Does the Transitional Care Program Impair the Quality of Life of Caregiver: A Case Control Study

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INTRODUCTION

The Transitional Care Program (TCP) has resulted in improvement in clients physical function, utilisation of fewer community services and a reduction in admissions to residential care when compared to controls. The present pilot study reports the effects on the quality of life of caregivers of recipients of TCP.

Methods

A sample of 100 elderly men and women aged over 60 years was recruited from 10 MOW centres in the Perth Metropolitan area. The nutritional status of subjects was measured using the Determine test (Australian Nutrition Screening Initiative) and Body Mass Index (BMI). Client functional impairment was described using Barthel Index (BI) and Information Orientation Scale (IOS).

Results

74% of elderly MOW were nutritionally at risk. Women were more at risk than men, more likely to eat alone, consume more than 3 medicines per day, and were unable to cook or shop for themselves. Men had a higher level of mental impairment while women were more physically impaired. Women were more likely to suffer from arthritis and were receiving more domiciliary support services. Meals were often reheated and a 'split-a-meal-into-two' policy was often advocated leading to increased nutritional risk.

Conclusion

Physical and mental impairments increase the need for domiciliary support services in frail elderly persons increasing the older persons likelihood to being 'nutritionally at risk'. Education programs aimed at caregivers within domiciliary support services is required to lessen inappropriate nutritional advice.

Methods

Patient dependency was assessed by Barthel, Short Form Stockton Geriatric Rating Scale (BRS) and Information Orientation Scales (IOS). The Quality of Life Caregivers was assessed by the General Health Questionnaire (GHQ), Philadelphia Geriatric Morale Scale (PGMS) and Relative Stress Scale (RSS) by a trained interviewer in client's and control's homes

RESULTS

Recipients of care comprised 24 cases from Bentley Aged Care Services and 27 controls from Inner City Service. There were no significant differences in Mean Barthel, BRS and IOS scores no difference in dependency levels between cases and controls. The caregivers of controls had significantly higher GHQ (P<0.017) scores than cases. There were trends for caregivers morale to be higher and stress to be lower for those receiving TCP. The BRS Socially Disruptive (SD) behaviour scale scores were significantly higher (P<0.01) in controls (mean 1.55) than cases (mean 0.6) with a significantly greater (P<0.015) proportion of controls having disturbed sleep patterns.

CONCLUSION

The psychiatric morbidity (GHQ) in caregivers of older persons receiving TCP was significantly less than controls with trends for higher morale (PGMS) and less stress (RSS). SD behaviour scores were significantly higher (P<0.01) in controls (mean 0.6 vs control 1.55) as a result of a higher proportion of controls having sleep disturbance.

MERSEY DIABETES AUDIT

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for MERSEY REGION GERIATRIC AUDIT SOCIETY (MRGAS)

Arrowe Park Hospital, Wirral and Fazakerley Hospital, Liverpool

Introduction

MRGAS audited care of geriatric outpatient attenders with diabetes

Methods

Data was gathered as shown in Table 1. Table 2

<table>
<thead>
<tr>
<th>Phase</th>
<th>Districts</th>
<th>Patients</th>
<th>Collected by How</th>
<th>Phase</th>
<th>Districts</th>
<th>Patients</th>
<th>Collected by How</th>
</tr>
</thead>
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<td>86</td>
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<td>2</td>
<td>23</td>
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<td>audit assistants retrospective</td>
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</tbody>
</table>

RESULTS

Comparisons between phase 1 and phase 2 showed an apparent lack of improvement in care. Some examples of this are shown in Table 2.

Table 3

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Glucose control e.g. HbA1c >4% above limit

Some data were comparable, e.g. insuline treatment (12 pt (20%) vs 36 pt (20%)) and diet alone (12 pt (20%) vs. 48 pt (26%)). There were more male patients in phase 2 (15 (25%) vs. 64 (35%)).