Disability Trajectories at the End of Life Among the Very Old (TH307-A)

June Lunney, PhD RN, Hospice and Palliative Nurses Association, Pittsburgh, PA
Steven Albert, PhD, University of Pittsburgh, Pittsburgh, PA
Diane Ives, MPH, University of Pittsburgh, Pittsburgh, PA
Anne Newman, MD MPH, University of Pittsburgh, Pittsburgh, PA
Suzanne Satterfield, MD, DrPH, University of Tennessee Health Science C, Memphis, TN

Objectives
- Assess functional trajectories as they differ by cause of death.
- Separate disability due to underlying chronic conditions from disability associated with end of life.

Original Research Background: Investigators have identified varying trajectories of disability before death, but little is known about how decedent trajectories compare with those of matched survivors.

Research Objectives: We examined self-reported disability at 6-month intervals before death among the 1,859 participants in the Health, Aging and Body Composition Study (Health ABC) who died before 2014 and made multiple comparisons with surviving participants.

Methods: The original 3,075 study participants were recruited in 1997 from Medicare beneficiaries in Pittsburgh, PA, and Memphis, TN, who were at least 70 years of age and well functioning. Follow-up has continued for 17 years.

Results: Disability trajectories among the decedents varied as expected. For example, difficulty dressing was reported 12 months before death by 27.5% of decedents with CHF or COPD compared with 8.1% who died from cancer (p<.0001). Compared to age-matched survivors, decedents with a history of stroke, dementia, pneumonia, or falls were more likely to report difficulty transferring at 6 months (46%-50% vs 22%, p<.0001) and also at 18 months before death (39%-45% vs 20%, p<.0001). Cancer decedents significantly differed from survivors only at 6 months before death. As expected, the proportion of study participants able to walk a quarter mile without difficulty decreased as the cohort aged; notably the difference in mobility between decedents and survivors remained constant over time.

Conclusions: Disability varied in expected and unexpected ways among decedents and survivors.

Implications for Research, Policy, or Practice: A better understanding of how disability due to persistent chronic disease differs from disability associated with end-stage disease is valuable for treatment and care decisions.