A profile of residents of old people's homes

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SUMMARY

This paper describes the characteristics of the 450 residents of all statutory residential homes for the elderly within five local government districts in Northern Ireland. The residents are described in terms of demographic detail, prevalence of dementia and prevalence of problem behaviour. Results are comparable with those of other studies. There are more females, fewer are married and more are over the age of 75 years than would be predicted from the general population. Roughly half scored within the dementia range, with 56% of those over 85 years being demented. More than 33% had some degree of incontinence, 9% were immobile and 10% were physically aggressive at least once a week. Five percent were wanderers and nearly all residents required help with bathing.

INTRODUCTION

Studies in England,1,2 Scotland3 and Northern Ireland4 have shown high levels of mental impairment and behavioural disability among the residents of old people's homes, and it has been suggested that the problem is increasing.5 Phillips6 has emphasised the pitfalls of assessing dependency, which is sometimes linked too simplistically with staff workload by policy makers. This study was carried out in the early stages of setting up a psychogeriatric service within five local government districts. The aim of the paper is to provide a profile of the residents of all statutory residential care units within the area in terms of demographic details, prevalence of dementia and the prevalence of problem behaviours.

METHOD

All long-stay residents living in statutory residential accommodation, with the exception of residents in homes for the elderly mentally infirm (EMI), within the five local government districts of Antrim, Ballymena, Larne, Carrickfergus and Newtownabbey were examined over a two week period. The area covered is mainly rural, but includes several large towns and a section of greater Belfast. The total population is 230,000. The study took place during March 1986 and this
report is part of a larger series looking at all types of Board accommodation for the elderly in the area. Statutory residential provision for the elderly in the area under the study comprises eleven old people's homes with 450 residents, two homes for the elderly mentally infirm (EMI) with sixty-two residents, twelve geriatric units with 420 patients and four psychogeriatric units with 91 patients.

Informed consent was obtained from those subjects deemed to be capable of giving it and for the remainder, consent was obtained from the officer in charge. Residents admitted for holiday relief were not included. A questionnaire was devised which comprised sections on (1) basic demographic details; (2) the information/orientation (I/O) subtest, and (3) the physical dependency (Pd) subtest of the survey version of the CAPE (Clifton Assessment Procedure for the Elderly), and (4) five further questions relating to wandering, aggression and incontinence. Section 1 was completed by a senior member of the care staff, section 2 by a member of the research team who interviewed the resident and sections 3 and 4 by the researcher in consultation with a staff member who was familiar with the resident's behaviour.

The CAPE (Clifton Assessment Procedure for the Elderly) survey is a simple and reliable test for assessing the degree of cognitive and behavioural impairment in elderly subjects. The I/O subtest which comprises twelve questions is the cognitive section and has been systematically validated, against diagnosis. Scores of below 8 are found in patients with a diagnosis of either dementia or an acute organic brain syndrome. The Pd subtest gives information on mobility, self care and incontinence and its value lies in a description of the patient's physical dependency.

Interviewers consisted of the authors and a team of junior doctors. A training session was given on the administration of the CAPE survey and the inter-rater reliability was assessed prior to the survey. The average correlation (Spearman rho) was 0.91 (p = 0.005). Inter-rater reliability for the 5 questions in section 4 was lower but was still acceptable at 0.7 (p = 0.05).

RESULTS

A summary of demographic details, prevalence of dementia and details of problems are shown in the Table. The population surveyed differed in a number of ways from the general population of the same group. There were fewer males than expected (p < 0.001). There were fewer residents aged 65–74 than would be expected from the general population and more aged 75–84 and 85+ (p < 0.001).

There were fewer married residents and more single and widowed (p < 0.001). The number of divorced people was very small, as in the general population. Fewer married residents were found at all ages (p < 0.001) and more single residents up to age 75–84 (p < 0.001). In the 85+ group there were still more single residents but the difference was less striking (p < 0.05). There were more widowed residents aged 65–74 (p < 0.001) but in the older age bands no significant differences were found.

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TABLE

Characteristics of 450 residents of old people’s homes in Co Antrim

| Sex                  | Male 119 (26%) : Female 331 (74%) |
|----------------------|-------------------------------------|
| Age — yr             | < 65 65–74 75–84 85+                |
|                      | 12 (3%) 73 (16%) 201 (45%) 164 (36%)|
| Marital status       | Widowed 59.5% Single 35% Married/Separated 5.5% Divorced 0.2% |
| Dementia             | (< 8 on I/O scale of CAPE). 47.5% overall |
|                      | < 65 65–74 75–84 85+                |
|                      | 0 19 (26%) 103 (51%) 92 (56%)       |
| Problem behaviours   | Incontinent of urine or faeces 37% Incontinent of faeces 16% Wandering 5% Immobile 9% Physical aggression 10% Requires help with bathing 93% |

DISCUSSION

Demographic details

The ages of the residents were in nearly equal proportions to those found by Pattie and Gilleard and were similar to, though slightly younger than the residents in the Northern Ireland DHSS study. This study replicates the findings of the DHSS study in that the distribution of ages of residents in old people’s homes differs significantly from that of the general population, with the 65–74 group under-represented and the older age groups over-represented.

The sex distribution in our study also showed fewer males and more females than would be expected. It has been suggested that this results from the longer life expectancy of women, which makes it more likely that women will outlive their husbands, coupled with the expectations of our society that women will care for the male members of the family. Thus it may be that men have a greater chance of being cared for at home than women. Both Northern Ireland studies showed lower proportions of male residents than did a similar study in London. Marital status was broadly similar to other studies. Fewer residents were married than would be expected from the general population and this held for all age groups. Presumably dependent elderly people who are married have a carer available at home and do not have to enter residential accommodation. Widowed and single people were over-represented in residential accommodation which is a predictable finding since by definition they are less likely to have a carer at

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home. This over-representation became less marked in the older age groups, which was unexpected, especially for the widowed, and the reasons for this are not clear.

Dementia
Roughly half of our residents scored within the dementia range. This is similar to the figure found by Clarke\textsuperscript{2} using the same assessment in Leicester. Masterton\textsuperscript{3} considered that up to 66% of Scottish residents might be demented although this included those quite mildly affected who would have been excluded in our study.

Mann\textsuperscript{1} considered that two-thirds of residents in his study had some degree of dementia. Wilkins\textsuperscript{13} would suggest that most residential homes can successfully manage when 30% of the residents are confused, but in reality it appears that most homes have considerably higher proportions.

It is interesting to note that none of the under 65 age group scored within the dementia range. As expected, the proportion with dementia increased with age until in the over 85 age group, 56% scored less than 8 on the information/orientation section of the CAPE. It is worth pointing out however, that 42% of the over 85 age group did not show evidence of dementia.

Behavioural problems

Incontinence
More than one-third of residents had some degree of incontinence. This figure included all degrees of incontinence both faecal and urinary and was obtained from the Pd sub-test of the CAPE survey. This is virtually identical to the figure reported by Masterton\textsuperscript{14} in Scotland using the same assessment, and similar to the figure reported by Tobin and Brocklehurst.\textsuperscript{15}

The result for faecal incontinence alone was also comparable with previous studies.\textsuperscript{16, 17} As elsewhere discussed,\textsuperscript{18} intractable faecal incontinence can be seen as an indication that the resident might be more appropriately placed in a unit with nursing input such as a psychogeriatric continuing care ward. However, it has been demonstrated that appropriate management can significantly reduce the prevalence and severity of faecal incontinence in residential accommodation.\textsuperscript{16}

Wandering
Relatively few residents were wanderers, which may reflect the fact that there are local homes for the elderly mentally infirm (EMI) to which wandering residents can be transferred. It may also be an indication that wandering is behaviour which staff in residential care find difficult to deal with so that wanderers become a high priority for transfer.

Immobility
Immobile residents present a considerable burden for care staff. Nine percent were unable to walk and yet of these 22% were found to be relatively independent and were suited to living in residential accommodation. This dependent immobile group might be more appropriately managed by the geriatric services.

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Aggression

The finding that 10% were physically aggressive at least once a week was surprising, and this must have required high staff tolerance. We have no information about trigger factors or other circumstances of the aggression. Little research has been done on this important topic.

Help with bathing

Ninety-three percent of the residents received help with bathing, which takes up a considerable proportion of staff time. This high level of support may be a reflection of staff members' perception of their legal responsibility.

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