

The Maryland Assisted Living Study

(R01-MH60626)

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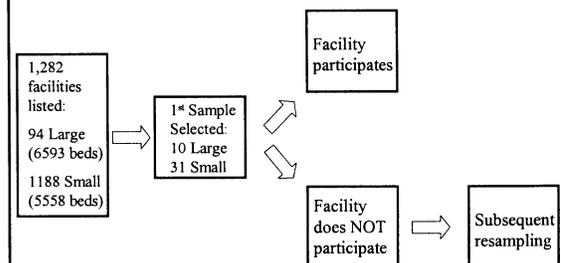
Study Personnel

- Constantine Lyketsos, MD, MHS, Principal Investigator
- Adam Rosenblatt, MD, Co-Principal Investigator
- Alva Baker, MD, Geriatrician
- Jason Brandt, PhD, Neuropsychologist
- Michael Harper, MD, Geriatrician
- Kung-Yee Liang, PhD, Biostatistician
- Quincy Miles, BA, Coordinator
- Peter Rabins, MD, Geriatric Psychiatrist
- Cynthia Steele, RN, MPH, Geriatric Nurse
- Martin Steinberg, MD, Geriatric Psychiatrist

The Rationale for MD-AL

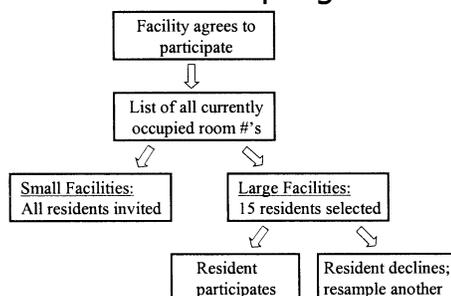
- Approximately 1.2 million Americans live in AL
 - Little is known of the clinical characteristics of AL residents
- Many AL residents have dementia, other psych disorders
- Elderly with these conditions need special care
 - Requires time, money, sophistication
 - Affects other residents
 - Leads to morbidity, stigmatization, discharge
- Often goes undiagnosed and untreated
 - Public perception of AL minimizes these conditions
 - Industry advertisement, special care units
 - May compound stigma and under-detection
- There has never been comprehensive study of this issue using *direct examination* of a random sample

Facility Sampling Frame



Note: Total of 7 samples for Large (10,1,3,3,1,1,2)
Total of 3 samples for Small (31,10,39)

Resident Sampling



The Data Set

- Clinical history and exam
 - Multiple informants and sources
- Quantitative Scales
 - Assess function, behavior, health, quality of life
- Cognitive Battery
- Consensus Conference
 - Consensus diagnosis, appraisal of workup and treatment
- Q6-month telephone follow-up of status

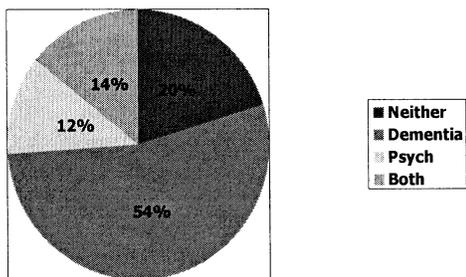
Demographics of Participants

- 198 participants from 22 facilities
- 78% female 22% male
- 83% white 16% black 2% others
- 70% widowed 9% divorced 13% unmarried
 - 7% married 3% living with spouse
 - Mean number of children 1.5
- Mean age 85.6, 75% over age 80
- Mean length of residence 25.1 months
- Median monthly facility cost \$2900

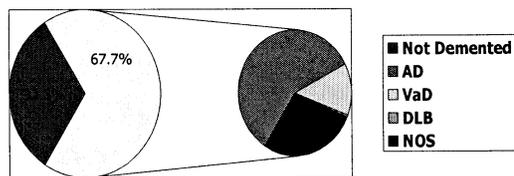
Prevalence of Dementia and Psych

- Prevalence of dementia
 - Not counting other cognitive diagnoses
- 67.7%(134 of 198)
- Prevalence of non-cognitive psychiatric diagnoses
 - not counting v-codes, td, or any cognitive diagnoses except delirium
- 26.3% (52 of 198)

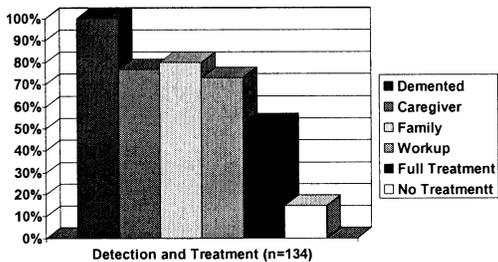
Diagnostic Categories of Participants



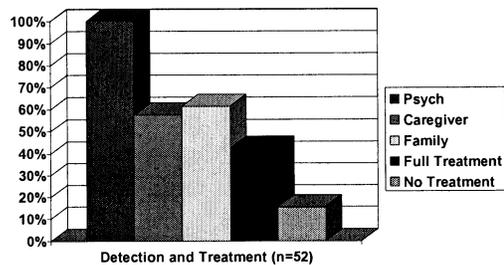
Dementia Subtypes



Recognition and Treatment of Dementia



Detection and Treatment of Other Psych



Effects on Morbidity

- Presence of dementia significant effect on
 - CAS, NPI, ADRQL by t-test
- Presence of psych significant effect on
 - ADRQL, NPI, but not CAS by t-test

Abbreviated Descriptive Stats

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
age at assessment	198	58.00	104.02	85.6922	8.2461
likert burden scale	197	1	5	2.22	1.25
mini-mental score	196	0	30	18.24	8.77
CAS_TOT	197	.00	1440.00	218.4467	316.7615
NPI_T_FS	197	.00	95.00	11.5076	14.2211
Valid N (listwise)	194				

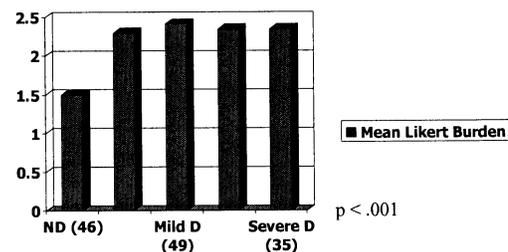
Measures of Caregiver Intensity

- Likert Burden Scale

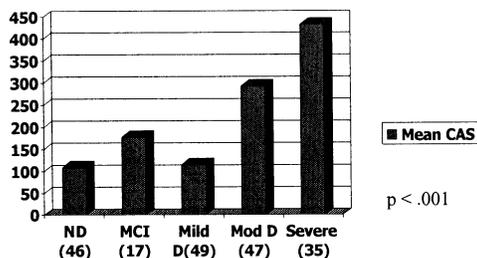
Least					Most
1	2	3	4	5	
37.9%	25.8%	19.7%	8.6%	7.6%	

- Caregiver Activity Survey (Time required for 1:1 per day)

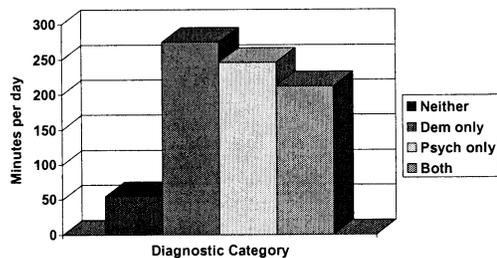
Cognition and Caregiver Burden



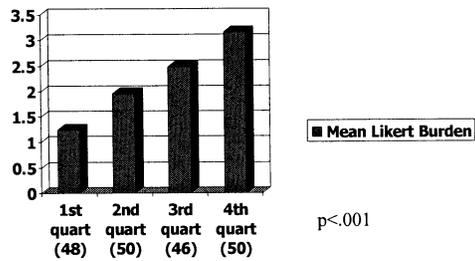
Cognition and Care Time



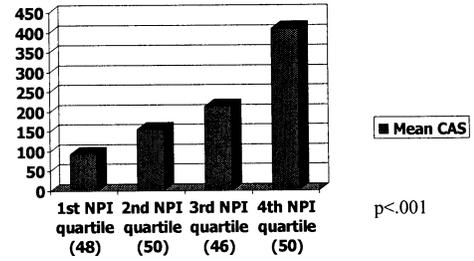
Effect of Diagnosis on Caregiver Time



Behavior and Caregiver Burden



Behavior and Care Time



Proposed Second Phase

- A 5-year longitudinal study
 - Return to same facilities
 - Follow original Cohort
 - Second 200-member recently admitted cohort
- Describe longitudinal course, detection, treatment
- Longitudinal effects on quality of life
 - Look for treatment effects
- Effects on time to death or discharge