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INTRODUCTION

- Heart failure (CHF) and Dementia are primarily diseases of aging, each having a profound impact on functionality, hospitalization, and mortality.
- While they frequently co-occur, little is known about the consequences of comorbid CHF and Dementia.

METHODS

- Using the 2015 NHATS wave, we identified 765 persons with CHF, 542 with dementia, and 162 with both CHF and probable dementia.
- Logistic regression and Cox regression to adjust for age, sex, race, baseline ADL function, and health conditions.

Key Outcomes:

- Need for help with I/ADLs (cross-sectional)
- Need for help with additional ADL (1 year)
- Hospitalization (1 year)
- Death (2 years)

RESULTS

CHF+ Dementia vs CHF alone

- Markedly more likely to be impaired in I/ADLs
- Markedly higher risk of ADL decline, death, and hospitalization

CHF + Dementia vs Dementia alone

- Moderately higher risk of needing help with I/ADLs
- Slightly increased risk of hospitalization and death

CONCLUSIONS

- Among patients with CHF, those with dementia need much more help with I/ADLs and have worse health outcomes overall.
- Our results highlight the need for increased physician awareness of the risks associated with comorbidity and tailoring management accordingly.

Comorbid CHF and Dementia markedly increase the need for ADL and IADL help, risk for subsequent death, hospitalization, and ADL decline compared to either illness alone.

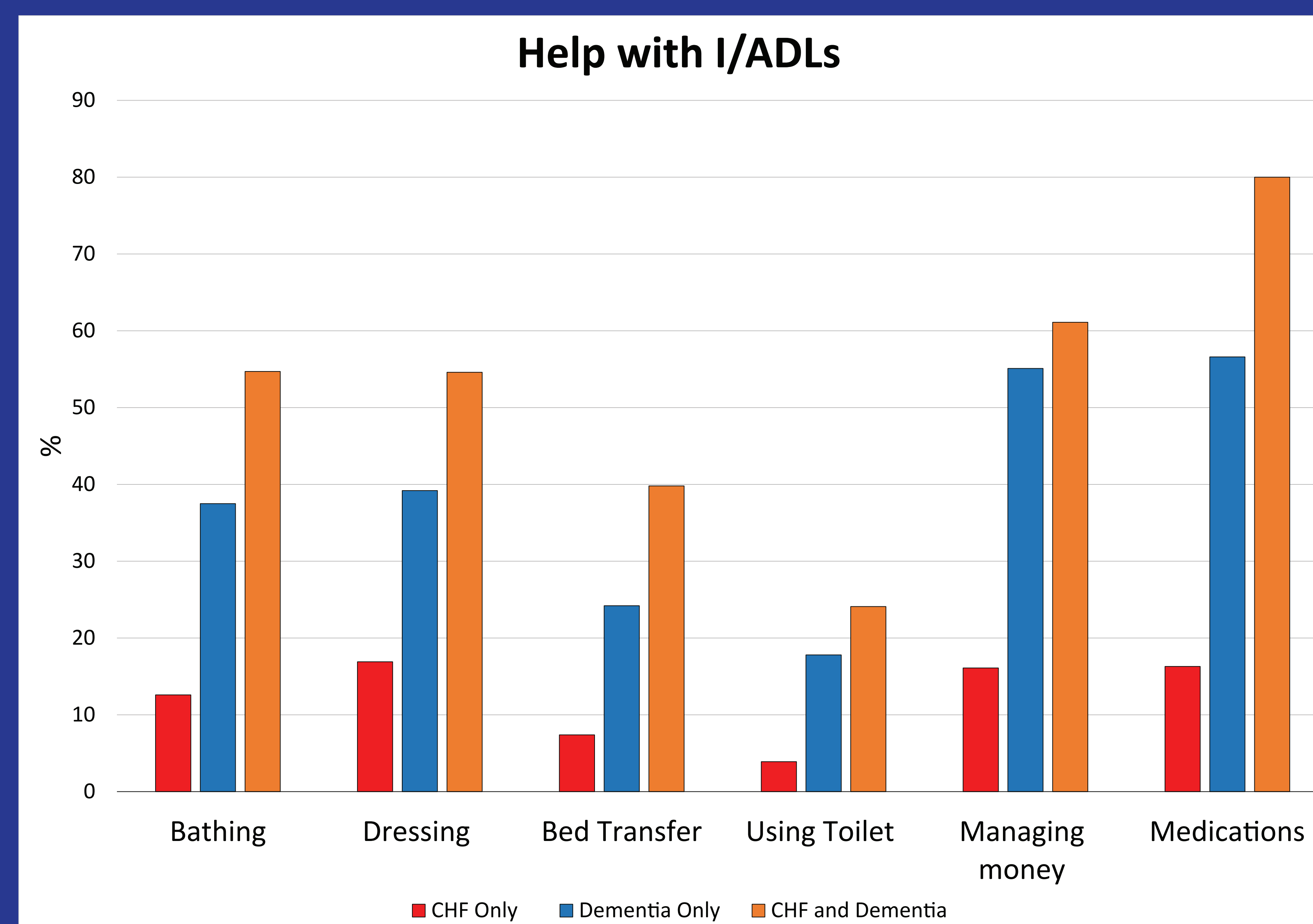


Figure 1: The percentage of participants needing help with all I/ADLs increases in patients with CHF and dementia compared to CHF or Dementia only. Notably, help with medication management significantly increases for both groups.

Sample Characteristics

Demographics	%
Age in 2015	
65-69	10.8
70-74	16.9
75-79	20.8
80-84	20.2
85-89	16.4
90+	15
Sex	
Men	47
Women	53
Race/Ethnicity	
White, non-hispanic	79.5
Black, non-hispanic	8.7
Hispanic	4.6
Other/DKRF	7.2

Final sample (N=1145):
 CHF only = 603 (53%)
 Dementia only = 380 (33%)
 CHF + Dementia = 162 (14%)

21% of those with CHF *also* have dementia

29.8% of those with dementia *also* have CHF

Figure 2: Along with age, sex, and race, other sample characteristics included marital status, education past highschool, and health variables such as cancer, lung disease, stroke, diabetes, hypertension, depression, and BMI.

Risk of Adverse Outcomes in Persons with CHF and Dementia

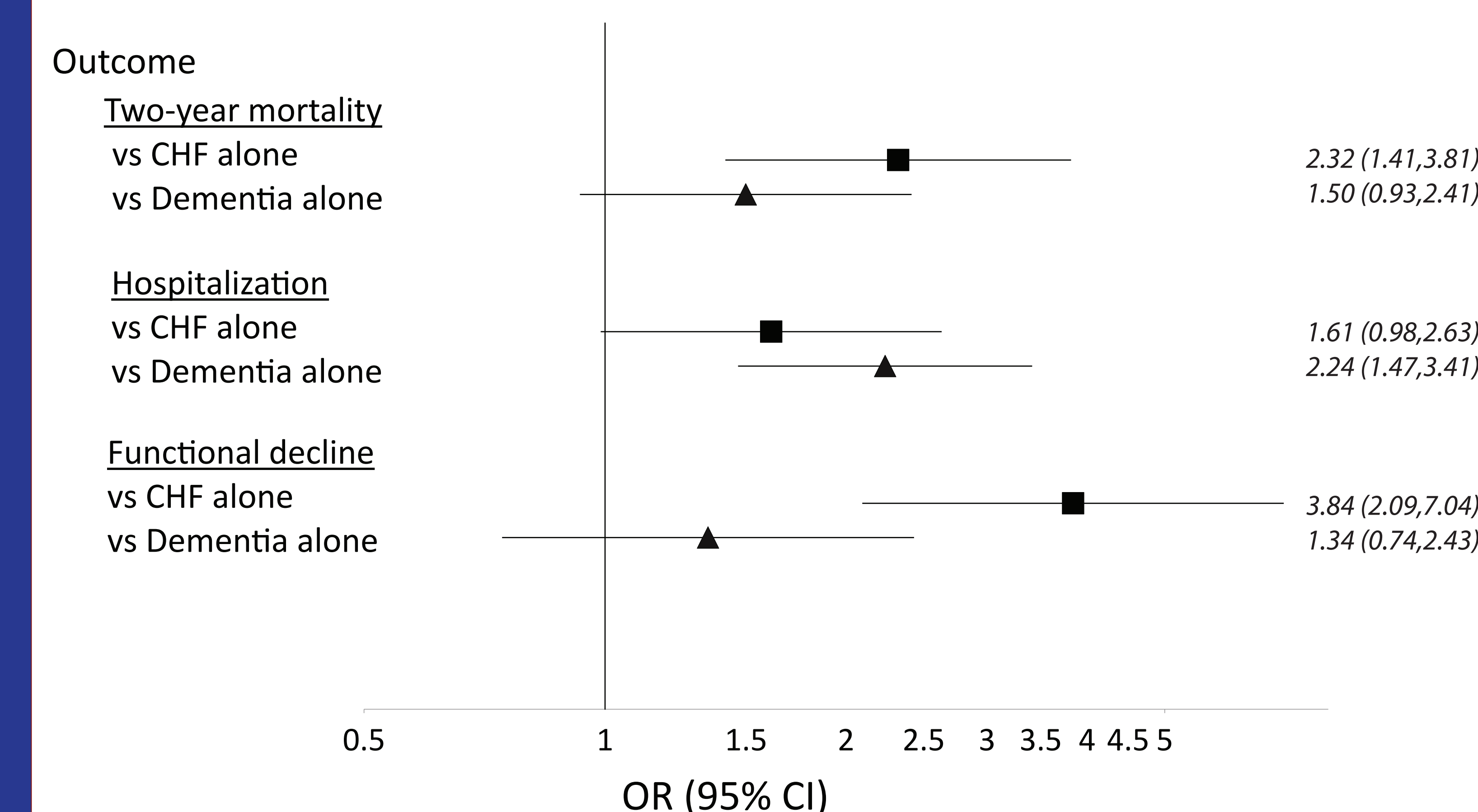


Figure 3: Fully adjusted odds ratios with 95% confidence intervals showing the risk of ADL decline, hospitalization, and mortality of comorbid CHF and Dementia compared to CHF or Dementia alone

