RELATIONSHIP BETWEEN QUALITY OF LIFE AND COGNITIVE STATUS AMONG LONG-TERM CARE FACILITY RESIDENTS IN WEST VIRGINIA: A PILOT STUDY

Johnson JK1, Scott VG1, Mody RR1, Atkinson WL2
1West Virginia University, Morgantown, WV, USA; 2Aegis Health, Lewisburg, WV, USA

OBJECTIVE: The Omnibus Reconciliation Act of 1987 (OBRA '87) requires trained clinical professionals in nursing homes to complete an assessment called the Minimum Data Set (MDS) to evaluate the functional, medical, psychosocial, and cognitive status of each resident. The objective of this pilot study is to examine the relationship between cognitive status as measured by the MDS Cognitive Performance Scale (CPS) and quality-of-life as measured by the Quality-of-Life in Late-Stage Dementia (QUALID) scale among residents of West Virginia (WV) long-term care (LTC) facilities.

METHODS: A cross-sectional study was completed using a convenience sample of 339 residents from 10 LTC facilities in WV. CPS scores for residents were calculated by a consultant pharmacist from the MDS scores. Direct-care assistants assessed residents’ quality-of-life using the QUALID scale, which evaluates 11 observational behaviors on a 5-point scale with scores ranging from 11 (best) to 55 (worst). Descriptive statistics and one-way ANOVAs were conducted to examine differences in quality-of-life among residents with intact cognitive function (CPS = 0), mild cognitive impairment (CI) (CPS = 1,2), moderate CI (CPS = 3,4) and severe CI (CPS = 5,6).

RESULTS: The mean age for residents was 78.5 years. QUALID and CPS mean scores were 24.07 and 3.34, respectively. Mean QUALID scores for individuals with severe CI (27.1 ± 7.8) were significantly higher (p < 0.00) than for individuals with intact cognitive function (20.0 ± 7.3), mild CI (21.4 ± 7.8) and moderate CI (22.9 ± 9.2). One-way ANOVAs showed no differences for QUALID and CPS scores based on age categories and gender.

CONCLUSIONS: Results of this study show that cognitive status, as indicated by CPS scores, significantly affects QUALID scores. Based on QUALID scores, LTC residents with more severe CI have significantly lower quality-of-life. Further studies are needed to determine if improved changes in QUALID scores postpone decline of cognitive status or if interventions which delay deteriorating cognitive status improve quality-of-life.

A COMPARATIVE COST ANALYSIS OF ALZHEIMER'S DISEASE VERSUS VASCULAR DEMENTIA

Menzin J1, Boulanger L1, deFriesse R1, Friedman M1, Neumann PJ1
1Boston Health Economics, Inc, Waltham, MA, USA; 2Harvard School of Public Health, Boston, MA, USA

OBJECTIVES: To evaluate the average per-patient cost of Alzheimer’s disease (AD) versus vascular dementia from the perspective of the Medicaid program.

METHODS: Using administrative claims data for Medicaid recipients in the Southeastern U.S., we assessed Medicaid expenditures among adults 50+ years of age diagnosed with vascular dementia (ICD-9-CM 290.4) or AD (ICD-9-CM 331.0) during FY2001. Patients with either condition who were eligible for Medicaid at the beginning of the year were included in the study. Multivariate techniques were employed to estimate adjusted mean expenditures while controlling for sociodemographic differences between the study cohorts.

RESULTS: In total, 2541 patients met study inclusion criteria; 490 were diagnosed with vascular dementia and 1820 with AD. Relative to AD patients, those diagnosed with vascular dementia were younger (mean age 77 vs. 81 years for AD patients), more likely to be male (32% vs. 24%), and more likely to be African American (22% vs. 15%). The burden of comorbidity was higher among vascular dementia patients, especially for cerebrovascular disease (25% vs. 9%), but also for congestive heart failure (9% vs. 5%) and diabetes mellitus (14% vs. 6%). Mean Medicaid expenditures were approximately $6,300 higher for patients with vascular dementia versus AD ($31,390 vs. $25,102; p < 0.0001). Nursing home facility stays (56%) and hospitalizations (29%) contributed to most of this excess cost. Adjusting for differences in age, gender, and race between the two cohorts, average per-patient expenditures were about $5320 higher in the vascular dementia group.

CONCLUSIONS: We found that relative to patients with AD, Medicaid recipients diagnosed with vascular dementia have significantly higher healthcare costs. The increased expenditures for vascular dementia reflect in part the higher prevalence of associated cardiovascular conditions, and correspondingly, a greater use of institutional services. Efforts to better control cardiovascular risk factors may help alleviate the future burden of vascular dementia.

INAPPROPRIATE DRUG PRESCRIBING IN OUTPATIENT CARE FOR THE ELDERLY: THE CASE OF POTENTIALLY HARMFUL DRUG-DRUG AND DRUG-DISEASE COMBINATIONS

Zhan C1, Correa-de-Araujo R1, Wickizer S2, Miller MR3, Bierman A4
1AHRQ, Rockville, MD, USA; 2NCI, Frederick, MD, USA; 3Johns Hopkins Children’s Center; Baltimore, MD, USA

OBJECTIVES: Inappropriate prescribing is a major patient safety concern in the aged population. Prescribing of individual agents inappropriate for the elderly regardless of diagnosis or concomitant medications has been studied extensively. However, little is known about the prevalence and circumstances of potentially harmful drug-disease and drug-drug combinations in this popula-