

For older adults with dementia, transitions in care can increase risk for serious problems

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A transition is a physical move from one location to another with a stay of at least one night. For older adults, especially those with dementia, some transitions may be unavoidable and necessary. However, unnecessary transitions are linked to problems such as medication errors, hospital readmissions, and increased risk of death. What's more, good dementia care emphasizes the need for familiar people and familiar environments, and this can be more difficult to support when too many transitions take place. Having coordinated care and a long-term care plan in place that considers the needs of a person with dementia may reduce unnecessary transitions, say the authors of a study published in the *Journal of the American Geriatrics Society*.

In their study, researchers from the UBC Centre for Health Services and Policy Research in Vancouver, British Columbia, followed 6,876 people aged 65 and older who were diagnosed with [dementia](#) between 2001 and 2002. The researchers analyzed healthcare data from 2000 until the study ended in 2011. Besides dementia, 23 percent of the group had no other chronic diseases at the beginning of the study, while 44 percent of the group had two or more [chronic diseases](#).

The researchers found a spike in the number of transitions during the first year of [dementia diagnosis](#). Sixty-five percent of the study participants experienced at least one transition during the year of their diagnosis; 17 percent experienced three or more transitions, most of which were hospitalizations. More than 60 percent of people were hospitalized in the year of their diagnosis, and these hospital stays

generally lasted for a month or longer.

In addition to data regarding the year of diagnosis, the researchers also uncovered that people experienced a higher number of transitions the year prior to and the year of their death. Receiving a prescription for an antipsychotic medication or benzodiazepine, as well as living in more rural areas, were linked to a higher number of transitions, too.

The researchers learned that receiving ongoing care from a known [primary care physician](#) and receiving care consistent with dementia guidelines were linked to fewer transitions. Depending on each person's needs, guideline recommendations include:

- Receiving recommended lab tests
- Seeing a dementia specialist
- Having a physical exam
- Participating in counseling

The researchers concluded that, for people with dementia and their caregivers, the year of diagnosis is often overwhelmingly stressful. Still, steps can be taken to lessen [transitions](#) and improve care. These include:

- Connection to an ongoing primary care provider
- Early, advanced care planning consistent with one's wishes
- Having a patient advocate who can help with care coordination
- Increasing caregiver and provider awareness of community support systems

More information: Saskia N. Sivananthan et al. Diagnosis and Disruption: Population-Level Analysis Identifying Points of Care at Which Transitions Are Highest for People with Dementia and Factors That Contribute to Them, *Journal of the American Geriatrics Society* (2016). [DOI: 10.1111/jgs.14033](https://doi.org/10.1111/jgs.14033)

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