

Change in Reports of Unmet Need For Help with ADL or Mobility Disabilities

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Background

Self-care (SC) and Mobility (MO) disabled older adults require the help of others to successfully complete daily tasks.

Thirty percent of respondents to the 2011 NHATS survey reported unmet need for one or more SC or MO disabilities.

Reports of unmet need for disabilities is associated with:

- Future hospitalization¹
- Readmission²
- Emergency Department use³
- Mortality⁴

Little is known about patterns of unmet need over time, especially the degree to which unmet need resolves, varies, or begins.

Determination of predictors of change in unmet need status would inform the development of interventions to reduce unmet need.

Sample Characteristics

| | 2011 | 2012 | 2013 |
|--|------|------|------|
| Age over 80 % | 37 | 37 | 37 |
| Female % | 63 | 63 | 63 |
| # Self Care Disabilities% | | | |
| 0 | 33 | 50 | 50 |
| 1 | 32 | 20 | 20 |
| 2 | 14 | 13 | 13 |
| 3 | 11 | 10 | 9 |
| 4 | 10 | 7 | 8 |
| # Mobility Disabilities % | | | |
| 0 | 17 | 40 | 42 |
| 1 | 37 | 22 | 23 |
| 2 | 21 | 17 | 15 |
| 3 | 26 | 21 | 20 |
| Cognitive Impairment % | | | |
| Probable dementia | 20 | 16 | 15 |
| Possible dementia | 15 | 13 | 10 |
| No dementia | 65 | 71 | 75 |
| Died since 2011 # | 0 | 270 | 528 |
| Nursing Home/Residential Care since 2011 # | 0 | 94 | 157 |
| N | 3223 | 2428 | 1834 |

Results

Among community-living older adults with at least one SC or MO disability, half reported unmet need at least once during three years of interviews.

Four patterns of unmet need status across time emerged:

- ✓ 13% reported resolved unmet need status
- ✓ 10% reported variable unmet need status
- ✓ 13% reported new onset of unmet need status
- ✓ 10% consistently reported unmet need across the three years of interviews.

Compared to those with no unmet need, those at risk for new onset of unmet need were older than age 80, female, had greater SC or MO disabilities, and had probable or possible dementia.

Compared to those with no unmet need, those most likely to have consistent unmet need were female, and had more SC or MO disabilities.

Methods

Subjects:

3,223 respondents to the National Health and Aging Trends Study (NHATS) who were not in a Nursing Home or Residential Care with dependence in 1+ self-care activities or mobility activities in 2011.

Variables:

Self-care (SC) activities include:

- Eating
- Bathing
- Toileting
- Dressing

Mobility (MO) activities include:

- Getting around inside
- Getting in or out of bed
- Going outside

Dependence in SC or MO activities was defined as receiving human help in the prior month to complete the task.

Unmet need was defined as not completing one or more SC or MO activities because no one was available to help.

Cognitive impairment was determined by a previous diagnosis of dementia, meeting diagnostic criteria, or performance on NHATS cognitive tests.

Statistical Methods:

Logistic regression models assessed baseline risks for various patterns of change in unmet need status compared to consistently having no unmet need.

Change in Unmet Need

| Unmet Need Status over Time | Unmet Need 2011 | Unmet Need 2012 | Unmet Need 2013 | % |
|-----------------------------|-----------------|-----------------|-----------------|----|
| None | No | No | No | 54 |
| Resolved | Yes | No | No | 9 |
| Resolved | Yes | Yes | No | 4 |
| Variable | No | Yes | No | 6 |
| Variable | Yes | No | Yes | 4 |
| Onset | No | Yes | Yes | 5 |
| Onset | No | No | Yes | 8 |
| Consistent | Yes | Yes | Yes | 10 |

Risk for Changes in Unmet Need

Odds Ratios
(95% CI)

| | Resolved | Variable | Onset | Consistent |
|--------------------------------|--------------------|--------------------|--------------------|---------------------|
| Age over 80 | 0.7 (0.5 - 1.0) | 1.0 (0.7 - 1.5) | 1.7 (1.2 - 2.3) | 1.4 (0.8 - 2.4) |
| Female | 1.5 (1.0 - 2.2) | 2.3 (1.5 - 3.6) | 1.7 (1.2 - 2.3) | 2.3 (1.4 - 3.9) |
| # Self-care Disabilities (0-4) | 2.0 (1.7 - 2.5) | 1.6 (1.3 - 2.0) | 1.5 (1.3 - 1.7) | 2.67 (2.1 - 3.5) |
| # Mobility Disabilities (0-3) | 2.9 (2.3 - 3.7) | 2.4 (2.0 - 3.0) | 1.7 (1.3 - 2.1) | 6.1 (4.2 - 8.8) |
| Dementia: | | | | |
| Probable | 1.3 (0.7 - 2.5) | 1.8 (0.9 - 3.5) | 2.2 (1.3 - 3.6) | 1.5 (0.8 - 2.8) |
| Possible | 1.3 (0.8 - 2.0) | 1.1 (0.7 - 1.9) | 1.6 (1.1 - 2.5) | 1.5 (0.8 - 2.6) |

Conclusions

Unmet need can develop among those who initially report met need, suggesting that regular assessment for unmet need will detect new cases of unmet need.

Unmet need is resolvable, suggesting that it is important to develop evidence-based interventions to resolve unmet need.

Cognitive impairment significantly increases risk for new onset of unmet need, suggesting that interventions to reduce unmet need must include effective components that address the unique caregiving needs of persons with cognitive impairment.

References

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