

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 a cohort of 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 mixed-methods 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

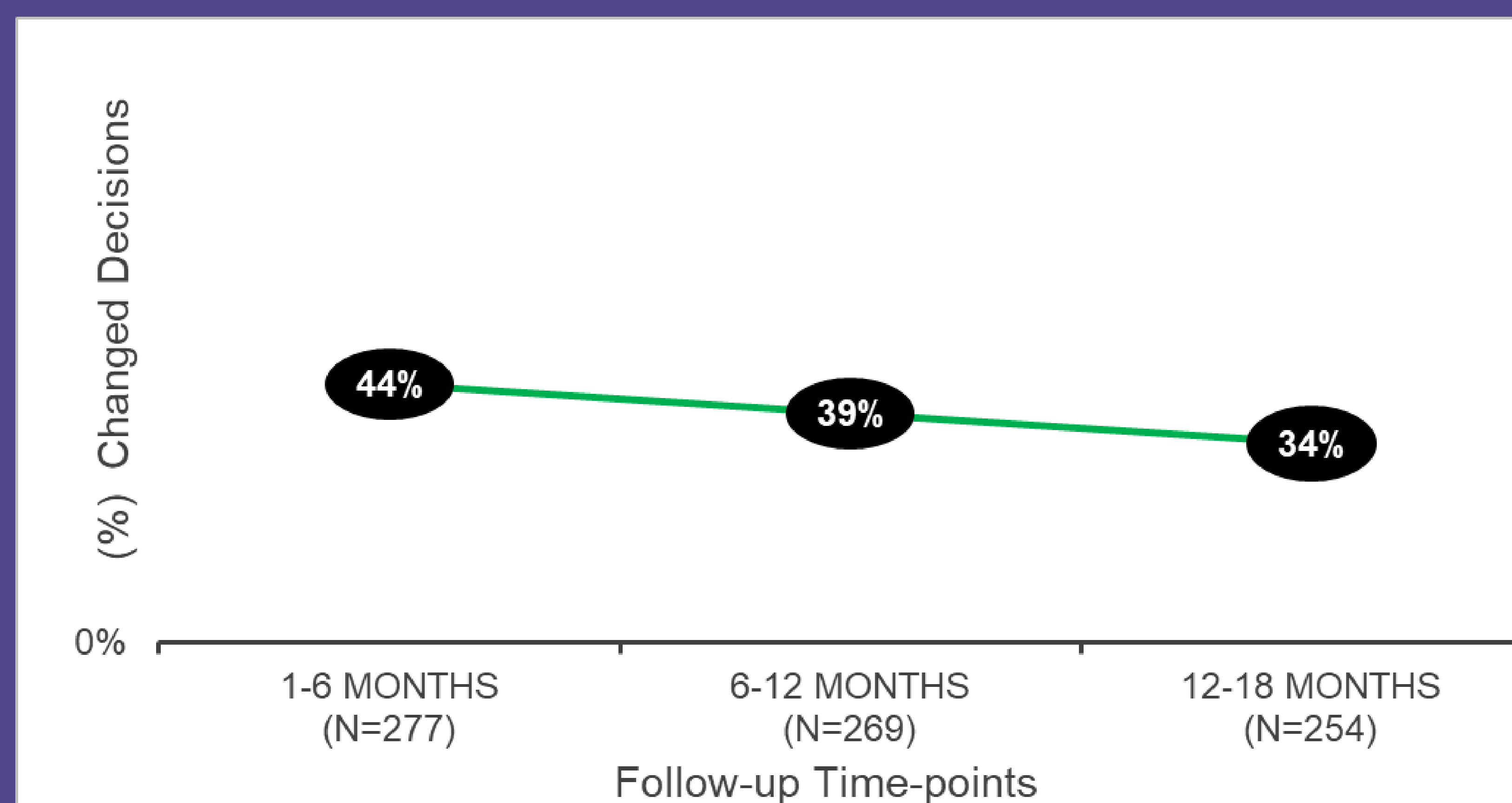
Variable	Proportion of Sample (N=293)
Age, M (SD)	73.5 (5.0)
Sex, %	
Male	27.3
Female	72.7
Race %	
Black	29.1
White	59.6
Other	11.3
Education, %	
HS or less	14.7
Some College	18.5
College Graduate	21.9
Graduate Degree	44.9
Income, %	
< \$10,000	4.6
\$10,000-\$24,999	13.9
\$25,000-49,999	24.9
>= \$50,000	56.6
Employment Status, %	
Working for Pay	28.3
Retired/Unemployed	71.7
Marital Status, %	
Married	47.3
Unmarried/Widowed	52.7

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



RESULTS (cont.)

- Between baseline to 18 months post-intervention, 66.5% 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 34% 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 periods. However, over time, the decisions progressed from circling/changing to permanent.

Early on (1 & 6 months), a sizeable portion of subjects are still 'circling'- 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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