Why is end of life planning so important: changing demographics, common diagnoses and mortality patterns in homeless-experienced adults

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The homeless population is aging

• In 1990, 11% of people experiencing homelessness in SF were over 50

• In 2003, 37% were over 50

Hahn J et al. The Aging of the Homeless Population
JGIM 2006
Generational effect

- Americans born in the second half of the baby boom (1954-1963) have had elevated risk of homelessness throughout lifetime

- 30-40% of homeless individuals* born 1954-1963

- Estimated that about half are aged 50 and over

*doesn’t include people living in homeless families or unaccompanied youth

Will the trend continue?

- Housing affordability crisis acute for those 50 and over
- Among renters age 50 and over, 30% spend more than half their income in rent “severe housing burden”
- Median age of homeless individuals expected to rise

Changing health profiles

- While younger homeless adults
  - Infectious disease
  - Substance use related disease/overdose
  - Violence/victimization

- Older adults
  - Chronic diseases
  - Cancer
  - Geriatric conditions

- Older adults have higher prevalence substance use than non-homeless older adults, but lower than younger

- Mental health disabilities common in both younger and older
Among those 50 and older, median age 57, range 50-80
Older homeless adults NOT as socially isolated as thought

**Partnership:**
- 5% currently married/partnered
- 41% never married
- 11% widowed; 43% divorced or separated

**Other Sources:**
- 80% of our sample was able to give us a contact
- 60% of participants reported family member as contact
- 67% say that they have “someone to confide in”
- 54% report attending house of worship or social club
For those 50 and older, poor health in every measure

56% report health as fair or poor
In older homeless adults, self-reported chronic diseases are common: but may be underreported.
High Proportion with functional impairments

![Bar chart showing the proportion of older homeless adults with functional impairments in Activities of Daily Living (ADL) and Independent Activities of Daily Living (IADL).](chart)

- **ADL**
  - 2 or more impairments: 40%
  - 1 impairment: 60%

- **IADL**
  - 2 or more impairments: 60%
  - 1 impairment: 40%

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High prevalence of cognitive impairment

3MS measures global impairments;
Trails B measures executive function

Hurstak et al Drug and Alcohol Dependence, in press
High prevalence of all geriatric conditions

- Mobility impairment: 27%
- One or more falls (6 months): 34%
- Visual impairment: 45%
- Hearing impairment: 36%
- Urinary incontinence: 48%

Overall poor functional status

Median age of sample 57

Prevalence of geriatric conditions worse than those in general population samples in their 70s and 80s

“50 is the new 75”
Alcohol and Drug use problems common

- 65% with moderate or greater severity of drug use symptoms
  - 15% severe symptoms
  - Cocaine (43%), cannabis (39%) and opioids (13%) moderate or severe use symptoms

- 26% moderate or greater severity alcohol use symptoms
  - 15% severe symptoms

Prevalence of illicit drug and alcohol use problems lower than samples of younger homeless adults, but higher than age-matched (and dramatically higher than those of general population ages 70s and 80s)
Mental Health Problems are common

- Depression: 35%
- PTSD: 30%
- Psychiatric hospitalization ever: 20%
- Psychiatric hospitalization last 6 months: 5%

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Homelessness in older adults: an emerging crisis
Mental health and Substance use co-morbidity common

- 38% had moderate to severe depressive symptoms, of whom 78% had moderate to severe substance use problems
- 15% had both severe PTSD symptoms AND a history of experiencing violence, 77% had co-morbid moderate-severe substance use
High prevalence of symptoms

Symptom Prevalence

Percent of Sample

Physical Psychological Social Existential

Patanwala et al under review
Physical, psychological, social and existential symptoms cause distress and are related to homelessness

“When I start thinking that I’m not gonna get off of this situation, my body starts to hurt, my stomach gets nauseated. It’s burning like it’s on fire.”

“My back pain actually is pretty real because I’m sleeping on cement but the thing that really gets me is the future. Sometimes there is a hopeless feeling that comes on.”

“Psychologically… I’m getting more used to the idea that my life is a complete waste. Nothing gets done. I don’t have family. I don’t have a career. I’m not a productive human being. It’s day after day of wasting my time.”
Loneliness and regret cause suffering

“…One of the things that gets me is when I say hello to somebody, and they don’t say hello back. That hurts. That’s one of the mix-ups of this culture that I am, that level of being untouchable…and that hurts. I mean psychologically is devastating…”

“Emotional pain, the thing that most recently really upset me is knowing that I’m almost 60 years old now and my chances at having a career are somewhat behind me, my chances at having some type of retirement plan are – that’s non-existent for me now. The fact that I’m 60 years old and can’t do some of the things that you still like to do has been bugging me lately.”
High mortality rate and institutional care

- 36-47 months after study entry, of 350 participants (median age 57), 29 confirmed deaths
- Multiple diagnoses of metastatic cancer, strokes, heart attacks, kidney failure, etc.
- Many living in nursing homes or with life limiting conditions
Mortality—slides care of Travis Baggett MD

- Homeless people experience excess mortality
- U.S.-based studies on this topic are outdated or lack information about causes of death
- Most recent: Hwang SW et al examined mortality and causes of death in 17,292 adults seen at BHCHP in 1988-93
  - HIV accounted for 18% of deaths; leading cause among 25-44 year olds
  - Homicide the leading cause among 18-24 year olds
  - Heart disease and cancer the leading causes among 45-64 year olds
<table>
<thead>
<tr>
<th>Cause</th>
<th>N</th>
<th>Crude Rate</th>
<th>Race-adjusted RR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) Drug overdose</td>
<td>92</td>
<td>346.9</td>
<td>16.0 (12.6, 20.3)</td>
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<tr>
<td>2) Heart disease</td>
<td>24</td>
<td>90.5</td>
<td>5.1 (3.1, 8.4)</td>
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<tr>
<td>3) Psychoactive substance use disorder</td>
<td>24</td>
<td>90.5</td>
<td>22.1 (14.0, 34.9)</td>
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<tr>
<td>4) HIV</td>
<td>21</td>
<td>79.2</td>
<td>17.3 (10.1, 29.8)</td>
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<td>5) Suicide</td>
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<td>7.1 (4.2, 11.8)</td>
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<tr>
<td><strong>All causes</strong></td>
<td>252</td>
<td>950.1</td>
<td>8.6 (7.4, 9.9)</td>
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<td><strong>Women</strong></td>
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<tr>
<td>1) Drug overdose</td>
<td>28</td>
<td>172.6</td>
<td>23.6 (15.2, 36.6)</td>
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<tr>
<td>2) Heart disease</td>
<td>8</td>
<td>49.3</td>
<td>3.6 (1.2, 11.1)</td>
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<tr>
<td>3) HIV</td>
<td>7</td>
<td>43.1</td>
<td>9.7 (2.9, 32.4)</td>
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<tr>
<td>4) Psychoactive substance use disorder</td>
<td>7</td>
<td>43.1</td>
<td>33.0 (13.0, 83.7)</td>
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<tr>
<td>5) Liver disease</td>
<td>6</td>
<td>37.0</td>
<td>21.3 (8.4, 53.9)</td>
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<tr>
<td><strong>All causes</strong></td>
<td>95</td>
<td>585.6</td>
<td>9.6 (7.4, 12.4)</td>
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<td><strong>Men</strong></td>
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</tr>
<tr>
<td>1) Cancer</td>
<td>120</td>
<td>418.7</td>
<td>2.2 (1.8, 2.8)</td>
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<tr>
<td>2) Heart disease</td>
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<tr>
<td>3) Drug overdose</td>
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<td>5) Liver disease</td>
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<td>202.4</td>
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<td><strong>All causes</strong></td>
<td>670</td>
<td>2337.7</td>
<td>4.5 (4.1, 4.9)</td>
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<tr>
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<td>28</td>
<td>326.4</td>
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<td>2) Heart disease</td>
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<td>186.5</td>
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<td>163.2</td>
<td>21.2 (11.4, 39.5)</td>
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<td>4) Liver disease</td>
<td>12</td>
<td>139.9</td>
<td>16.9 (9.2, 30.9)</td>
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<tr>
<td>5) HIV</td>
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<td>93.3</td>
<td>18.0 (6.1, 52.5)</td>
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<td><strong>All causes</strong></td>
<td>126</td>
<td>1469.0</td>
<td>4.5 (3.6, 5.6)</td>
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### 65-84 years

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<tr>
<td>1) Cancer</td>
<td>38</td>
<td>1350.4</td>
<td>1.2 (0.8, 1.7)</td>
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<tr>
<td>2) Heart disease</td>
<td>36</td>
<td>1279.3</td>
<td>1.4 (0.9, 2.1)</td>
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<tr>
<td>3) Chronic lower respiratory disease</td>
<td>5</td>
<td>177.7</td>
<td>0.9 (0.3, 2.5)</td>
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<tr>
<td>4) Cerebrovascular disease</td>
<td>4</td>
<td>142.1</td>
<td>0.7 (0.2, 2.5)</td>
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<tr>
<td>5) Sepsis</td>
<td>4</td>
<td>142.1</td>
<td>1.1 (0.3, 5.0)</td>
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<tr>
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<td>4051.3</td>
<td>1.1 (0.9, 1.4)</td>
</tr>
<tr>
<td><strong>Women</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1) Cancer</td>
<td>6</td>
<td>672.4</td>
<td>1.3 (0.5, 3.0)</td>
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<tr>
<td>2) Heart disease</td>
<td>4</td>
<td>448.3</td>
<td>1.1 (0.4, 3.2)</td>
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<tr>
<td>3) Diabetes</td>
<td>3</td>
<td>336.2</td>
<td>5.8 (1.5, 22.1)</td>
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<td><strong>All causes</strong></td>
<td>21</td>
<td>2353.4</td>
<td>1.1 (0.7, 1.8)</td>
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</tbody>
</table>
Conclusions

- Homeless people have always had elevated risk of death
  - Changing demographics increases urgency of having discussions
- High prevalence of chronic disease, function, cognitive and mobility impairments as well as behavioral health conditions
- Need to consider advance care planning and services for the end of life
HOPE HOME Papers currently available


