

Health-Related Quality of Life Among Acutely Hospitalized Older Adults

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Background

Health-related quality of life (HRQoL) among older adults can guide decision-making regarding treatment and healthcare resources.

Objective

To investigate HRQoL and associated factors during a 12-month study period among acutely hospitalized older adults.

Methods

Population: Patients ≥ 70 years included in the IMMENSE study investigating a medication optimization intervention at the University Hospital of North Norway were interviewed by a nurse blinded to study group allocation (1).

Data sources and linkage: The EuroQol 5-dimension-3-level instrument (EQ-5D-3L) and the visual analogue scale (EQ-VAS) were completed at the time of discharge, and at 1, 6 and 12 months (2). Date of death was obtained from the Norwegian Cause of Death Registry. Register linkage used the Norwegian national identity numbers.

Analyses: Utilities were derived using the United Kingdom society-based algorithm (3). Mixed model regression was applied to address the multilevel structure, missing data and associated factors.

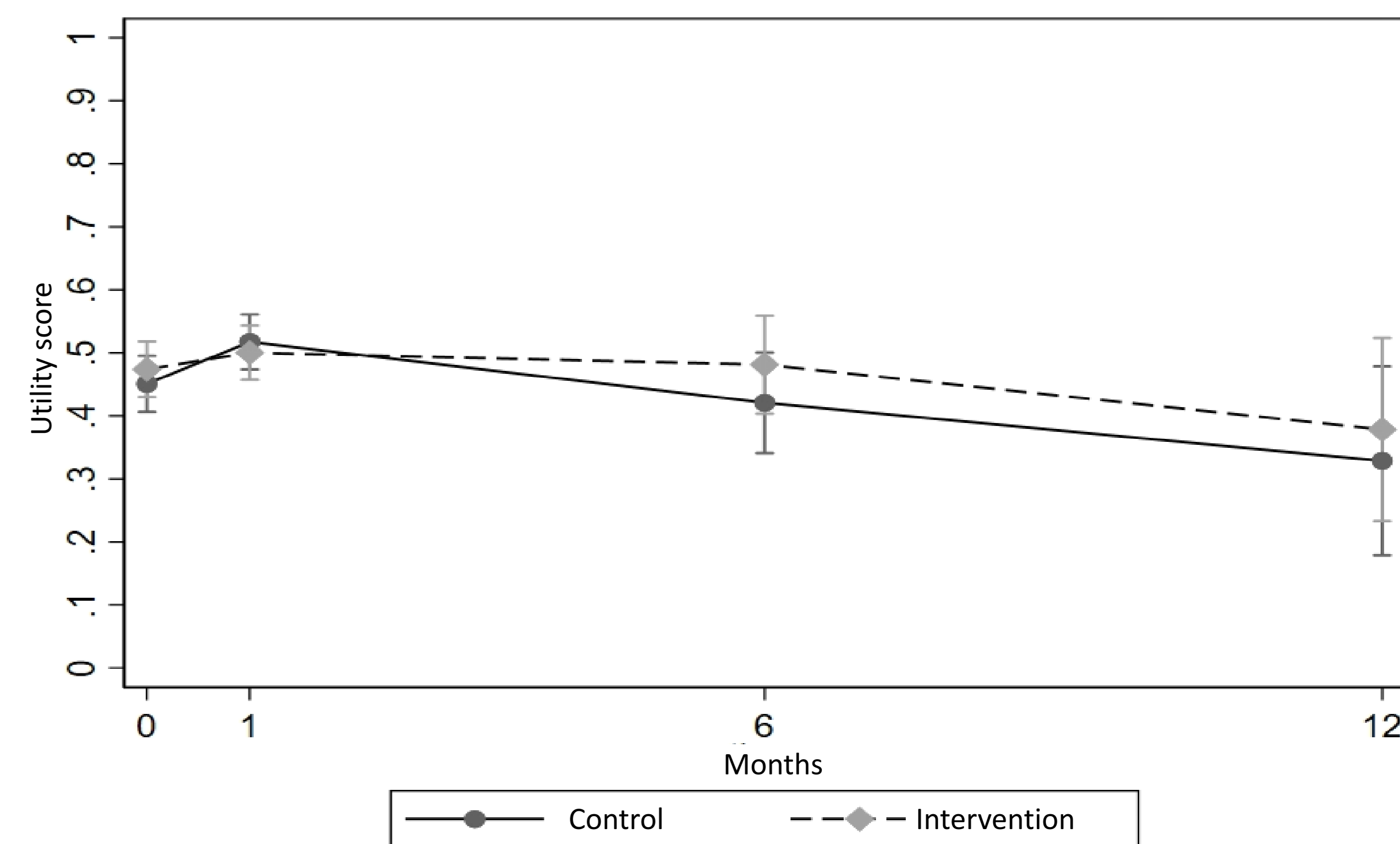


Figure 2 Longitudinal changes in utility score for the intervention and control group.

Results

Population: 295 patients (mean age 82.5 yrs, 60.3% females, mean no. of drugs 7.0) with ≥ 1 measurements for EQ-5D-3L and/or EQ-VAS.

EQ-5D dimensions: Extreme problems (level 3) were most frequently reported for the dimensions *Usual activities* and *Pain/Discomfort*. Moderate problems (level 2) were most frequently reported for *Mobility* and *Pain/Discomfort* (Figure 1).

Utilities and EQ-VAS: Utility scores improved the first month after discharge and subsequently gradually deteriorated (Figure 2). EQ-VAS followed a similar pattern.

Associated factors: Higher number of medications and/or receiving home care services were associated with worse HRQoL. No statistically significant HRQoL differences were observed between study groups.

Discussion and Conclusion

Improvements in HRQoL seen in the first month were not sustained throughout the study period.

Pain/discomfort was common and polypharmacy was associated with reduced HRQoL, calling for strategies to address drug-related problems, including untreated indications.

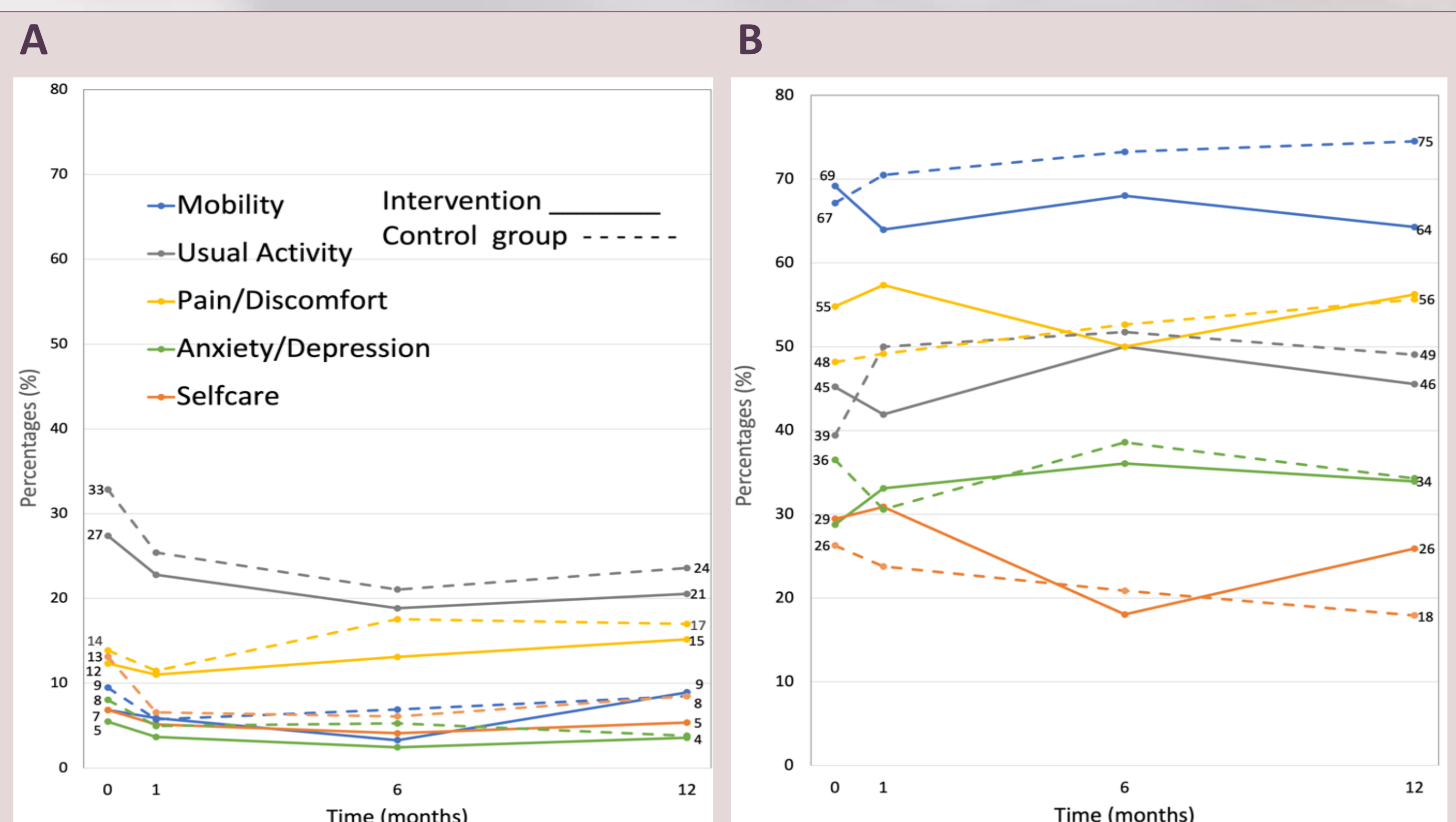


Figure 1 Longitudinal changes in EQ-5D dimensions.

Panel A: Percentage of patients reporting extreme problems (level 3)

Panel B: Percentage of patients reporting moderate problems (level 2)

Photo: Colourbox.com

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Conflicts of interest

The authors report there are no conflicts of interest.

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