

Perspectives

Familial Thoughts on Life Extension Treatments in Elderly Patients with Dementia

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Abstract

Objective

Dementia is overwhelming not only for the people who have it, but also for their caregivers and families. The aim of this study is to reveal familial thoughts to receive the life extension treatments for patients with dementia when they need them.

Method

We enrolled consecutive patients with dementia 65 years of age or older who were admitted to our hospital. We asked patient's family to complete questionnaires concerning their thoughts to receive external cardiac massage, catecholamines, noninvasive positive pressure ventilation (NIPPV), and/or respirator. They were matched according to age and are divided into two groups, one is a latter-stage elderly healthcare (LSEH) group and the other is a public assistance (PA) group.

Results

There were no significant differences between two groups concerning catecholamines (P=1.00), NIPPV (P=1.00), or external cardiac massage (P=0.633). Patient's families requested using respirator in the LSEH group were significantly less than those in the PA group (3.0 %, 40.0%, respectively; P=0.0403).

Conclusions

These results may suggest that family wish their important person will take death peacefully but be alive as long as possible if out-of-pocket spending is free to care them.

Keywords: Dementia; Familial thought; Life Extension Treatment.

Introduction

The number of people living with dementia worldwide is currently estimated at 35.6 million. This number will double by 2030 and more than triple by 2050. Dementia is overwhel-

ming not only for the people who have it, but also for their caregivers and families [1]. Aging of population is wide and important issue in the world. Elderly retired people must care for one's parents or life partner in their old age. Their income usually low and they have some diseases themselves.

Costs to care patients with dementia afflicted their caregivers. To be, or not to be, that is the question. Whether it is elderly patients with dementia to suffer the life extension treatment, or to take death peacefully? The aim of this study is to reveal familial thoughts to receive the life extension treatments for patients with dementia when they need them.

Methods

We enrolled consecutive patients with dementia 65 years of age or older who were admitted to our hospital. We asked patient's family to complete questionnaires concerning their thoughts to receive external cardiac massage, catecholamines, noninvasive positive pressure ventilation (NIPPV), and/or respirator. They are divided into two groups, one is a latter-stage elderly healthcare (LSEH) group and the other is a public assistance (PA) group. These subjects in the two groups were matched according to age.

In Japan, peoples aged 75 years of age or older join the latter-stage elderly healthcare system [2]. People in this system pay 10 percent of the medical costs when they receive medical care at a hospital or other medical facility if their incomes are under 1.45 million Japanese Yen (about 12 thousands U.S. dollars as 1 U.S. dollar equals 120 Japanese Yen) and 30 percent of the medical costs if their incomes are 1.45 million Japanese Yen or over. People who received public assistance are free of charge for the medical costs [3]. Patients were not eligible for enrollment if their incomes are 1.45 million Japanese Yen or over, because there are only three patients.

Statistical analysis

Results are expressed as the mean value \pm SD or as proportions (%). The Student's t test was used for parametric data when normal distribution and equal dispersion were recognized. Differences in the categorical data were analyzed by chi-square analysis, and the Fisher exact test was used when appropriate. Differences were considered to be statistically significant when the P values were less than 0.05.

Results

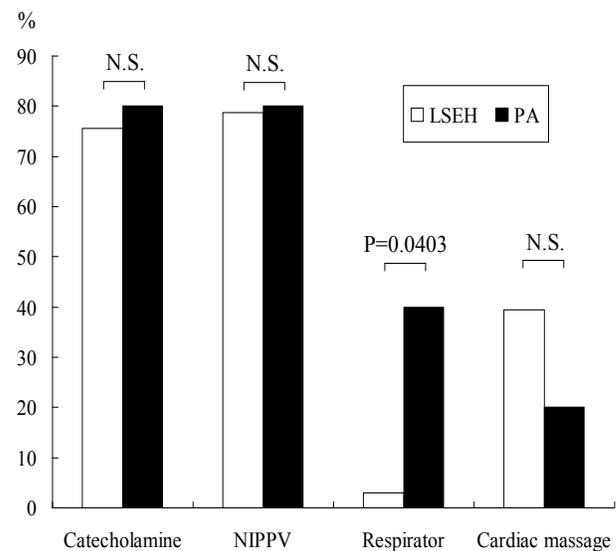
Total forty-eight patient's families answered questionnaires at admission. The mean age in the LSEH group was higher than in the PA group (89.16 ± 6.2 , 80.4 ± 8.14 , respectively; $P=0.0057$). Therefore these subjects in the two groups were matched according to age. Finally thirty-three patient's families enrolled in the LSEH group and five in the PA group. Gender was well balanced in the two groups ($P=1.00$).

20 of 33 (60.6 percent) in the LSEH group and 3 of 5 (60.0 percent) in the PA group were infection. 3 in the LSEH group and 1 in the PA group were congestive heart failure. 3 in the LSEH group and 1 in the PA group were dysphagia. 2 were cerebral infarction, 2 were osteoarthritis, 1 was chronic subdural hematoma, 1 was chronic renal failure, and 1 was anemia in the

LSEH group.

Figure shows the results of questionnaires. 75.6 percent of patient's families in the LSEH group and 80.0 percent of patient's families in the PA group requested using catecholamines ($P=1.00$). 78.8 percent of patient's families in the LSEH group and 80.0 percent of patient's families in the PA group requested using NIPPV ($P=1.00$). Patient's families requested using respirator in the LSEH group were significantly less than those in the PA group (3.0 %, 40.0%, respectively; $P=0.0403$). 39.4 percent of patient's families in the LSEH group and 20.0 percent of patient's families in the PA group requested performing external cardiac massage ($P=0.633$).

Figure. Data are presented as proportions of requests.



LSEH denotes latter-stage elderly healthcare, NIPPV noninvasive positive pressure ventilation, and PA public assistance.

Discussion

World Health Organization reported that the number of people living with dementia worldwide is currently estimated at 35.6 million and will double by 2030 and more than triple by 2050. In Japan, the number of people 65 years of age or older was 33 million and the percentage of them in the total population was 25.9 percent in 2014 [4] and the number of patients with dementia was 2.6 million by 2015 and will be 2.9 million by 2020 [5]. Japanese society is rapidly aging faster than those in other countries.

Patients with dementia need treatments and care. However, patients with dementia are usually elderly and their incomes are usually low. Japan has the system of the public health insurance for the whole nation. People aged 75 years of age or older and people aged 65 years of age or older with a certified disability, whose incomes are under 1.45 million Japanese Yen, join the latter-stage elderly healthcare system. In this system,

monetary costs are 10 percent of the medical expenses incurred when a patient receives medical care at a hospital or other medical facility. People who have lower income are on welfare. They don't need to pay medical monetary costs.

Elderly people must care for one's parents or life partner in their old age. Usually, they retired and have some diseases included dementia themselves and their incomes are low. There are two pension systems in Japan, the National Pension system and the Welfare Pension system. The National Pension system pay 650 thousands Japanese Yen (about 5.5 thousands U.S. dollars) a year for one person and the Welfare Pension system pay 1.7 million Japanese Yen (about 15 thousands U.S. dollars) a year for one person in 2013. These pensions are not enough to care their one's parents or life partner in their old age.

These results may suggest that family wish their important person will take death peacefully but be alive as long as possible if out-of-pocket spending is free to care them. They suffer from decisions to perform life extension treatments for them. Indeed, some elderly people go bankrupt economically to care them. Some patient say that cancer is a good disease because

patients with cancer can die absolutely, and patients with stroke put a heavy burden onto their families.

Conclusions

These results may suggest that family wish their important person will take death peacefully but be alive as long as possible if out-of-pocket spending is free to care them.

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