

# Acute medical care for patients with advanced dementia – achieving a balance

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**TITLE** Advanced care planning and hospital in the nursing home

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**LIST OF ABBREVIATIONS** Advanced care planning (ACP), hospital in the home (HITH), nursing home (NH)

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## SUMMARY

Increasing numbers of frail elderly patients with dementia who live in NHs are admitted to acute hospitals at times of intercurrent illness or preterminal decline. Increasing numbers of physicians question the value of many such admissions.

The aim of this study was to assess whether a programme of education of carers and family of residents of NHs in Sydney, Australia, had any impact on the subsequent rates of hospitalisation of such patients.

The authors conducted a simple comparative cohort study in which elderly residents with dementia who lived in one group of NHs experienced usual care, and those living in another, separate, group of NHs, experienced the intervention model. As many lacked competence to participate in decision-making regarding their own welfare, clear protocols for the involvement of proxy decision makers, usually family members, were utilised.

The intervention consisted of educational meetings with families, care home staff and general practitioners, in which the progressive and ultimately fatal nature of dementia was discussed. Options regarding ACP, for example, the withholding of antibiotics at time of intercurrent and perhaps life-threatening infection, were clarified. Alternatives to hospitalisation, including use of the local HITH scheme, were explained.

Over the subsequent three-year follow-up period, emergency calls to the ambulance service from intervention group NHs, and hospitalisation of residents from these NHs, was significantly lower than

in the NHs where residents experienced usual care. Interestingly, mortality in the intervention group NHs was no higher than in the control group.

No detailed economic analysis was conducted, but the same authors have previously shown that the HITH component of the cost of the programme is less than half that of hospital care.

## OPINION

Any physician sharing acute take duties in any UK hospital will be aware of the dramatic increase in the numbers of frail, elderly NH residents with dementia who present, and are invariably admitted, to acute medical units.

Patients of all ages with advanced, incurable, progressive and ultimately fatal disease, be that dementia, cancer, or another, clearly have a right to best care of acute intercurrent illness. On the other hand, no patient should be exposed to excessively burdensome treatment, if the expectation of a successful or acceptable outcome is low.

Achieving a balance between conservative and interventional treatment options for patients with dementia can be difficult. Their own treatment wishes cannot always be gauged; most will not have written an advance treatment directive; many such advance directives are insufficiently explicit; proxy decision makers often find the emotional implications of involvement in decision making in the acute setting hard to bear. In the hectic atmosphere of a typical receiving unit, junior medical staff, understandably, often treat first and ask questions later.

Consequently, discussions regarding the appropriate intensity of care frequently happen after an initial decision to treat has been made, and in that situation, many physicians find it harder to stop established treatment, especially hydration, than to have withheld such treatment at an earlier stage.

This study, and the accompanying editorial,<sup>1</sup> add to the developing literature on optimal management of patients with advanced dementia. Importantly, it confirms that many family members remain relatively unaware of the progressive nature of dementia, and of the fact that it is possible to opt for a strategy of non-interventional treatment in advance. Obviously, not all intercurrent illness is life-threatening, even in such frail patients, and the fact that mortality was no higher in the intervention group suggests that many episodes of intercurrent illness can be managed successfully without acute hospitalisation.

Could this be replicated now, in the nursing homes near you? Perhaps. Reasons for admission are

complex – some NHs lack sufficient nursing staff to provide terminal nursing care for patients; many localities have no HITH team to enable temporary augmentation of care; primary care medical cover of NHs is variable in quantity and quality; discussions regarding advanced care planning are time consuming and sensitive.

In the future, two broad changes must occur. Firstly, acute medical units must appreciate that some frail elderly NH residents will still require and wish to be admitted to hospital at times of intercurrent illness, characterise the specific care needs of this patient group, and shape their facilities and staffing accordingly.

Secondly, if the overall quality of care for terminally ill patients with dementia is to improve, then resourcing of nursing home care must also improve. This means better financing, better staffing and, as this study has shown, better education of staff, carers and family alike.

## REFERENCE

- 1 Hertogh CMPM. Advance care planning and the relevance of a palliative care approach in dementia. *Age and Ageing* 2006; **35**:553–5.

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