# Older Adult Indecision about Aging-in-Place with Assistance or Moving into Long Term Care

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### INTRODUCTION

Deciding when to add help to age-in-place (AIP), live with family/friends, or move into a long-term care (LTC) setting can be complicated. We sought to longitudinally characterize AIP/LTC decision making among older adults while assessing for cognitive decline.

### **METHODS**

We followed a cohort of participants 65 and older who were exposed to a LTC planning website, **PlanYourLifespan.org.** Participants were surveyed every 6-months about whether they contemplated or made decisions about LTC planning and to describe decisions if they were to ever develop Alzheimer's Disease (AD).

Responses were analyzed using a mixedmethods approach; qualitative responses were coded by 3 coders using constant comparative analysis.

### **RESULTS**

Of the 293 subjects surveyed, mean age was 73.0 years, 72.7% (213) female, 40.4% (118) under-represented minority.

, Table 1. Sociodemographic Characteristics at Baseline Proportion of Sample (N=293)Age, M (SD) 73.5 (5.0) Sex, % 27.3 72.7 Female Race % Black 29.1 59.6 11.3 Other Education, % 14.7 HS or less 18.5 Some College 21.9 College Graduate 44.9 Graduate Degree Income, % < \$10,000 \$10,000-\$24,999 24.9 \$25,000-49,999 56.6 >= \$50,000 Employment Status, % 28.3 Working for Pay 71.7 Retired/Unemployed Marital Status, % 47.3 Married 52.7 Unmarried/Widowed

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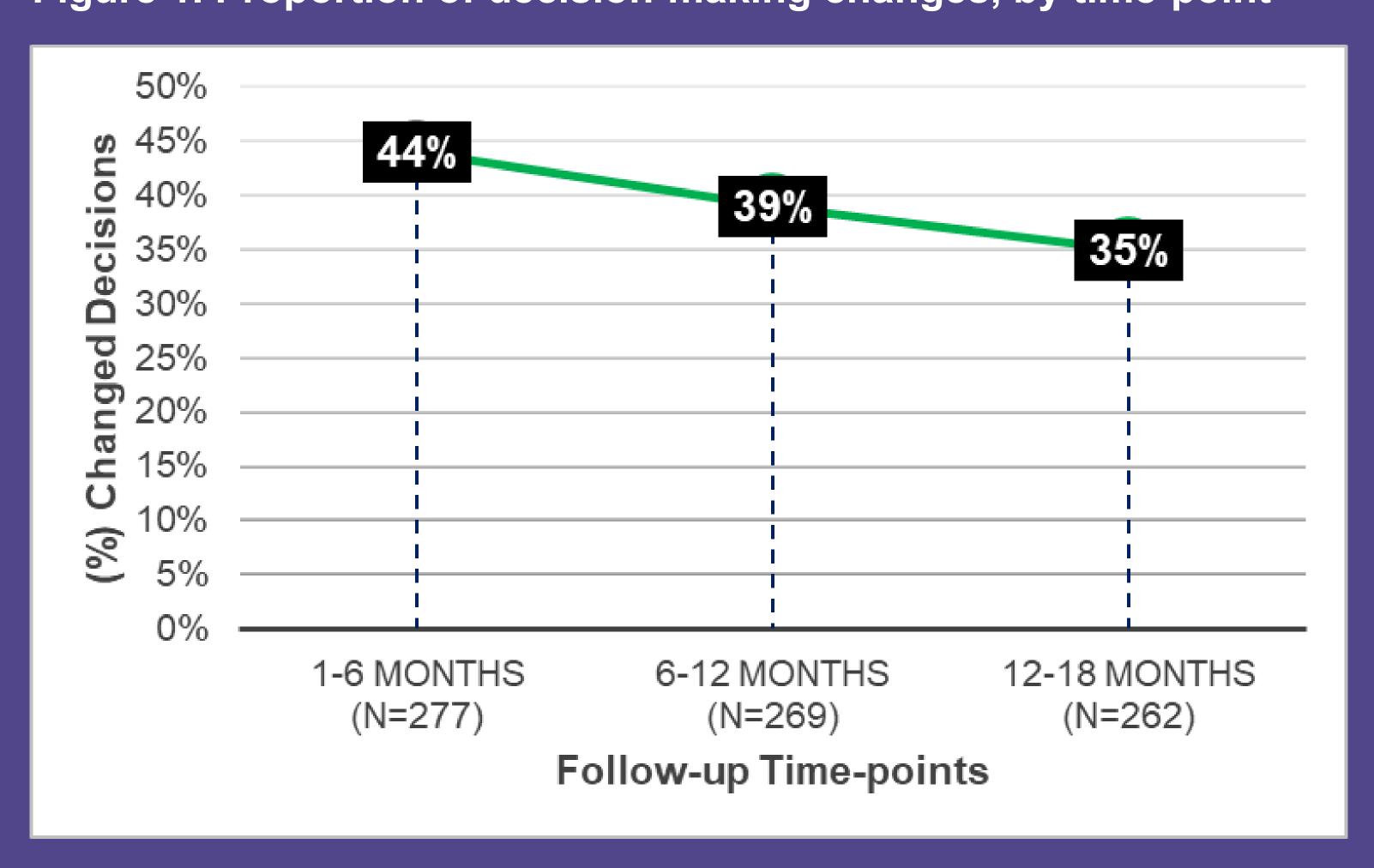
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AIP/LTC decision making fluctuated across
6-month periods among older adults.
However, over time, the decisions progress
from circling to permanent.



If you developed Alzheimer's Disease & could not live independently in your home, have you decided what your living preferences would be? (e.g. remain in home with help, move in with family, long term care)

Figure 1. Proportion of decision-making changes, by time-point



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## **RESULTS** (cont.)

- Between baseline to 18 months postintervention, 65% of subjects changed their AIP/LTC plans.
- The proportion of respondents who changed their decision from their previously stated decision varied by time-point: 44% by 6 months, 39% by 12 months, and 35% by 18 months (Figure 1)
- **Decision permanence** increased at the 12-and 18-month time points.

### **DISCUSSION**

AIP/LTC decision making fluctuated across the 6-month intervals. However, over time, the decisions progressed from circling/changing to permanent.

Early on (1 & 6 months), a sizeable portion of subjects are still 'circling', (e.g. making a decision, changing the decision, contemplating /reevaluating decisions) - but later (12 & 18 months), planning becomes more permanent.

This fluctuation is longitudinally important to study as AIP/LTC decisions should be revisited every 6-12 months in clinical practice.

### FINANCIAL DISCLOSURE

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