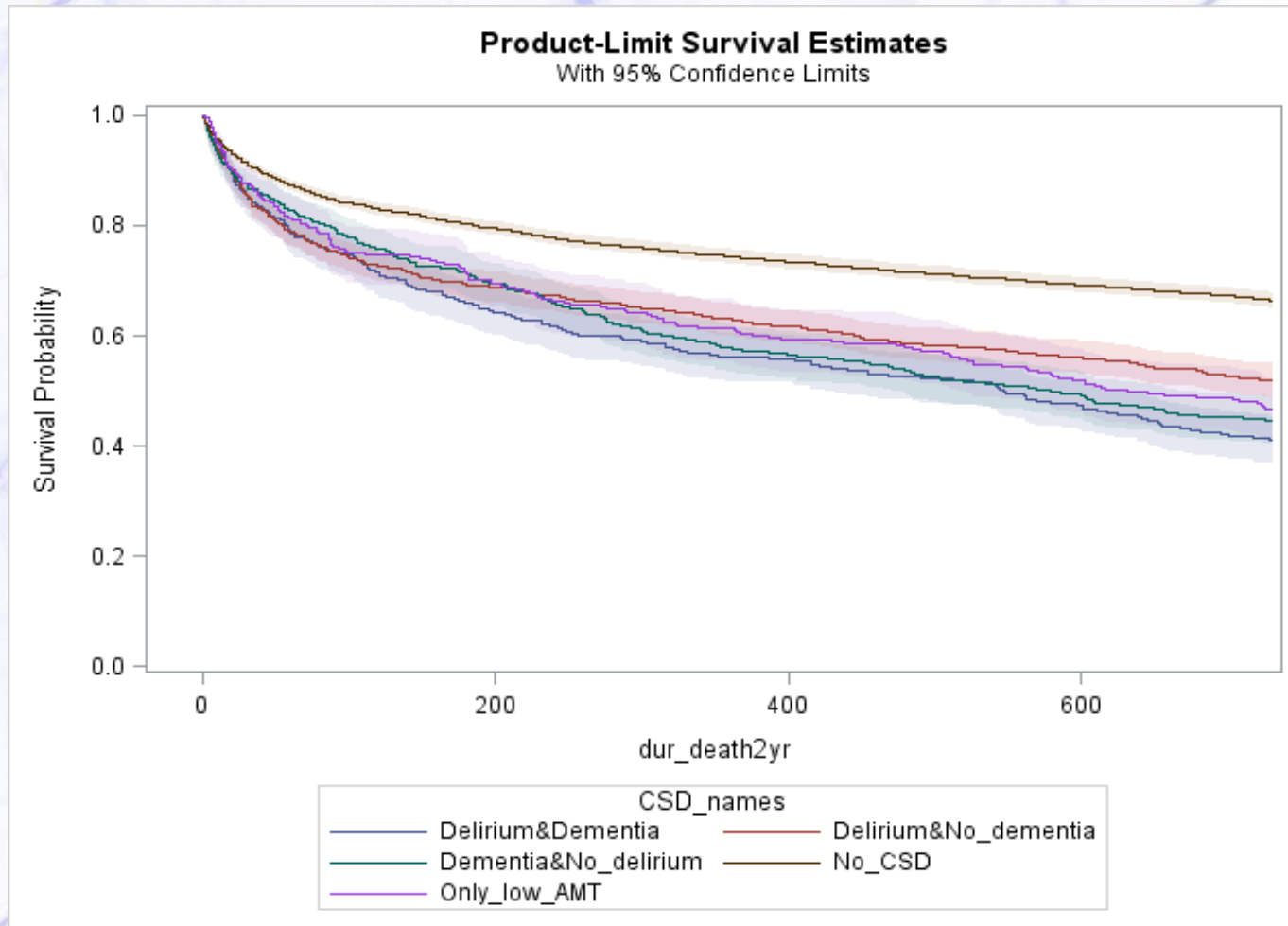
Activities of Daily Living (ADL) in patients with CSDs



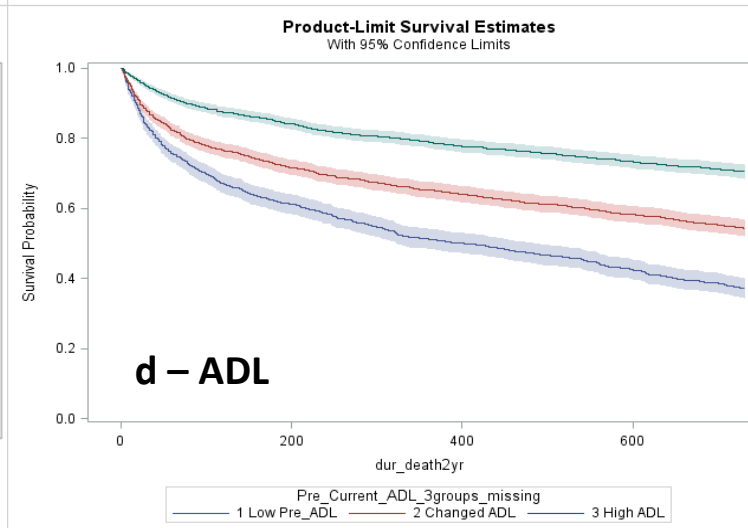
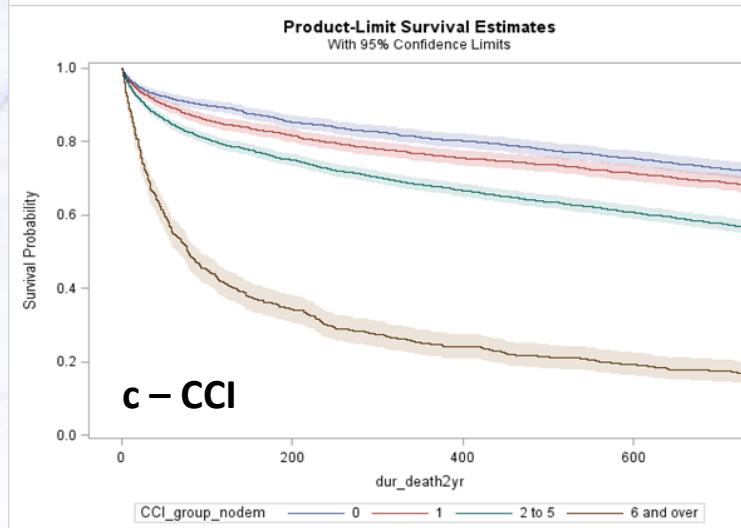
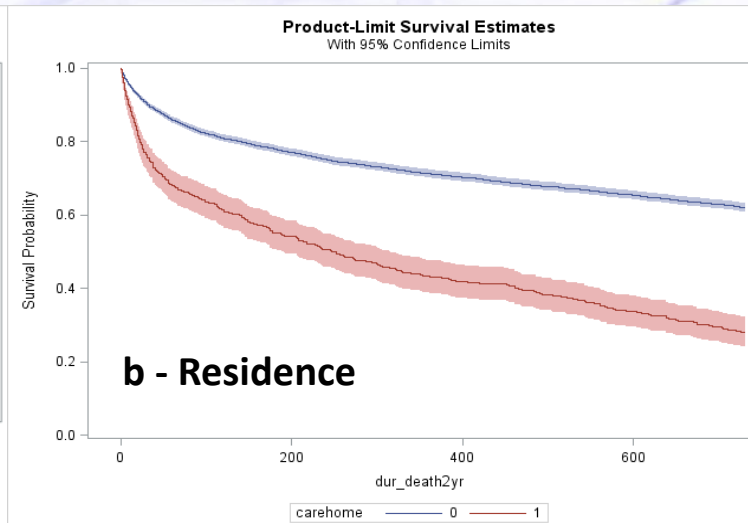
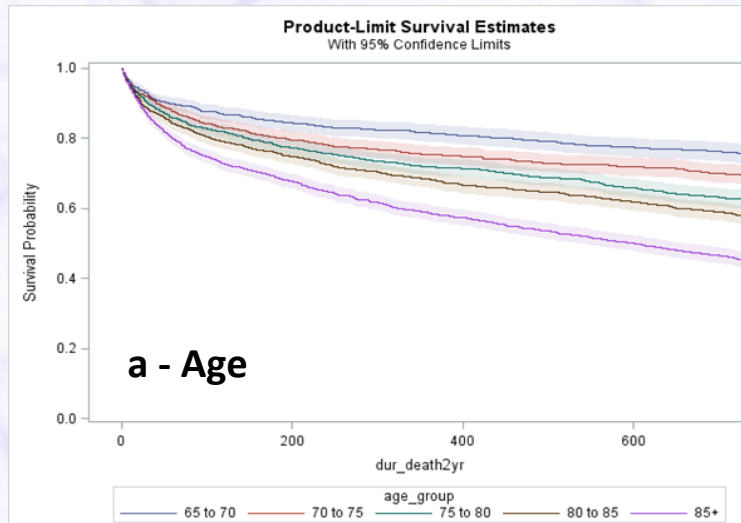
Mortality in people with CSD

Time to death	CSDs death date	No CSDs death rate	Overall death rate
30 days after admission	13.7%	8.8%	10.5%
90 days after admission	30.7%	19.7%	23.6%
1 year after admission	40%	25.8%	30.8%
2 years after admission	52.6%	33.5%	40.2%

Survival in patients with CSDs

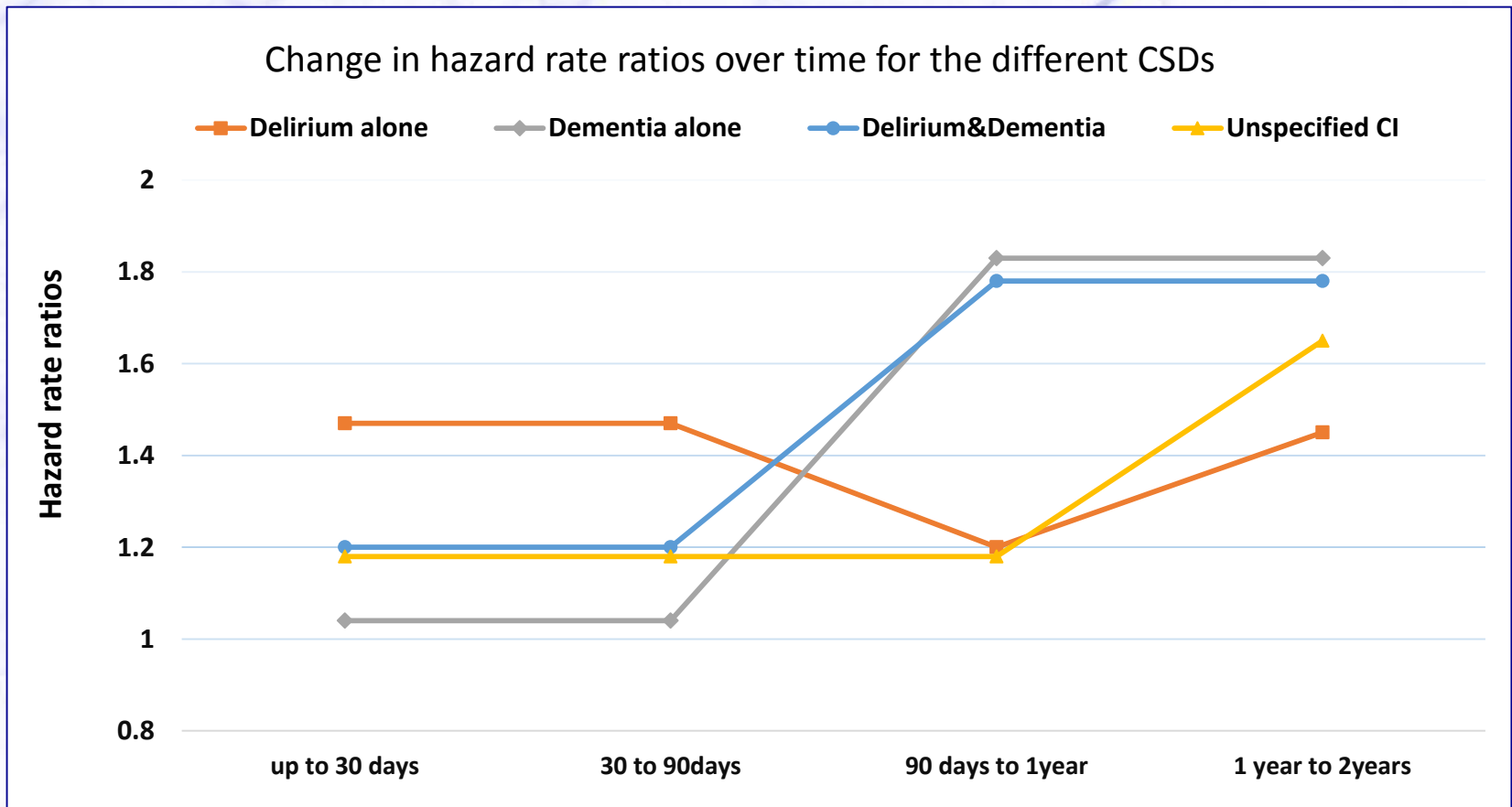


Other factors affecting survival



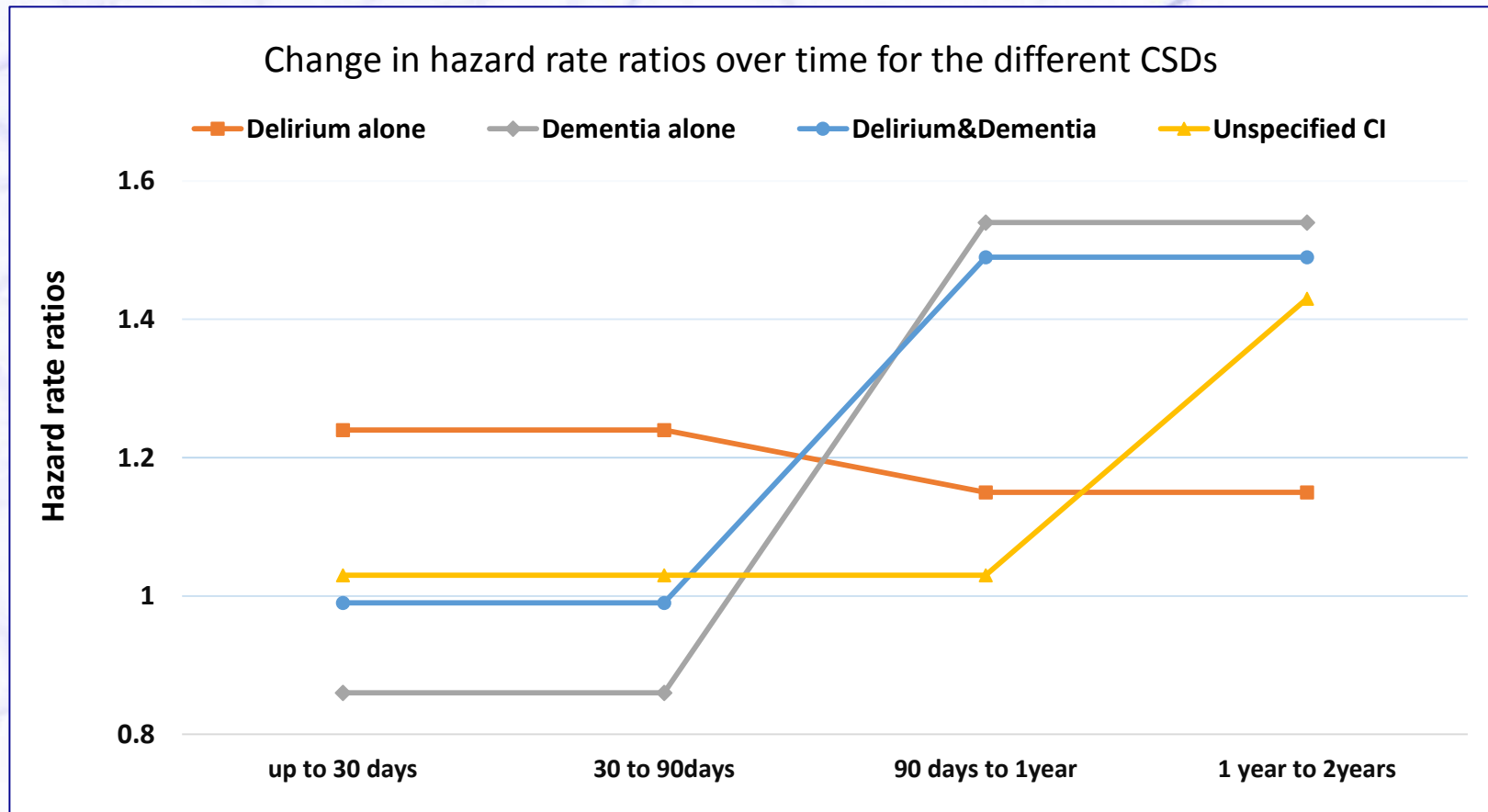
Who is mostly at risk and when?

- Cox survival model with non-proportional hazard ratio adjusted for sex, age, residential status and CCI



Can Low ADL functions fully explain mortality in people with CSDs?

- Cox survival model with non-proportional hazard ratio adjusted for sex, age, residential status, CCI and **ADL groups**



Conclusions

- Patients with CSD at admission are at a significant risk of death compared to those with no CSD.
- Patients admitted with **delirium** are at a significant increased risk **in the first 3 months** following admission and **after 1 year**
- **Dementia** pose a significant increased risk of death only **after 3 months** from admission.
- Patients with **unspecified cognitive impairment** show a significant increased risk of death **after 1 year** from admission
- The type of CSD is important for care services to help prevent death in people with CSD following hospital admission.



Thank you!