



# What predicts final place of care in people with advanced dementia?

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## 1. Background

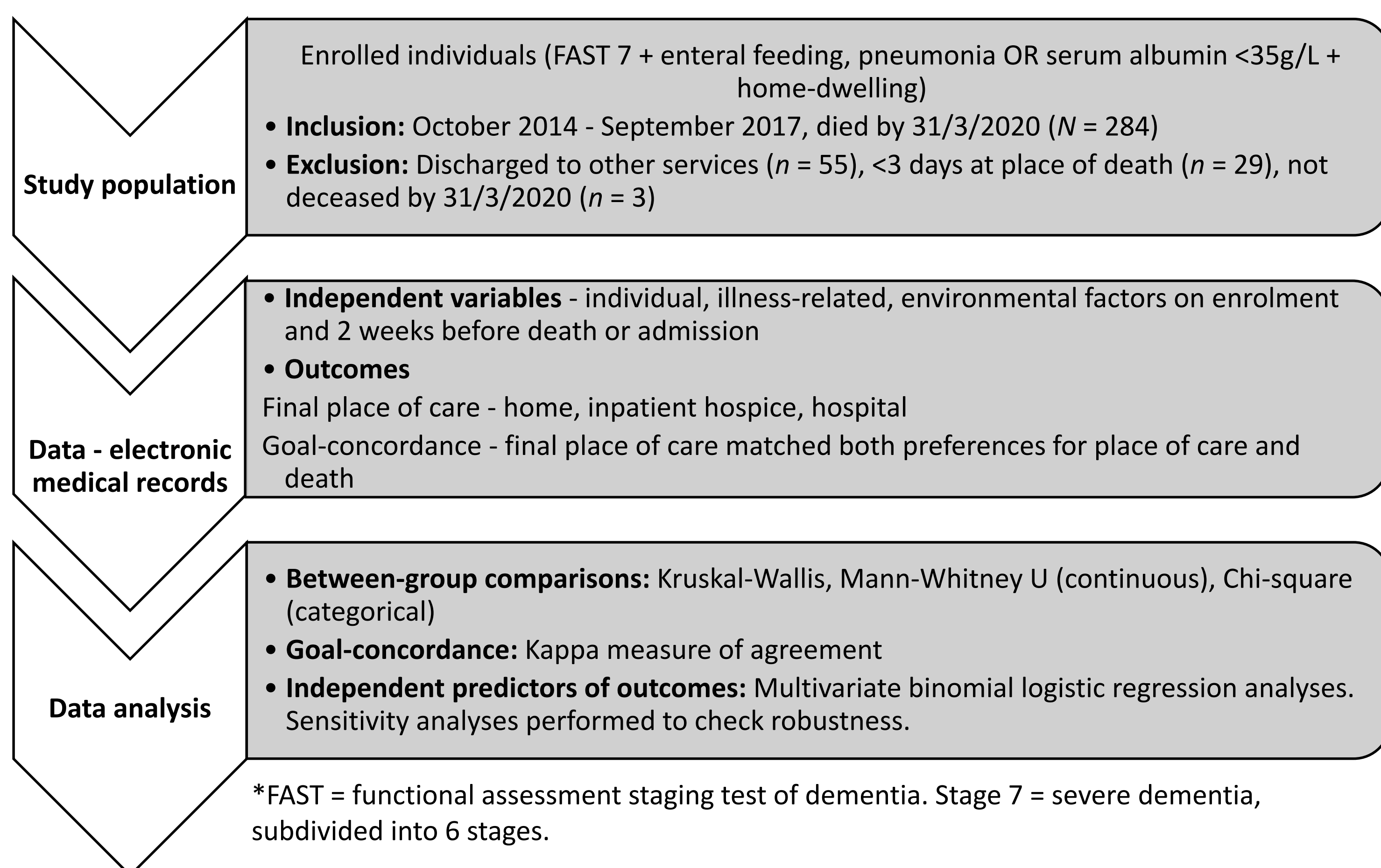
- Dementia is a life-limiting illness with complicated end-of-life care needs, but inequity to palliative care access remains. Many also do not die at home as wished.
- With global population ageing, instituting policies and practices to support the dying process of the increasing population affected by advanced dementia better is a public health priority.
- However, end-of-life quality indicator such as place of death, affected by individual, illness-related and environmental factors, provides limited information about the dying process.
- Evidence regarding final place of care and its concordance with preferences (goal-concordance) in advanced dementia is lacking.

## 2. Aim

Identify predictors of final place of care and goal-concordance in people with advanced dementia receiving home-based palliative care in Singapore.

## 3. Methods

Retrospective cohort study using secondary data; guided by Gomes and Higginson's (2006) theory-informed model categorising place of death determinants into individual, illness-related, environmental.



## 4. Results

### Programme Enrolment Duration and Utilisation

Most were enrolled for ~2 months with few acute care resource utilisation, but service intensity 2 weeks before death or admission was relatively high - median of 1 contact made every other day.

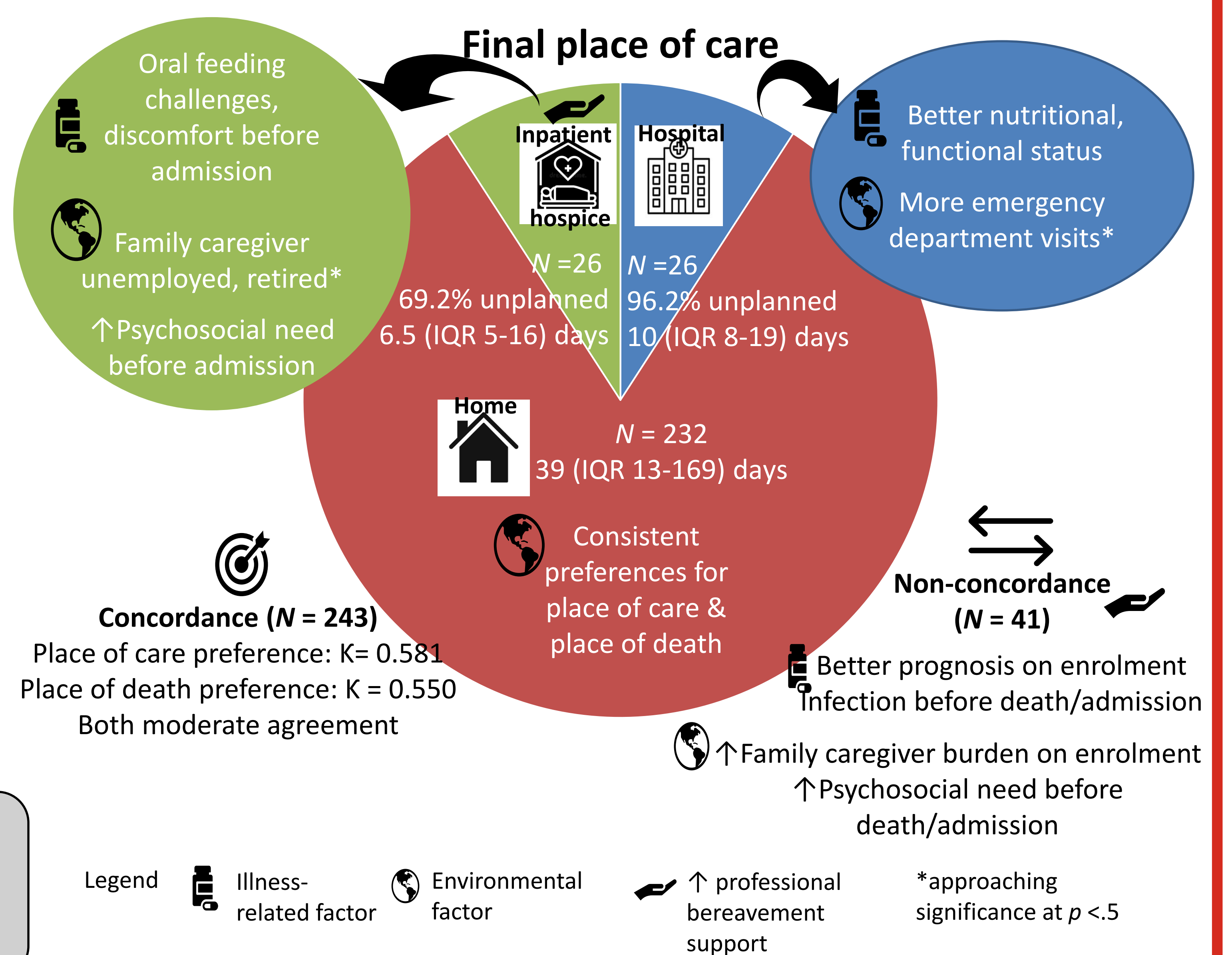


Figure 1. Prevalence, duration, predictors of final place of care & goal-concordance

## 5. Conclusion

- Results highlight the multifaceted challenges, and unpredictable, protracted trajectory of advanced dementia end-of-life care.
- Lack of relatively stable factors (demographic, chronic comorbidities) as predictors sets final place of care apart from place of death.
- Late, unplanned inpatient hospice admissions amidst challenges indicated a preference for home until death was imminent, with potential psychosocial consequences - professional bereavement support required.
- To realise care and death at place of choice without compromising care quality and family caregiver's well-being, the protracted dying process needs to be better supported.

## 6. Implications and suggestions

- Early, regular education/review about the condition's unpredictable trajectory and care plans. Prepare families early about oral feeding challenges at the end of life, train caregivers to administer medication for symptom relief via alternative routes to ensure comfort.
- Financial/practical support e.g. caregiving incentives, increasing home-based caregiving service accessibility and affordability to support end-of-life care at home, if preferred.
- Psychosocial support to help families embrace more ways of caring and dying.

## 4. Results

### Individual and Family Caregiver Characteristics (N = 284)

	Median AGE	Female	Ethnicity	Financial support	Feeding status
<b>Individual</b>	88 years	66.9%	86.3% Chinese	72.5% required financial support	35.9% mixed dementia 50% FAST 7E 90.5% malnourished 46.5% enteral feeding
<b>Family caregiver</b>	59 years	65.8%	86.6% Chinese 84.5% children	34.9% unemployed	Zarit Burden Interview score = 25 Mild-moderate caregiver burden (depression risk)