Resources Needed to Meet Needs of Seniors With Cirrhosis

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As people living with cirrhosis age, they are more likely to become disabled, need hospitalization and require more caregiving from family members than seniors not living with liver disease, according to a study published in the January 2012 issue of Hepatology.

The need to provide and coordinate care for elderly people living with liver cirrhosis is expected to increase in the coming years. In the United States, the number of older people with cirrhosis is growing, driven by an aging population of people living with chronic hepatitis C virus (HCV) infection and non-alcoholic fatty liver disease, a condition linked to obesity, type 2 diabetes, high blood pressure, elevated cholesterol and genetic factors.

Policy makers will need to allocate additional resources, while family members will be called upon to provide more informal caregiving, according to Mina O. Rakoski MD, and her colleagues from the University of Michigan Medical School in Ann Arbor.

Rakoski and her colleagues used information from Health and Retirement Study (HRS) interviews, Medicare claims and patient records over a minimum of two years to assess measures of well-being among people older than 65. They compared 290 people living with cirrhosis to a matched group of 858 without signs of chronic liver disease.

Demographics were similar, with a few differences: People living with cirrhosis were less educated, more likely to be Hispanic, and had less income than the comparison group.

People living with cirrhosis were twice as likely to describe their health as poor, compared with those in the matched group. Other illnesses, including lung and heart disease, cancer, diabetes and cognitive impairment, were more common among people living with cirrhosis. They were also more likely to experience some degree of disability, and they reported more difficulty performing activities of everyday living (ADLs) such as bathing, toileting, dressing and eating, as well as instrumental activities of everyday living (IADLs), including grocery shopping, managing money, making phone calls and taking medication. In addition, almost 20 percent reported a significant decrease in their ability to perform ADLs and IADLs over a two-year period.

Not surprisingly, overall and out-of-pocket health care costs were much higher for elderly people living with cirrhosis. They had more medical appointments, were more likely to be hospitalized or

cared for in a nursing home and received more care from family members than their non-cirrhotic counterparts. In fact, the yearly cost of informal caregiving by a family member ranged from $3,700 to $6,700 for people living with cirrhosis versus $1,600 to $2,900 for those without liver disease.

“It is important to emphasize this study compared subjects with cirrhosis to age-matched individuals, not healthy controls,” noted the authors.

They concluded by underscoring the opportunity to improve quality of care for elderly people living with cirrhosis while lowering its cost. “Greater focus on a comprehensive delivery of care for patients with cirrhosis, including involvement of caregivers and improved care coordination, is necessary to optimize management of this frail population.”

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