Which Nursing Home Residents are Administered Psychological Therapy more often? – Cross-Country Comparison in the ICARE4OLD Study

Barańska I.¹, Drapała N.¹, Stodolska S.¹, Ziuziakowska A.¹, Sekulak K.¹, Jagielski P.¹, Kijowska V.¹, Fialová D.^{3,4}, Pokladníková J.³, Joling K.J.⁵, Kooijmans E.C.M.⁶, Hoogendoorn M.⁷, Hoogendijk E.O.⁶, van Hout H.P.J.⁶, Szczerbińska K.^{1,2} on behalf of ICARE4OLD⁷

¹Laboratory for Research on Aging Society, Department of Medical Sociology, The Chair of Epidemiology and Preventive Medicine, Medical Faculty, Jagiellonian University Medical College, Kraków, Poland; ²The University Hospital in Cracow, Kraków, Poland; ³Department of Social and Clinical Pharmacy, Faculty of Pharmacy in Hradec Králové, Charles University in Prague, Czech Republic; ⁴Department of Geriatrics and Gerontology, 1st Faculty of Medicine, Charles University, Prague, Czech Republic; ⁵Department of Medicine for Older People, Vrije Universiteit Amsterdam, Amsterdam, the Netherlands; ⁶Department of General Practice, Vrije Universiteit Amsterdam, Amsterdam, The Netherlands; ⊓Department of Computer Science, Vrije Universiteit Amsterdam, De Boelelaan 1111, 1081 HV Amsterdam, The Netherlands; ⊓Individualized CARE for Older Persons with Complex Chronic Conditions in home care and nursing homes (ICARE40LD)

INTRODUCTION

Psychological therapy (PsT) plays an important role in addressing the unique emotional and mental challenges which older adults may encounter in their late life. This therapy not only helps seniors to cope with issues like loneliness, grief, and cognitive decline but also enhances their overall quality of life. There is robust evidence for its positive impact on older adults' mental health and well-being, and significance for increasing resilience in this population.

AIM

To estimate the use of PsT among older nursing home (NH) residents in 9 countries and to establish the profiles of the residents who most frequently received this therapy.

METHODS

We used data collected with the interRAI-LTCF tool in 4156 NH residents in the SHELTER database (Czech Republic, Germany, United Kingdom, Finland, France, Israel, Italy, the Netherlands) and in 354 NH residents from Poland to estimate the prevalence and factors associated with the use of PsT. For our analyses, we used data from 2009-2010 for SHELTER study and 2013 for Poland. A chi-square test and decision tree analysis were used to find the profiles of patients most often receiving PsT. Only people aged 60 and older were included in the analysis (SHELTER= 4062 & PL=315). Countries where the prevalence of PsT use was less than 1% (Germany, United Kingdom and Finland) were excluded from the decision tree analysis. France was excluded from the analysis due to a high number of missing data (80%). The analysis was supported by the I-CARE4OLD project (HORIZON2020 – GA965341).

RESULTS

Residents from the SHELTER study were 6 years older than participants from Poland (84 years vs. 78), but their functional status was better (Tab.1). In the SHELTER study, 70% of the residents had poor functional status versus almost 80% in Poland. Likewise, the percentage of patients with advanced dementia other than Alzheimer's disease was higher in Poland than in the SHELTER study (24% vs. 19%). The prevalence of depression and aggressive behavior was higher among SHELTER study participants, while the prevalence of social withdrawal was higher among the respondents from Poland. One-third of residents had symptoms of depression (DRS>2) as well in the SHELTER study and Poland (Fig.1).

The use of PsT was very low in SHELTER countries, ranging from 0% in Germany to 6.2% in Italy. By contrast, in Poland, 67.8% of residents received this therapy (Fig.2). In Czech Republic, Israel, Italy and the Netherlands PsT was more often administered to residents who were aggressive and independent (19.3%) or those who were aggressive and showed impaired daily functioning and social withdrawal (7.8%) (Fig. 2). In Poland, PsT was the most frequently provided to the residents with mild or severe depressive symptoms and diagnosis of dementia other than Alzheimer's disease (81.1%) (Fig.2).

CONLUSIONS

The prevalence of PsT in the SHELTER study was much lower than in Poland. Despite the fact, that the frequency of some psychological problems (e.g. depression) is the same or even higher in the SHELTER study than in Poland. Further analysis should be carried out to explain these differences between countries in order to provide standardized psychological care to the older people in NHs.

Tab.1 Basic resident characteristics

Resident characteristics	SHELTER	POLAND
	(n=4062)	(N=315)
Age, years (mean, SD)	84 (8)	78 (10)
Female, (n,%)	2994 (73.7%)	230 (73.2%)
Poor functional status, (ADL>3) n (%)	2812 (69.4%)	233 (78.5%)
Severe Alzheimer disease, yes (n,%)	462 (11.5%)	0
Severe dementia*, yes (n,%)	767 (19.1%)	66 (24.4%)
other than Alzheimer's disease; ADL, Activities of Daily Living scale;	•	

■ SHELTER study ■ Poland 51,3% 35,0% 32,5% 33,7% 34,2% 24,0% 14,0% 12,0% 10,5% 7,6% Depression Social withdrawal Anxiety Depression Aggressive behaviour symptoms

(DRS >2)

(ABS>0)

Fig. 1 Prevalence of psychological problems among older patients DRS, Depression Rating Scale; ABS, Aggressive Behaviour Scale

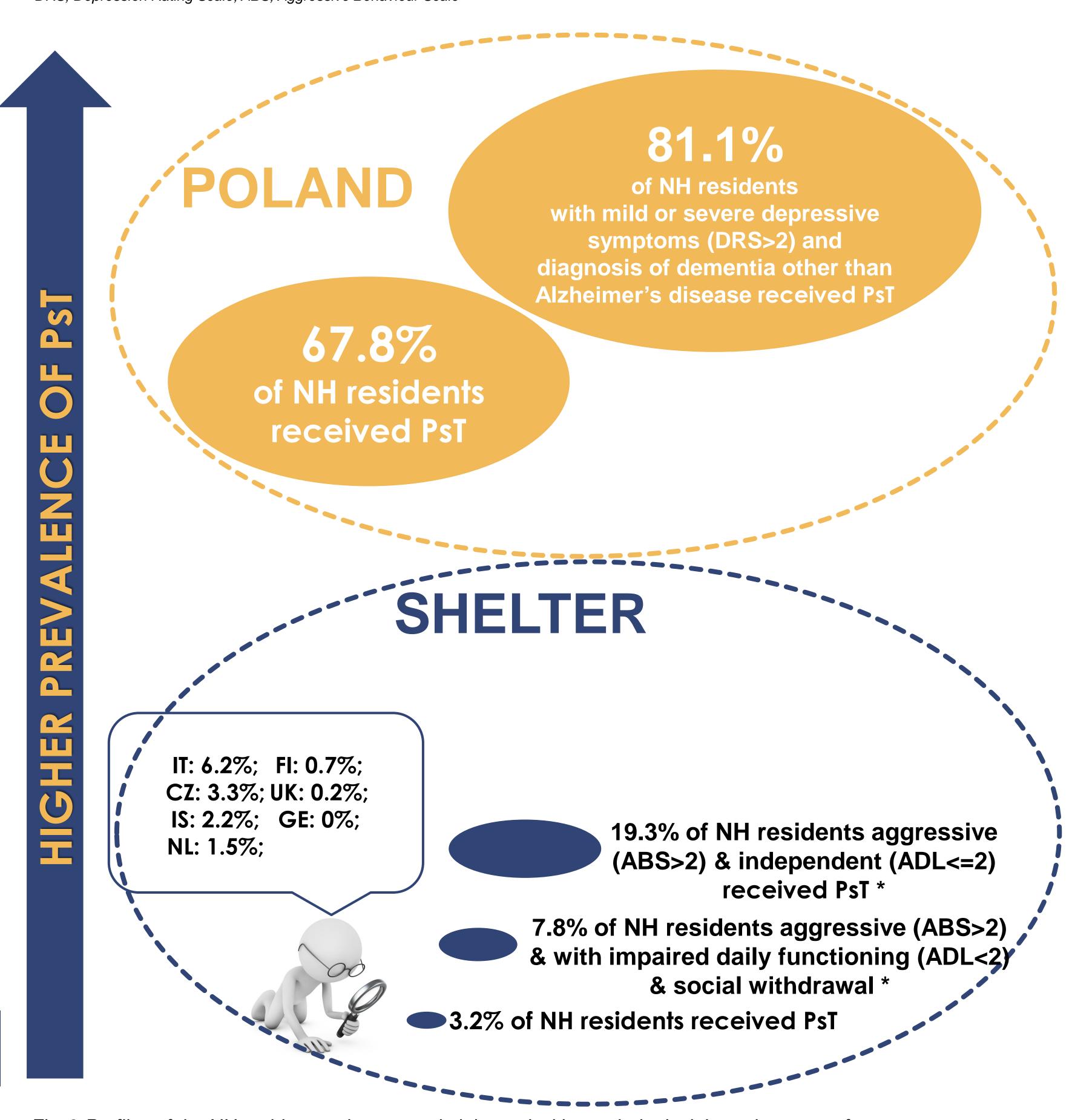


Fig. 2 Profiles of the NH residents, who were administered with psychological therapies more often IT, Italy; CZ, Czech Republic; IS, Israel; NL, the Netherlands; FI, Finland; UK, United Kingdom; GE, Germany; * Analysis without: GE, UK, FI and France

The I-CARE4OLD project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No. 965341. The work of DF was supported by the institutional program Cooperation of the Faculty of Pharmacy, Charles University, Prague.





