DISCAPACIDAD GRAVE Y DEPENDENCIA NO ATENDIDA

Problemas y soluciones

Unidad de envejecimiento, neurodegeneración y salud mental

JORNADA CIENTIFICA DEL CENTRO NACIONAL DE EPIDEMIOLOGÍA

Madrid 21 junio 2019

DEFINICIONES

DISCAPACIDAD:

“ Término genérico que incluye deficiencias, limitaciones para la actividad y restricciones en la participación”. ICFDH. OMS, 2001

DEPENDENCIA:

“……carácter permanente ……precisan de la atención de otra u otras personas …….”
Ley 39/2006, de 14 de diciembre. Ley de dependencia

ELSEVIER

Disability and Health Journal 7 (2014) 78–87

Disability and Health Journal

www.disabilityandhealthjnl.com

Research Paper

Analysis of disability using WHODAS 2.0 among the middle-aged and elderly in Cinco Villas, Spain

J. Almazán-Isla, R.N., B.A.[a,b], M. Comín-Comín, M.D., Ph.D.[c], J. Damián, M.D., Ph.D., M.P.H.[a,b], E. Alcalde-Cabero, B.Sc., M.P.H.[a,b], C. Ruiz, O.T.[c], E. Franco, O.T.[c], G. Martín, M.D.[c], L.A. Larrosa-Montañés, M.D.[d,e], and J. de Pedro-Cuesta, M.D., Ph.D.[a,b,*] on behalf of the DISCAP-ARAGON Research Group

Results: Disability was detected by global WHODAS score in 604 of a total of 1214 persons, i.e., a prevalence of 49.8% 95% CI (46.9–52.5), with the corresponding figures for mild, moderate, severe, and extreme disability being 26.8%, 16.0%, 7.6% and 0.1%, respectively. Disability increased with age, was higher among women, and for specific domains. Prevalence of severe/extreme disability among women vs. men was as follows: *Getting around*, 26.8% vs. 12.1%; *Life activities*, 25.2% vs. 6.8%; and *Self-care*, 9.5% vs. 6.0%. Disability was more frequent among subjects diagnosed with dementia, chronic liver disease, severe mental disease, and stroke. The abovementioned 13-item measure yielded prevalence figures for disability levels quite similar to those obtained using 36-item scores.

Conclusions: For the first time, this study furnishes detailed disability prevalence figures and data on associated variables in a middle-aged and elderly Western population.

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RESULTADOS-PREVALENCIAS

OR 3.27(1.85-5.80)

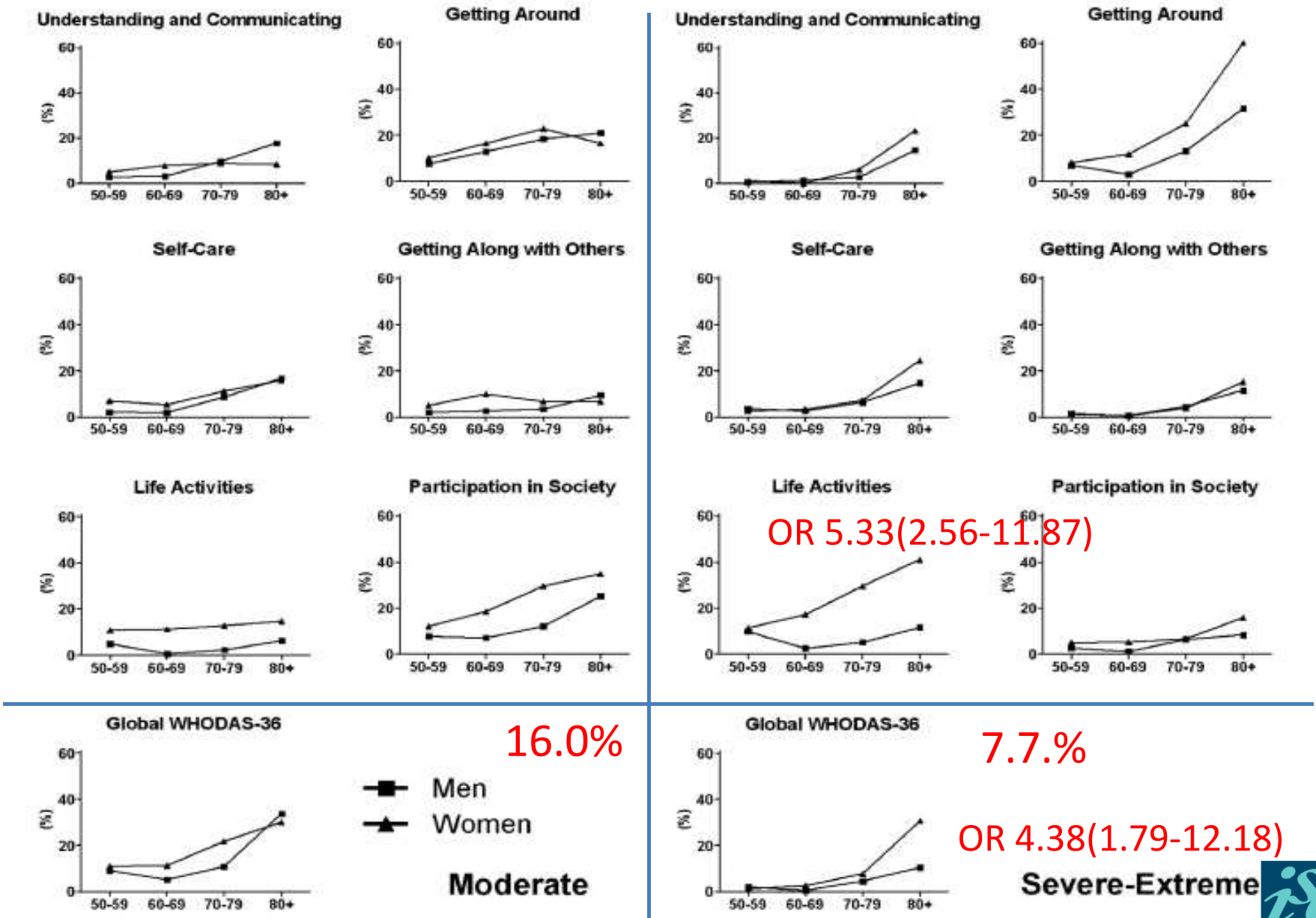

Fig. 2. Age- and sex-specific prevalence (percentage) of moderate and severe-extreme disability levels by domain-specific and global WHODAS-36 s

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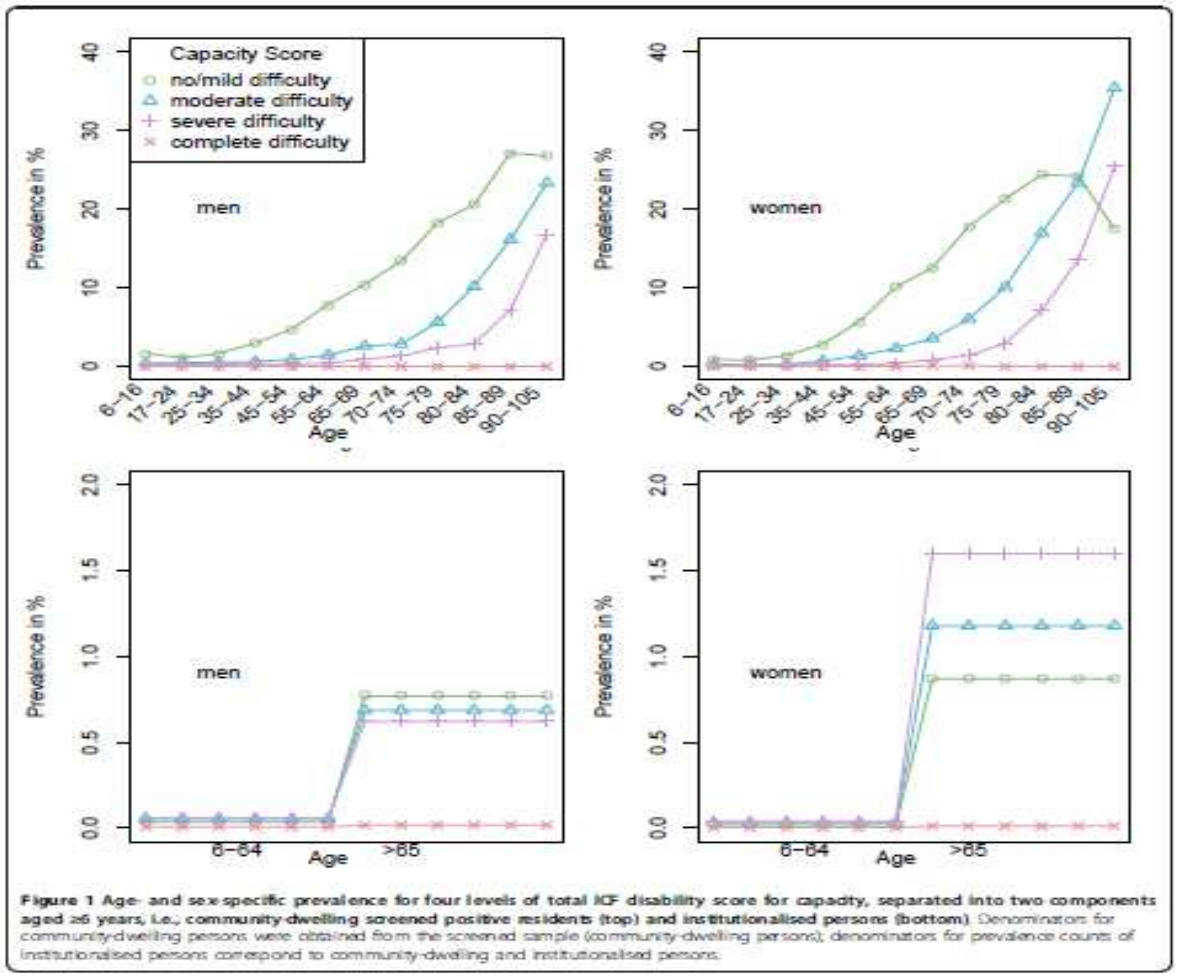

Figure 1 Age- and sex-specific prevalence for four levels of total ICF disability score for capacity, separated into two components aged ≥6 years, i.e., community-dwelling screened positive residents (top) and institutionalised persons (bottom). Denominators for community-dwelling persons were obtained from the screened sample (community-dwelling persons); denominators for prevalence counts of institutionalised persons correspond to community-dwelling and institutionalised persons.

Maierhofer *et al. BMC Public Health* 2011, **11**:897
http://www.biomedcentral.com/1471-2458/11/897

Número estimado de personas con discapacidad (WHODAS 2.0)

GLOBAL Grave/extrema
500.000

GLOBAL Moderada
1.000.000

Grave extrema en (Movilidad, Act. cotidianas, Autocuidado)
1.000.000

BMC Public Health

RESEARCH ARTICLE **Open Access**

Prevalence and features of ICF-disability in Spain as captured by the 2008 National Disability Survey

Sarah Maierhofer*, Javier Almazán-Isla, Enrique Alcalde-Cabero and Jesús de Pedro-Cuesta

Instituto de Salud Carlos III

Negrón-Blanco *et al. BMC Public Health* (2016) 16:574
DOI 10.1186/s12889-016-3270-z

BMC Public Health

RESEARCH ARTICLE Open Access

Prevalence of and factors associated with homebound status among adults in urban and rural Spanish populations

Laureano Negrón-Blanco[1], Jesús de Pedro-Cuesta[2,3], Javier Almazán[2,3], Carmen Rodríguez-Blázquez[2,3], Esther Franco[4], Javier Damián[2,3,5*] and on behalf of the DISCAP-ARAGON Research Group

Results: Prevalence of homebound status was 9.8 % (95 % CI: 8.4 to 11.3 %). Homebound participants tended to be older, female and display a lower educational level, a higher number of diseases, poorer cognition and a higher degree of disability. In fully adjusted models including disability as measured with the ICF-Checklist, the associated variables (odds ratios and [95 % confidence intervals]) were: female gender (3.75 [2.10–6.68]); urban population (2.36 [1.30–4.29]); WHODAS-12 disability (6.27 [2.56–15.40]); depressive symptoms (2.95 [1.86–4.68]); moderate pain (2.37 [1.30–4.31] and severe pain (3.03 [1.31–7.01]), as compared to the group with no/mild pain; hospital admissions in the previous 3 months (2.98 [1.25–7.11]); and diabetes (1.87 [1.03–3.41]). Adjustment for ICF-Checklist disability had a notable impact on most associations.

RESEARCH ARTICLE

International Journal of Geriatric Psychiatry

Int J Geriatr Psychiatry (2012)

Depressive symptoms and associated factors in an older Spanish population positively screened for disability

Javier Damian[1,2], Jesús de Pedro-Cuesta[1,2], Javier Almazán[1,2], Magdalena Comín-Comín[3], Miguel A. Quintanilla[4,5] and Antonio Lobo[4,5]

Results: Prevalence (95% CI) of current depressive symptoms among the 438 participants was 35.8% (31.3–40.3%). Depressive symptomatology was higher among women (aOR = 2.98). An inverse association was observed with alcohol (aORs of 0.52 and 0.27 for consumption of 1–2 and >2 standard units/day, respectively, versus abstainers). Depressive symptomatology was associated with heart failure (aOR = 4.24), urinary incontinence (aOR = 2.68), ischemic heart disease (aOR = 1.87), poor self-rated health and pain. Sex and age modified the effect of several variables.

Conclusion: Prevalence of depressive symptoms, albeit high, was less than expected. The consistently strong negative association between depressive symptoms and alcohol consumption warrants further in-depth research. Awareness of effect modification by key variables, such as sex and age, may enable the probability of suffering depression to be more accurately assessed, with a view to performing a potential diagnostic work-up.

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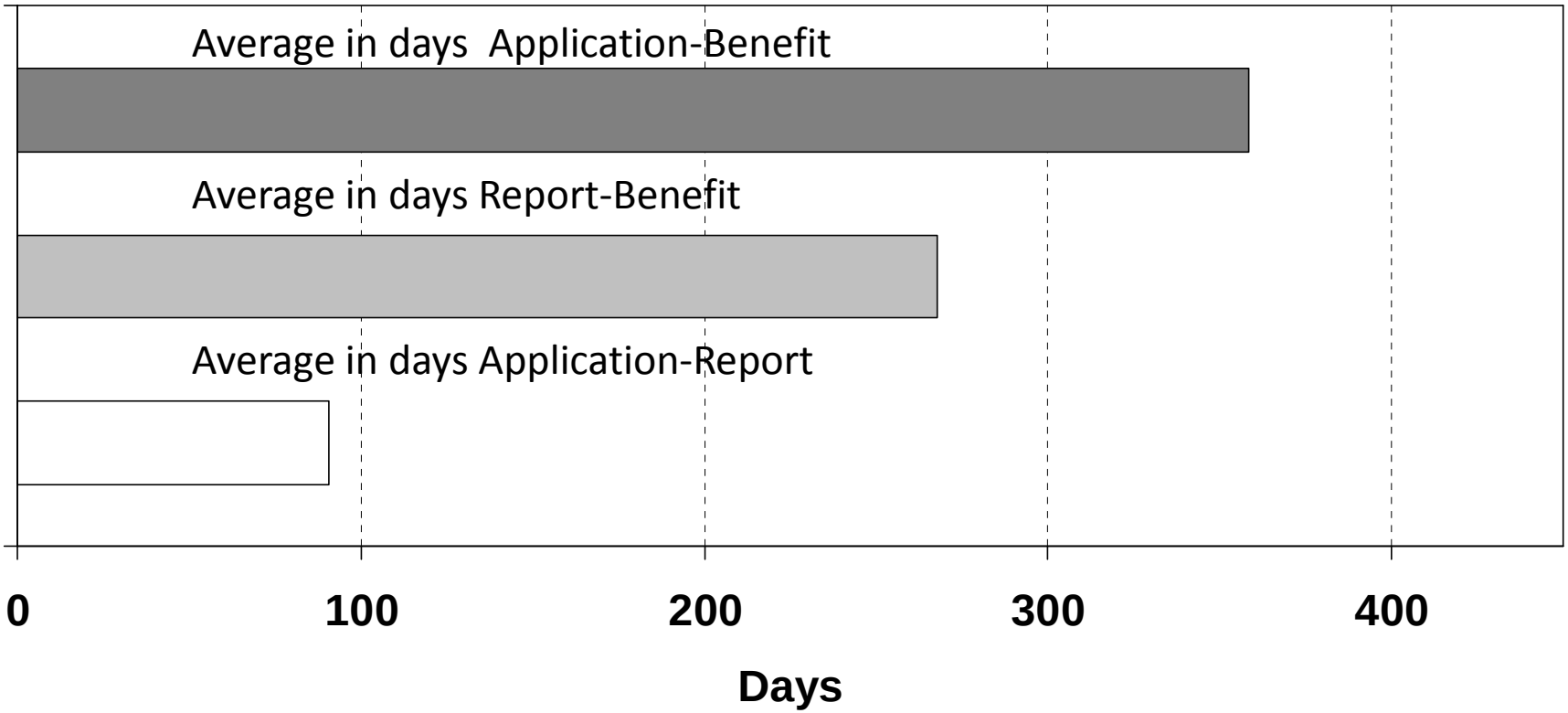
Table 1 Distribution of the positive-screened sample population according to WHODAS-36 global score in different strata, by degr of functional dependency as assessed using the official scale

Assessment status as per official functional dependency scale. Degree, level, and score shown in brackets	Number of persons in WHODAS-2 36 items and proportion [percentages] of screened sample				
	Low/no problem 0–4	Mild disability 5–24	Moderate disability 25–49	Severe/extreme disability 50–100	All scoreinter 0–100
Degree I[a] Both levels (25–49)	0	0	5	5	10
Degree II[b] Lower level (50–64)	0	3	2	6	11
Degree II[b] Higher level (65–74)	0	0	2	4	6
Degree III[c] Lower level (75–89)	0	0	5	11	16
Degree III[c] Higher level (90–100)	0	0	1	23	24
Assessed with degree assigned	0	3	15	49	67
Assessed without any degree assigned	0	3	1	3	7
All officially assessed	0 [0]	6 [2]	16 [8]	52 [56]	74 [12]
All not officially assessed	19 [100]	312 [98]	179 [92]	41 [44]	551 [88]
All assessed and unassessed	19	318	195	93	625

[a]Moderate functional dependency: needs personal help for basic ADL and personal autonomy on a limited, intermittent or once-per-day basis
[b]Severe functional dependency: needs support for several basic ADL several times per day but not for permanent, extensive personal care
[c]Extreme functional dependency: needs personal help or supervision for basic activities several times per day or continuously
Officially, disability levels were denoted as 1 and 2. Here notation changed to Lower and Higher, respectively, to avoid confusion between phonetically s degrees and levels



LIMBO: ESTADO DE SALUD DE UN CIUDADANO DEPENDIENTE QUE, TENIENDO DERECHO A RECIBIR SERVICIOS SOCIALES AL AMPARO DE LA LEY, NO LOS RECIBE

(LM Peña Longobardo et al, Health Policy 2016)

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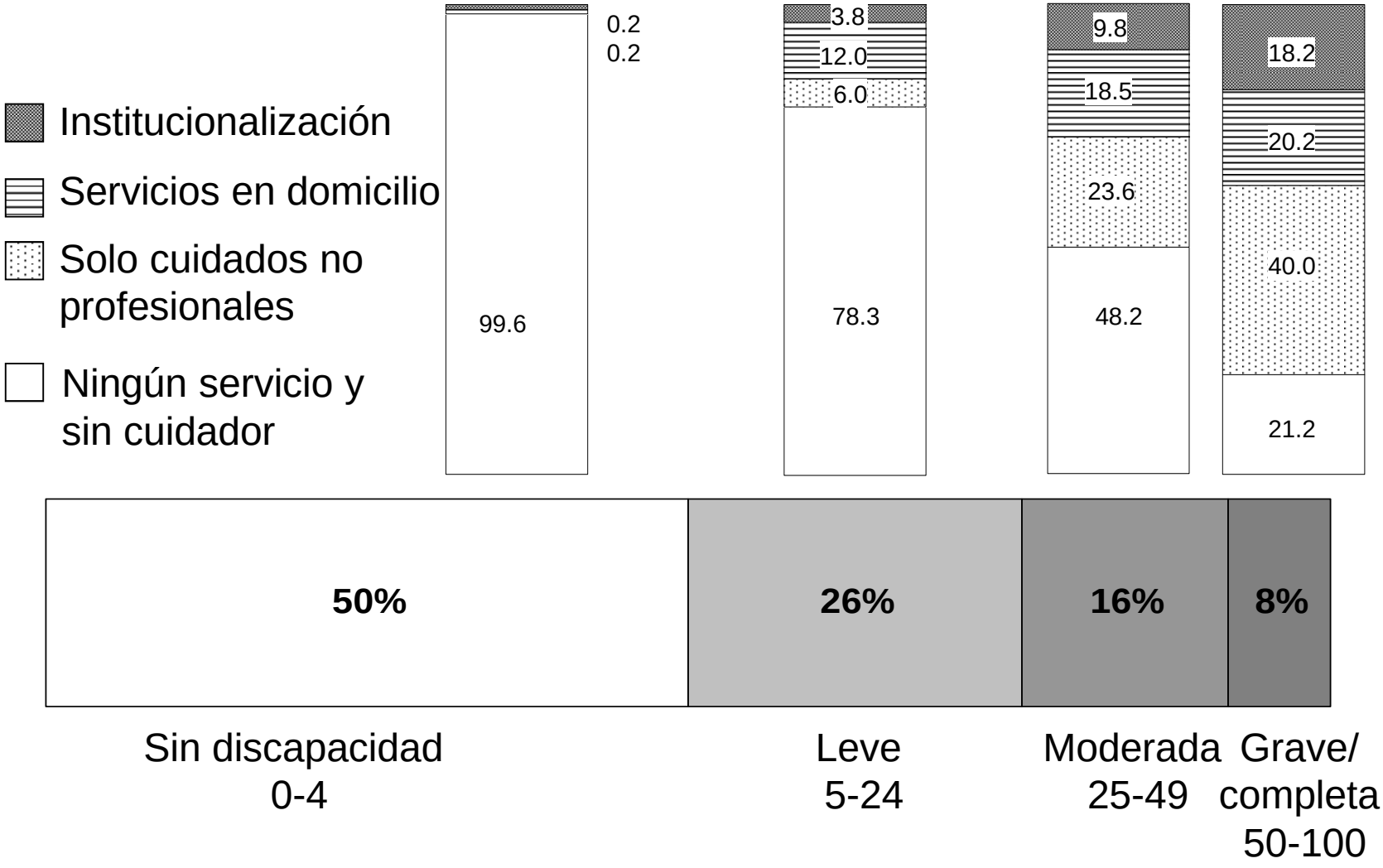
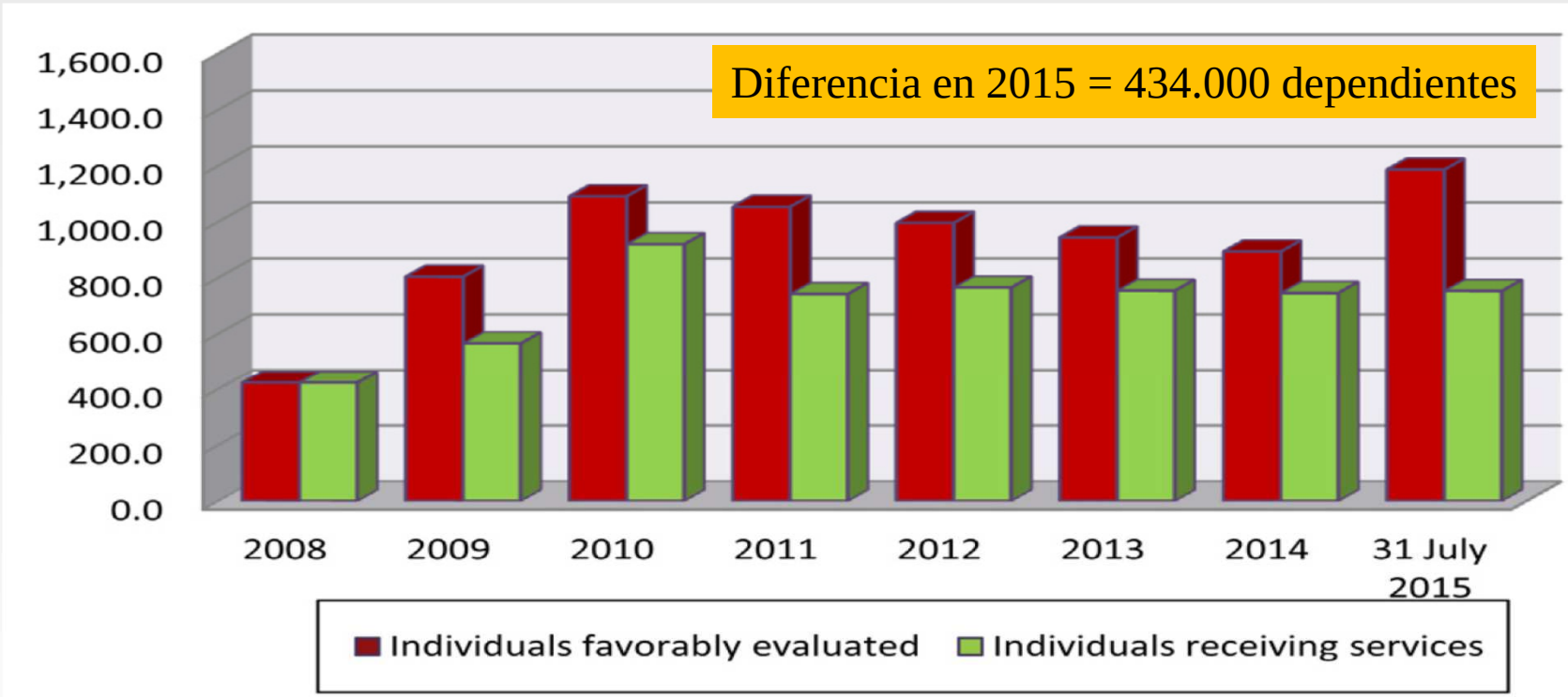

Institucionalización
Servicios en domicilio
Solo cuidados no profesionales
Ningún servicio y sin cuidador
0.2
0.2
99.6
3.8
12.0
6.0
78.3
9.8
18.5
23.6
48.2
18.2
20.2
40.0
21.2
50%
26%
16%
8%
Sin discapacidad 0-4
Leve 5-24
Moderada 25-49
Grave/ completa 50-100



Health Policy 120 (2016) 1177–1182

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journal homepage: www.elsevier.com/locate/healthpol

Health Reform Monitor

The Spanish long-term care system in transition: Ten years since the 2006 Dependency Act☆

Luz María Peña-Longobardo[a,*], Juan Oliva-Moreno[a], Sandra García-Armesto[b], Cristina Hernández-Quevedo[c]

L.M. Peña-Longobardo et al. / Health Policy 120 (2016) 1177–1182

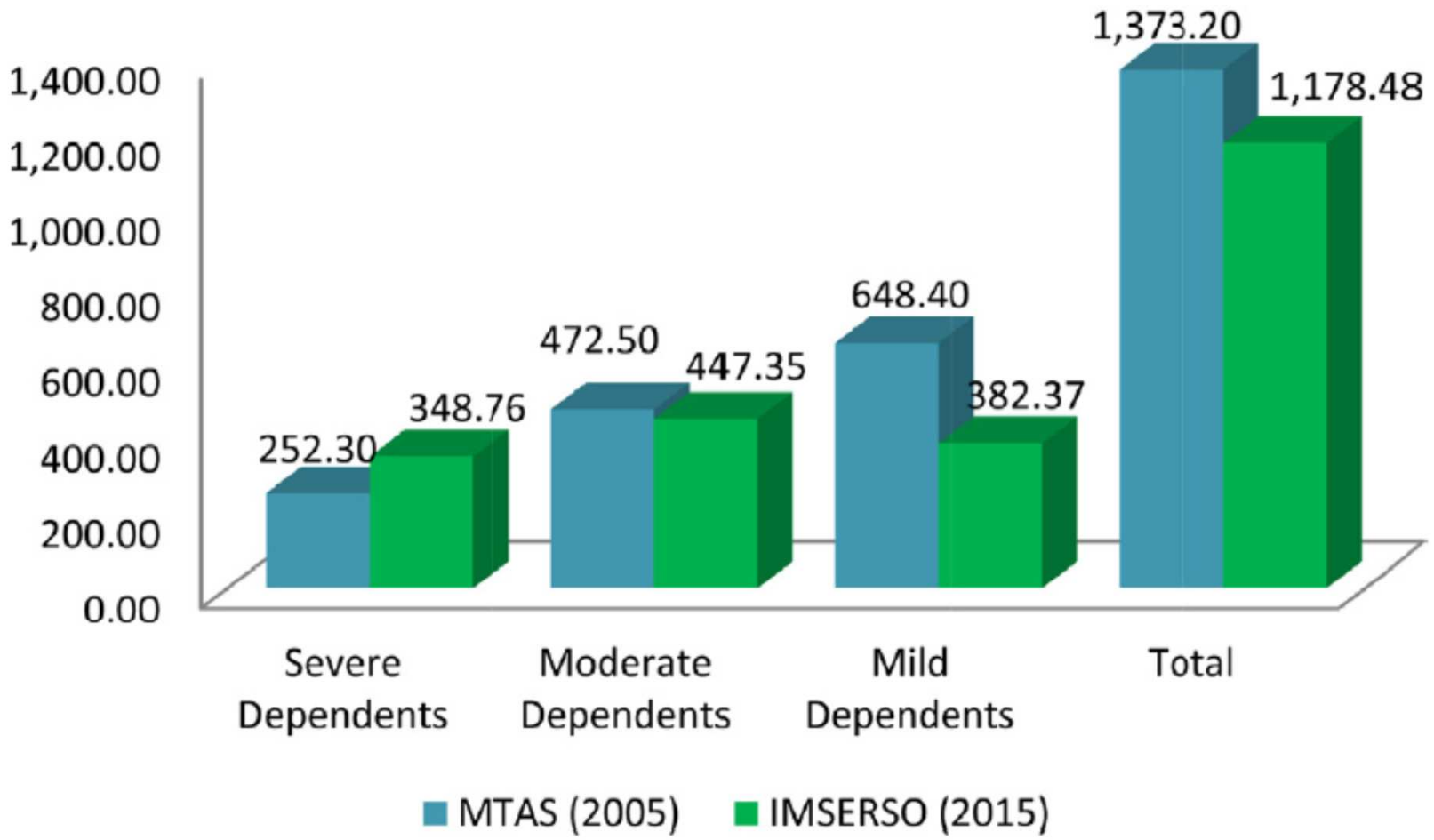

Table 5 Characteristics of study participants classified as severely/extremely disabled by the WHODAS-36, living at home, and grouped by service-user status, i.e., users of at least one social service and social service non-users

Personal, socio-demographic, clinical and residential features	Used at least one service: home help, day care, professional carer or had an individual support service plan (ISSP) implemented	Social service benefit non-users	*P*-values for differences of proportions or means
Number of individuals ($n = 74$)	31 (100)	43 (100)	
Social and demographic features			
Gender % (female)	22 (70.97)	34 (79.07)	0.423
Age in years. Mean (SD),	82.6 (9.02)	79.34 (10.80)	0.035
Academic qualification. None, incomplete primary, %	12 (38.71)	22 (51.16)	0.289
"Can hardly make ends meet"[a]	7 (23.33)	13 (30.90)	
Living alone[b]	2 (6.67)	4 (9.30)	0.657
Average number of household members. Mean (SD),	2.9 (1.32)	2.7 (1.04)	0.291
Available non-professional carer	24 (77.42)	26 (60.47)	0.121
Available professional carer	15 (48.39)	0 (0)	<0.001
Contact with social services unit (denoted as *Centro Base*)	7 (22.58)	4 (9.30)	0.1132
Diagnoses registered in primary care medical records[b]			
History of depression	9 (29.03)	10 (23.26)	0.575
Dementia	14 (45.16)	7 (16.28)	0.108
Chronic obstructive pulmonary disease	4 (12.9)	4 (9.30)	0.623
Urinary incontinence	6 (19.35)	3 (6.98)	0.108
Stroke	18 (58.06)	5 (11.63)	<0.001
Neurodegenerative disease	3 (9.68)	1 (2.33)	0.168
Average number of chronic conditions. Mean (SD)	3.45 (1.41)	2.90 (1.53)	0.140
Mini-Mental Status Examination score <24 at survey date[c]	11 (57.81)	24 (60.00)	0.084
Prevalence of depressive symptoms EURO-D score ≥4[d]	16 (47.1)	16 (51.6)	0.714
WHODAS-36 score			
Mean (SD)	70.25 (15.58)	61.54 (10.33)	0.005
Severe/extreme difficulties in *"Getting out of home"*[e]	27 (87.10)	35 (81.40)	0.512
Municipality size			
<500 inhabitants	13 (41.91)	16 (37.21)	0.681
500-14000 inhabitants	12 (38.70)	24 (55.81)	0.146
>14000 inhabitants	6 (19.35)	13 (6.98)	0.108
Individual support service plan implemented	17 (54.83)	0 (0)	<0.001
Individual support service plan not implemented.	4 (12.90)	10 (23.26)	0.262

Percentages within each group in brackets
[a]Calculated with 30 and 42 persons for each group; [b]Calculated with 30 and 43 persons for each group. [c]Calculated with 19 and 40 persons for each group
[d]Calculated with 15 and 37 persons for each group. [e] Item D2.4: In the last 30 days, how much difficulty did you have in "Getting out of your home"?

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Estudio de Cinco Villas, 2008-2009

74 Personas con discapacidad grave y extrema viviendo en su domicilio

LIMBO I	LIMBO II
14	33
20 %	44,5%

SAAD, 2015. 1.178.480 Personas con dependencia reconocida

434.000	???
37%	

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CONCLUSIONES-Uso de servicios Sociales/Dependencia-I

La ley de Autonomía de 2006 en sus inicios tuvo un modesto pero significativo impacto en cuidados residenciales y domiciliarios, coexistiendo con una alta proporción de personas sin atención gravemente discapacitadas.

Propuestas de mejora en la eficiencia del servicio: **Reducción LIMBO I**. Agilización de evaluaciones, mejor planificación de servicios sociales y más recursos.

Reducción LIMBO II. Coordinación sociosanitaria desarrollando en AP un sistema de vigilancia de la discapacidad grave no atendida (Hª Clinica Electrónica).

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