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# Hospice Medical Memo

A quarterly newsletter for physicians



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## Hospice Care for Dementia Patients

-Garry Snipes, MD

One of the most difficult disease conditions in which to determine a prognosis for hospice eligibility is the group of conditions known as the dementias. Although it is the general impression that patients with advanced dementia and their families benefit from an interdisciplinary approach to end of life care, dementia patients die without such care due to the necessity of establishing a life expectancy of "6 months or less if the disease runs its natural course". As a result, fewer than 1% of national hospice enrollees have this diagnosis, even though dementia or complications thereof has become one of the most common causes of death.

Patients with advanced dementia, despite markedly impaired cognition, suffer from a number of adverse symptoms including pain, depression, constipation, anorexia, agitation/confusion and urinary incontinence. Caregiver stress tends to be very high in this group whether the patient is in a home or institutional setting, also indicating a need for comprehensive

psychosocial and spiritual support. Hospice's emphasis on whole person care is probably the most effective way to meet these complex needs.

In 1995 the National Hospice Organization—now the National Hospice and Palliative Care Organization (NHPCO)—established guidelines for patients with dementia largely dependent on classification according to the Functional Assessment Staging System (FAST), a 7-stage classification ranging from 0 (no dementia) to 7 (advanced dementia). The 7th stage is subdivided into 6 stages A-F. FAST stage 7C or worse is considered to connote hospice eligibility if accompanied by certain comorbid conditions. At the 7C stage, dementia patients are non-verbal, incontinent, totally dependent in ADLs and unable to walk independently. Qualifying comorbid conditions include severe infections, weight loss, recurrent fever and poor oral intake. There are many problems with these criteria, the main one being that patients fulfilling them seem

to have a life expectancy of much less than six months, based on a small study by Luchins, et al. of patients enrolled in hospice with advanced dementia as their principal diagnosis. In addition, about half of the patients in this study did not demonstrate progression of their dementia in a way that allowed accurate FAST staging, also limiting the utility of the NHPCO guidelines.

Various researchers have identified markers for early mortality in advanced dementia, including the following: fever, older age, severity of dementia, a "no antibiotic" treatment plan, and nursing home admission. Hospitalization for 2 common complicating clinical problems in dementia patients, pneumonia or hip fracture, also indicates a markedly increased 6-month mortality as compared to non-demented patients.

In an effort to improve prognostication in this group of patients, Mitchell and coworkers developed the Mortality Risk Index (MRI) score to allow stratification of newly admitted nursing facility residents into levels of



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Care*

risk for 6-month mortality. This scale, utilizing factors readily available from the minimum data set completed on all nursing facility residents, was validated by examining data on over 11,000 residents. Among the patients with an MRI score  $\geq 12$ , 70% died within 6 months and this would seem to be a more useful predictor of mortality for the purpose of hospice admission. (Please see Table on back page.)

Such prognostic factors as those included in the MRI are important as markers for likelihood of early death. But just as important in determining hospice eligibility are the goals of care and plans for interventions that will be provided to treat

## Who to call at Hospice of the Carolina Foothills

- Jean Eckert  
Executive Director
- Garry Snipes, MD  
Medical Director
- Sharon Maddox, RN, MPH  
Director of Patient Care Services
- Doug Brooks, RN  
Admissions Nurse
- Shannon Slater, LPC  
Bereavement Care Coordinator
- Maureen Murphy  
Program Liaison

To reach any of us, please call our Hospice Administration & Program Center in Columbus, NC at 828-894-7000 or 800-617-7132.



### Hospice Care for Dementia Patients, *continued...*

acute medical problems such as urosepsis and malnutrition.

Prequalification assessment for hospice and the patient and family education that must often be done to gain acceptance of hospice referral can be time consuming and difficult. The clinical staff at Hospice of the Carolina Foothills, myself included, stand ready to assist in any way with the referral process in order to be able to provide patients with dementia, or any other problem, with comprehensive end of life care. Please call on us if we can help!

References

1. Mitchell SL, Kiely DK, et al. Estimating prognosis for nursing home residents with advanced dementia. *JAMA*. 291: 2734-2740, 2004.
2. Tsai S, Arnold R. Fast Fact and Concept # 150: Prognostication in Dementia. End-of-Life Physician Education Resource Center. [www.eperc.mcw.edu](http://www.eperc.mcw.edu).
3. Morrison, RS, Meier DE. *Geriatric Palliative Care*. New York: Oxford Univ Press, 2003. P.161-164.
4. Mortality Risk Index. *JAMA* 291. 2736, 2004.
5. Luchins DJ, Hanrahan P, Murphy K. Criteria for enrolling dementia patients in hospice. *J Am Geriatr Soc* 1997; 45:1054-1059.

#### Mortality Risk Index Score for Stratification of Residents Into Levels of Risk for 6-Month Mortality

##### Score Sheet to Estimate 6-Month Prognosis in Nursing Home Residents With Advanced Dementia

Risk Factor From Minimum Data Set	Points	Score
Activities of Daily Living Scale = 28*	1.9	___
Male Sex	1.9	___
Cancer	1.7	___
Congestive Heart Failure	1.6	___
Oxygen Therapy Needed in Prior 14 Days	1.6	___
Shortness of Breath	1.5	___
<25% of Food Eaten at Most Meals	1.5	___
Unstable Medical Condition	1.5	___
Bowel Incontinence	1.5	___
Bedfast	1.5	___
Age >83 y	1.4	___
Not Awake Most of the Day	1.4	___

Total Risk Score, Rounded to Nearest Integer  
Possible Range, 0-19

*\*The Activities of Daily Living Scale is obtained by summing the resident's self performance ratings on the Minimum Data Set for the following 7 functional activities: bed mobility, dressing, toileting, transfer, eating, grooming, and locomotion. In the Minimum Data Set, functional ability is rated on 5-point scale for each activity (0, independent; 1, supervision; 2, limited assistance; 3, extensive assistance; and 4, total dependence). A total score of 28 represents complete functional dependence.*

If Total Risk Score is...	Risk Estimate of Death Within 6 Months, %
0	8.9
1 or 2	10.8
3, 4, or 5	23.2
6, 7, or 8	40.4
9, 10 or 11	57.0
≥12	70.0



