

Functional trajectories of older acute medical inpatients: increased vulnerability with age



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I. troductio. a. d objectives:

Acute diseases and hospitalization are associated with functional decline in older persons. The aim of this study was to describe changes in basic activities of daily living (BADL) function before and during hospital admission in older acute medical patients and to assess the effect of age on loss of BADL function.

Methods: This was a single-centre, observational, and prospective study which included 91 patients who were admitted to an Acute Care Unit of a Portugal academic hospital and were aged 65 years and older. Performance in basic activities of daily living at home (self-reported), at hospital admission (observed) and at discharge (observed) was collected. Functional status of the elderly patients at 2 weeks before hospitalization (baseline), at hospital admission, and at discharge was measured by the Katz Index. Differences in scores for basic activities daily living between baseline and admission, between admission and discharge, and between baseline

and discharge were used to define pre-admission, in-hospital and overall functional decline.

Results a. d Discussio. :

Pre-admission, in-hospital and overall functional decline occurred in 78.0%, 4.4% and 63.7% of the participants, respectively. In contrast, in-hospital functional improvement occurred in a minority of the patients (14.3%). Hospitalized older people are discharged with BADL function that is worse than their baseline function. The oldest patients are at particularly high risk of poor functional outcomes because they are less likely to recover BADL function lost before admission.

Co. clusio. : These results emphasize the overriding need for implementing in-hospital processes to prevent functional decline and enhance functional recovery. This study also highlights the need for nurses to closely monitor the functional status of hospitalized older people, particularly in the oldest patients.

PALAVRAS-CHAVE:

Functional decline; older people; activities of daily living; hospitalization