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EFFECTS OF SPECIFIC CHRONIC DISEASE AND MULTI-MORBIDITY ON FUNCTIONAL DECLINE: A THREE-YEAR STUDY WITH COMMUNITY-DWELLING ELDERLY IN SHANGHAI, CHINA

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Background: The prevalence rate of functional impairment increased with age. The previous studies suggested that chronic diseases are one of the most common causes of functional decline in the elderly. However, there are few studies focusing on the effect of multi-morbidity on the functional impairment. The purpose of this study is to explore the effects of specific chronic diseases and multi-morbidity on the functional decline in the aging people.

Methods: The study selected data from the 3-year (2013-2015) continuing cohort survey conducted among the community residents aged ≥60 years. Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) were used to measure the functional status. The prevalence of 11 chronic diseases was evaluated. The relationships between functional decline at follow-up and a single chronic disease or multi-morbidity were assessed via regression analysis.

Results: In 2015, 18.5% of subjects experienced a decline in ADL, and 29.9% experienced a decline in IADL, compared with 2013. Dementia, tumour, rheumatoid arthritis, and stroke were associated with ADL or IADL decline respectively. The number of co-occurrence chronic diseases was positively related with declines in ADL and IADL. Some combinations of two or three chronic diseases increased the risk of functional decline in the elderly.

Conclusion: Single chronic diseases had a different impact on functional decline, and dementia was associated with the greatest risk. Multi-morbidity increases the risk of ADL or IADL decline to varying degrees based on the number of diseases and disease combinations. So we suggested that avoiding the co-occurrence of several chronic diseases could assist with preventing functional decline in the elderly.