
POSTER ABSTRACT

Factors associated with informal, and professional care, and unmet care needs in persons with deficits in activities of daily living in Austria. Results of two repetitive population-based surveys in people aged ≥ 65 years.

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Introduction: Europe's population is growing older, a trend that is projected to continue. Increased life expectancy means, older individuals are at risk of falls, hip fractures, long-term health conditions, re-hospitalization, which leads to the possibility of increased time spent in poor health. Hence, it is paramount to identify the diverse factors influencing the ageing process and subsequent limitation in Activities of Daily Living (ADLs)—eating and drinking independently, getting up and sitting down, dressing and undressing, using the toilet, and bathing or showering. Evidence shows worsening disability and developing new difficulty in ADLs has become more common with age, and leads to reduced quality of life, loss of independence and increased dependency and the increased need for care.

Methods: Data was obtained from the Austrian Health Interview Surveys. 2931 and 2922 study participants aged ≥ 65 from 2014 and 2019, respectively, were included in the analysis. Three binary logistic regression was conducted with informal care, professional care and unmet care needs as dependent variable, and socio-demographic, health-related, and lifestyle-related parameters as independent variables, and the latter were mutually adjusted for each other.

Results: In 2014, 12.8% of men and 17.9% of women, respectively, had difficulty in at least one ADL domain, compared to 19.2% and 25.7%, in 2019 ($p < 0.001$). Of men and women with ADL deficits, 50.2% and 50.0% sought help from family members or friends, 14.1% and 27.5% received help from professional caregivers, and 17.4% and 30.4% said they would need more help than they actually get. The probability of both informal and professional care with ADL deficits increased significantly from 2014 to 2019 (OR; 95% CI: 1.88; 1.47-2.41; 2.42; 1.76 -3.33), however, there was no change in unmet care needs (1.06; 0.81-1.39). Male sex was associated with professional care (1.67; 1.16-2.40) and unmet care needs (2.04; 1.48-2.82). Higher age was associated with all three measures of care (2.54; 1.96-3.30; 2.77; 2.00-3.85; 2.09; 1.56-2.79). Lower education was associated with informal care (2.90; 1.57-5.35 for primary education; 2.53; 1.38-4.64 for secondary education). Being born in other European states (EU or EFTA) was associated with a higher chance for professional care (3.11; 1.93-5.02) and unmet care needs (1.90; 1.22-2.95). Living in a big city was negatively associated with informal care (0.60; 0.44-

0.83). Not living in a relationship was negatively associated with informal (0.55; 0.42-0.73) and positively with professional care (2.18; 1.56-3.06). Having at least one chronic disease was associated with informal care (2.16; 1.56-3.00) and unmet care needs (2.56; 1.69-3.88). Lack of physical activity was associated with all three care parameters (2.90; 1.32-4.28; 11.87; 2.03-69.45; 2.09; 1.02-4.29). Being underweight was associated with a higher chance for informal care (3.33; 1.11-10.01), and obesity with unmet care needs (1.49; 1.05-2.13).

Conclusions: Socio-economic, health and lifestyle-related factors are significantly associated with formal and professional and unmet care needs in older people with ADL deficits. To deliver a sustainable integrated care for older people in Europe, the importance of physical health, social, cultural, and emotional needs must be recognized and supported in all levels of care.