

Abstract

Background: Dementia becomes a worldwide major health problem. In the absence of curative treatment for dementia, quality of life (QOL) is increasingly recognized as an important outcome in clinical practice and research. Recent research advocates the use of self-report QOL assessment in mild to moderate dementia patients, whereas proxy-report by family or care staffs can be used as substitute in more advanced stage. Currently, no local study has been conducted to investigate the agreement between QOL ratings from patients, family caregivers and nursing home staffs. Besides, there is inconclusive evidence about which factors are associated with QOL of people with dementia in residential settings.

Objectives: This study aims to compare the QOL of residents with dementia as assessed by the individuals, their family and nursing home staffs, and examine the possible factors associated with their ratings.

Methodology: This cross-sectional observational study recruited all eligible people with Alzheimer's disease (AD), their family and nursing home staffs from Care and Attention (C&A) homes from 10 July 2012 to 30 May 2013. Each resident and respective caregivers rated QOL of people with dementia using Chinese version of Quality of life- Alzheimer's disease (CQOL-AD). Additional measures included Capacity to report subjective quality of life inventory (CapQOL), Chinese version of Mini-Mental State Examination (MMSE),

Geriatric Depression Scale- Short Form (GDS-SF), Modified Barthel Index (MBI), Neuropsychiatric Inventory (NPI). Patients' demographics data, previous medical history and psychiatric treatment were recorded.

Results: Sixty people with dementia, their family caregivers and fifty-two nursing home staffs were recruited in current study. There were poor agreement in CQOL-AD ratings between patients and either family or staffs, despite there was no significant difference in their total CQOL-AD scores. With multivariate analysis, several factors predicting QOL ratings were identified as follows: subjective depressive symptoms for self-report QOL; functional capacity for activity of daily living (ADL) for family-report QOL and neuropsychiatric symptoms of depression and apathy for staff-report QOL.

Conclusion: Our study confirmed that each perspective is independent and QOL ratings from patients and caregivers are not interchangeable. Direct measure of QOL should be considered in patients with mild to moderate cognitive impairment. Besides, the inverse relationship between subjective mood and self-report QOL highlighted the importance of early detection and intervention of depressive symptoms in dementia patients.