



Universiteit
Leiden
The Netherlands

We're all different and we're the same: the story of the European nursing home resident

Achterberg, W.P.; Everink, I.H.; Steen, J.T. van der; Gordon, A.L.

Citation

Achterberg, W. P., Everink, I. H., Steen, J. T. van der, & Gordon, A. L. (2020). We're all different and we're the same: the story of the European nursing home resident. *Age And Ageing*, 49(1), 3-4. doi:10.1093/ageing/afz145

Version: Publisher's Version

License: [Creative Commons CC BY 4.0 license](#)

Downloaded from: <https://hdl.handle.net/1887/3181341>

Note: To cite this publication please use the final published version (if applicable).

EDITORIALS

We're all different and we're the same: the story of the European nursing home resident

Key points

- Length of stay and mortality in nursing homes across Europe have many similarities.
- There is an opportunity for long-term care systems within Europe to learn from each other, to improve the quality and effectiveness.
- The median length of stay continues to be influenced predominantly by mortality.

In this issue of *Age and Ageing*, Reilev et al. report a prospective cohort study of more than 5,000 newly admitted nursing home residents in Denmark [1]. This study covered the entire Danish nursing home population and reports on morbidity, mortality and length of stay in the nursing home and hospitalizations. Although European countries are at first sight very heterogeneous in their long-term care systems, the picture of this study draws is comparable with that seen in many European countries. Residents who are admitted into nursing homes in Denmark are generally very old (median 84 years), mostly female (63%) and have multimorbidity, with dementia being the most common diagnosis. The indication for nursing home admission is moderate to severe functional impairment resulting in a need for intensive carer support. The median length of stay in a Danish nursing home is 2.2 years, with 70% surviving the first year. These data are comparable with Norway, with a 2.2-year median length of stay and an annual mortality of 32% [2], Germany with a 2.1 year [3] and Northern Ireland with a 2.3-year median length of stay [4]. Upon admission, men tend to be a little younger than women, have a shorter length of stay and die earlier in all of these studies. Residents with dementia live longer than those admitted for other reasons [5]. In Denmark, in common with most countries studied, admissions to care homes are frequently preceded by crises of health and wellbeing, often marked by hospital admission [1, 6].

Changes to policy do not seem to have affected the patterns of morbidity and mortality in nursing homes as much as might have been expected. As an “ageing in place”

policy has dominated strategies in many European countries over the past decade [7], one might expect that this would make consecutive admission cohorts older, more dependent and sicker, and thus a decrease in length of stay. However, there is little evidence to support this. It could be the case that now there are more residents with a very short length of stay (death within 6 weeks), because many studies exclude these residents as in the study by Reilev et al. [1]. However, again, we have no data to confirm such a hypothesis.

The median length of stay continues to be influenced predominantly by mortality. Furthermore, physical conditions such as organ failure (COPD, heart failure) are much stronger predictors of mortality than dementia in nursing home cohorts. In many countries, the majority of residents have dementia, and so this diagnosis tends to act as an admission criterion to nursing homes rather than a marker of mortality risk. In the United Kingdom, for example, 62% of care home residents have dementia [8].

The above suggests that the population receiving care in nursing homes across Europe is comparable, despite significant differences in how care is structured and funded. One area where policy has, perhaps, affected case mix more, is in end-of-life care. A recent study found that residents in Poland are 6 years younger than in Belgium or the UK, and there was variation in length of stay of deceased residents across six European countries [9]. These cross-national differences are very pronounced in people with dementia [10, 11]. A recent German study found that 51% of nursing home residents with dementia were hospitalised in the last month of life, compared with 8% in the Netherlands [12], and 20% Belgium, respectively [3]. The differences in these data seem to be linked to advance care policies, establishing palliative care goals and avoiding burdensome procedures and transitions at the end of life. Good care in nursing homes mirrors the principles of good end-of-life care. It is clear that there are some opportunities for cross-cultural comparisons and learning here.

So, the population across nursing homes in Europe is very similar but there is evidence that its' composition, and how residents use healthcare services, can be influenced by policy. There is an opportunity for long-term care systems within Europe to learn from each other, to improve the quality and effectiveness of care. A challenge, in this context, is that there

Editorials

is a lack of shared data systems or agreed minimum datasets across and between countries. Developing shared approaches is important if we are to do the best for residents of long-term care [13].

WILCO P. ACHTERBERG¹, IRMA H. EVERINK²,
JENNY T. VAN DER STEEN¹, ADAM L. GORDON³

¹Department of Public Health and Primary Care, Leiden University
Medical Center, Leiden, The Netherlands.

²Department of Health Services Research and Care and Public
Health Research Institute (CAPHRI), Maastricht University,
Maastricht, The Netherlands

³Department of Medicine for the Elderly, Royal Derby Hospital;
Division of Medical Sciences and Graduate Entry Medicine,
University of Nottingham, Derby, UK.

Address correspondence to: Wilco P. Achterberg.
Tel: +31 71 5268412; Email: w.p.achterberg@lumc.nl

Declaration of Conflicts of Interest None.

Declaration of Sources of Funding None.

References

1. Reilev *et al.* Morbidity and mortality among older people admitted to nursing home.
2. Vossius C, Selbæk G, Šaltytė Benth J, Bergh S. Mortality in nursing home residents: a longitudinal study over three years. *PLoS One* 2018; 13: e0203480.
3. Allers K, Hoffmann F. Mortality and hospitalization at the end of life in newly admitted nursing home residents with and without dementia. *Soc Psychiatry Psychiatr Epidemiol* 2018; 53: 833–9.
4. McCann M, O'Reilly D, Cardwell C. A census-based longitudinal study of variations in survival amongst residents of nursing and residential homes in Northern Ireland. *Age Ageing* 2009; 38: 711–7.
5. Moore DC, Keegan TJ, Dunleavy L, Froggatt K. Factors associated with length of stay in care homes: a systematic review of international literature. *Syst Rev* 2019; 8: 56.
6. Lievesley N, Crosby G, Bowman C, Midwinter E. The Changing Role of Care Homes. vol. 23. Centre for Policy on Ageing, 2011.
7. Schols J, Gordon A. Residential and nursing home care: from the past to the future. In: Michel JP, Beattie BL, Martin FC, Walston JD, eds. *Oxford Textbook of Geriatric Medicine*. London, 2017; 275–279.
8. Gordon AL, Franklin M, Bradshaw L *et al.* Health status of UK care home residents: a cohort study. *Age Ageing* 2014; 43: 97–103.
9. Honinx E, van Dop N, Smets T *et al.* PACE. Dying in long-term care facilities in Europe: the PACE epidemiological study of deceased residents in six countries. *BMC Public Health* 2019;19:1199.
10. Reyniers T, Deliens L, Pasman HR *et al.* International variation in place of death of older people who died from dementia in 14 European and non-European countries. *J Am Med Dir Assoc* 2015; 16: 165–71.
11. Allers K, Hoffmann F, Schnakenberg R. Hospitalizations of nursing home residents at the end of life: a systematic review. *Palliat Med* 2019; 1: 269216319866648.
12. Hendriks SA, Smalbrugge M, Deliens L *et al.* End-of-life treatment decisions in nursing home residents dying with dementia in the Netherlands. *Int J Geriatr Psychiatry* 2017; 32: e43–9.
13. Corazzini KN, Anderson RA, Bowers BJ *et al.* WE-THRIVE. Toward common data elements for international research in long-term care homes: advancing person-centered care. *J Am Med Dir Assoc* 2019; 20: 598–603.