Commentary on trajectories and predictors of functional decline in hospitalised older patients

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Following hospitalisation, up to one-third of older patients experience functional decline in activities of daily living (ADLs) (Hoogerduijn *et al.* 2013), with this decline impacting quality of life and mortality (Dent *et al.* 2013). It is important that continued efforts be directed towards improving screening for preadmission functional decline, particularly instrumental ADL function (Hui-Tzu *et al.* 2013). To delineate possible trajectories of decline, the study by Hui-Tzu *et al.* (2013) examined ADL function or decline in a hospitalised sample of older patients in Taiwan.

Employing functional status two weeks prior to admission as a baseline, the study followed up patients (*n* = 273) until three months postdischarge. Self-reports of functional status were obtained at four time points employing a translated version of the Katz Index of Independence in Activities of Daily Living scale (Wu *et al.* 2000) and the Instrumental Activities of Daily Living scale (IADL) (Lawton & Brody 1969). The findings of the study highlight that older patients who have experienced functional decline prior to hospitalisation are highly likely to require more intensive postdischarge support to arrest continued decline. Resonating with the body of existing evidence on patients at greatest risk (Dent *et al.* 2013), the study identified that those most at risk of decline following discharge were those who had: more falls in the previous year; reported more comorbidity; were prescribed more medication; and, had lower IADL scores preadmission (Hui-Tzu *et al.* 2013).

A noteworthy and counter intuitive finding of the present study was that patients who reported functional decline after discharge and those who did not report functional decline after discharge both reported improvement in functional capacity in the period from admission to discharge. That is, in both cohorts, functional status improved following admission to hospital. The group who did not report functional decline after discharge recounted the greatest improvement in functional status during admission. It is not evident from the study why these novel findings were observed; however, it is reported that older patients in Taiwan are often accompanied by family or hired assistants during hospitalisation (Hui-Tzu *et al.* 2013).

One of the strengths of the present study is that it sought to understand both the predictors and trajectory of functional decline in older patients; this is important as this group are heterogeneous and present for admission with differing levels of co-morbidity, polypharmacy and social support. As the sample size in this study is relatively small, and like many other studies of functional decline in older hospitalised patients, this study was conducted at a single location, it is not clear if the findings are generalisable. Even so, studies such as this provide important insights into the trajectory of functional decline in older patients and confirm that understanding the complexity of the different trajectories over time may provide a focus for continued efforts to improve outcomes for hospitalised older people. Further research is required to establish the significance of the novel findings identified in this study.

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