Factors influencing quality of life of elderly people with dementia and care implications: A systematic review

Wenbo Jing\textsuperscript{a,b}, Rosalind Willis\textsuperscript{a}, Zhixin Feng\textsuperscript{a,}\textsuperscript{*}

\textsuperscript{a}Centre for Research on Ageing, Faculty of Social, Human and Mathematical Sciences, University of Southampton, SO17 1BJ, United Kingdom

\textsuperscript{b}Nursing School, Zhengzhou University, China

\textbf{A B S T R A C T}

\textbf{Background:} Identifying factors associated with Quality of Life (QoL) of elderly people with dementia could contribute to finding pathways to improve QoL for elderly people in dementia.

\textbf{Aim:} This paper systematically reviews all possible factors that influence QoL of elderly people with dementia, identifies how these factors are different by different stages of dementia and living settings, and explores how the influencing factors could be perceive differently by elderly people with dementia, family members, and caregivers.

\textbf{Method:} PubMed, PsycINFO, Web of Science and DelphiS searches from 2000 to 2015 and hand searches of publication lists, reference lists and citations were used to identify primary studies on ‘quality of life’ and ‘dementia’ elderly people.

\textbf{Results:} The results suggest that there are a complex variety of factors influencing QoL of elderly people with dementia, and the factors cover demographic, physical, psychological, social, and religious aspects. And the factors influencing QoL of elderly people with dementia are different in different living settings (care institutions and communities) as well as different people’s perspectives (elderly people with dementia, family members and care staff). Environmental factors and quality of care are important for elderly people in care institutions; while religious seem to only affect QoL of those living in communities. However, this review fails to comprehensively identify unique or common factors associated QoL in dementia across three stages. Further study should pay more attention to comparing factors associated with QoL in dementia across three stages of dementia.

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\textsuperscript{*} Corresponding author.
\textit{E-mail address: frankfengs@gmail.com} (Z. Feng).

http://dx.doi.org/10.1016/j.archger.2016.04.009

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1. Introduction

1.1. Dementia and quality of life (QoL)

As with population ageing, increasing older people are affected by dementia in the world. In the future, the number of people with dementia in the world is expected to be 65.7 million in 2030 and 115.4 million in 2050, and over 90% of all the cases start among people with age over 65 (World Health Organization (WHO), 1992). Such increasing prevalence is important because these people are usually heavy consumers of health care (Ferri et al., 2005). Although a variety of therapies and interventions are being developed, there is little prospect of a cure for preventing or reversing the progression of dementia (World Health Organization (WHO), 2012). Therefore, maximizing Quality of Life for elderly people with dementia has been paid more attention from either health authorities or dementia researchers (Moniz-Cook et al., 2008; Raeymaekers & Rogers, 2010). For example, improving QoL for elderly people with dementia is one important priority outlined by the National Dementia Strategy in the UK (Department of Health, 2011). Moreover, as a highly significant outcome of health service, QoL has become the focus of dementia research. Increasing dementia researches concentrate on pathways or interventions that can improve QoL (Kane, 2001; Rabins & Black, 2007). To successfully improve QoL of elderly people with dementia by interventions, identifying factors that associated with their QoL is essential.

1.2. Changing QoL of elderly people with dementia

Brod, Steward, Sands, and Walton (1999) pointed out that an individual’s subjective experience of QoL are shaped by their life circumstance along with their personality or characteristics. For elderly people with dementia, changes in their social or physical environment, or manifestations of dementia may have an influence on their QoL. According to the Alzheimer’s Disease International (2009), dementia in different stages are characterised by different levels of deterioration in cognition and functions. As with changes in environment and progressions of dementia, it is assumed that the level of QoL for elderly people with dementia changes as well. Considering ongoing cognitive impairments, it is assumed that QoL of elderly people with dementia could decrease with the progression of dementia. Nevertheless, Beerens et al. (2014) found that over 50% of elderly people with dementia report either maintenance or improvement of QoL after two years in a longitudinal survey. This suggests that the natural progression of dementia is not associated with inevitable decrease in QoL. However, the reason for this is unclear. Therefore, identifying factors influencing QoL in each stage of dementia could contribute to a better understanding of the relationship between QoL and the progression of dementia.

Moreover, as with progression of dementia, family caregivers need to provide increasingly intensive care for elderly people with dementia. When caregivers are unable to deal with the condition of their family members with dementia, it is common to transfer elderly people with dementia from home to care institutions (Moyle, McAllister, Venturato, & Adams, 2007). This change of environment, from a familiar environment to an unfamiliar one, could have an influence on the QoL of elderly people with dementia. Most care institutions provide various facilities and professional care for elderly people with dementia, which is usually regarded as benefit for them; however, studies comparing QoL between elderly people with dementia in the community and those living in care institutions showed that living in the community contributed to a better QoL of elderly people with dementia (Kuo, Lan, Chen, & Lan, 2010; Nikmat, Hawthorne, & Al-Mashoor, 2015; Winzelberg, Williams, Preisser, Zimmerman, & Sloane, 2005). In addition, Borowiak and Kostka (2004) pointed out that determinants of QoL in older adults are different between in the communities and care institutions. Therefore, it is supposed that influencing factors on QoL of elderly people with dementia are different between community and care institution.
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