Findings regarding relationships between socio-demographic, psychological and co-morbidity factors and the functional status, in geriatric inpatients

A. Capisizu 1,4, S. Aurelian 3, A. Zamfirescu 4, I. Omer 4, M. Haras 1,2, C. Ciobotaru 1,4, L. Onose 7, T. Spircu 1, G. Onose 1,2

1 The University of Medicine and Pharmacy “Carol Davila”, Bucharest, Romania
2 The Teaching Emergency Hospital “Bagdasar-Arseni”, Bucharest, Romania
3 The “Titu Maiorescu” University, Bucharest, Romania
4 The Hospital for Chronic Diseases “St. Lucas”, Bucharest, Romania
5 The University “Ovidius”, Constanța, Romania
6 The Teaching Emergency Hospital of the Constanța County
7 The Medical Service of ”Metrorex”, Bucharest, Romania

Abstract:
Objective To assess the impact of socio-demographic and co-morbidity factors, and quantified depressive symptoms on disability in inpatients.

Method Observational cross-sectional study including a number of 80 elderly (16 males, 64 females; mean age 72.48 years; standard deviation 9.95 years) admitted in the Geriatrics Division between May-July, 2012. We used the: Functional Independence Measure (FIM), Geriatric Depression Scale (GDS) and an array of socio-demographic and poli-pathology parameters, respectively. Statistical analysis included Somers’D for ordinal variables, linear bivariate correlations, general linear model analysis, ANOVA and Kruskal-Wallis, tests.

Results FIM scores were negatively correlated with age (R=-0.301; 95% c.i.-0.439--0.163 p=0.007); GDS score had a negative impact on FIM (R=-0.322; 95% c.i.-0.324-0.052 p=0.004). A general linear model, including other variables (education, living conditions, provenance, gender, matrimonial state) as factors, found living conditions (p=0.027) and the combination of matrimonial state and gender (p=0.004) to significantly influencing the FIM score. ANOVA showed significant differences in FIM scores stratified by the number of chronic diseases (p=0.035).

Discussion and conclusions Our study objectifies the negative impact of depression on functional status; interestingly, education had no influence on FIM scores; living conditions and combination of matrimonial state and gender had an important related impact: patients with living spouses showed significant better functional scores than divorced/ widowers; the number of chronic diseases also affected FIM scores: lower in patients with significant poli-pathology. These findings must be considered when designing geriatric rehabilitation programs within home skilled cares.

Key words: Functional Independence Measure (FIM), Geriatric Depression Scale (GDS), poli-pathology, geriatric inpatients