



**Service Priorities and Programmes**  
**Electronic Presentations**

**Convention ID:** 194

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**End of life care received by patients with Advanced Dementia**

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**Keywords:**

End of life care

Advanced dementia

**Introduction**

Unlike advanced cancer, patients with advanced dementia usually experience poor end of life (EOL) care in Hong Kong. They are usually admitted to the hospitals with acute or intercurrent illnesses in their final days and often experience a high level of symptoms without adequate attention and appropriate care planning.

**Objectives**

To study the EOL care received by advanced dementia patients during the last episode of hospitalization.

**Methodology**

This was a retrospective chart review of advanced dementia patients who passed away in the acute geriatric wards of United Christian Hospital. All deaths with age 65 or above from the Department of Medicine and Geriatrics during the period 1/9/2010 – 30/6/2011 were generated from the computer data system and screened. Those with a diagnosis of advanced dementia of any aetiology (i.e. FAST 7C or above, or its equivalent) were recruited into the study for analysis.

**Result**

A total of 173 patients (30 % of total death within the same period) with mean age 86.8 (SD 7.2) years were recruited. Ninety-two percent lived in residential care home for the elderly. The median survival was 16.8 months (inter-quartile percentiles 6.8-33.7) and the mean number of co-morbidities were 2.2 (SD 1.1). The mean number of hospitalizations in the preceding year was 4.2 (SD 2.7). The average length of hospital stay for the death episode was 5.5 (SD 5.4) days. Pneumonia accounted for 76 % of acute events during hospitalization, followed by septicaemia (25%) and cardiovascular events (19%). Parenteral fluid, oxygen and antibiotics were prescribed in 95 %, 89 % and 80 % patients respectively. About 14% were given inotropic infusion, 10% were given ventilation, either non-invasive or invasive and 8% were initiated tube feeding at the final days of life. CPR was performed in 16%. The mean number of symptom documented was only 1.4 (SD1.0), in which the most common one was dyspnoea (56%), followed by hypoactive delirium (27%) and anorexia (12%). Medication discontinuation was made in 41% before death. Both sedatives and

anti-secretary agents were prescribed only in 2% while physical restrainer was applied in 19%. Palliative care specialist and bereavement care professional were involved in 3% respectively. Conclusion: The needs of patients with advanced dementia at their final days of life should be addressed. EOL care in hospital should also be strengthened for these patients.