

P0938 How dementia shapes hospital length-of-stay trajectories in the final years of life

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INTRODUCTION

Although dementia is rarely recorded as the primary cause of hospital admission, it paradoxically accounts for some of the **highest hospital-related costs**, largely driven by **longer hospital length of stay (LOS)**, particularly in the final years of life. Despite representing a **major public health challenge**, evidence on how **dementia influences LOS in the final years of life remains scarce**. Therefore, we aimed to **investigate whether the presence of dementia affects LOS trajectories** during the **four years preceding death**.

METHODS

2,870 participants aged ≥ 60 years



Dementia Status

Without dementia

With dementia

According to ICD-10 codes
F00-F03 and G30

LOS Trajectories

Total hospital days
per follow-up year.

Data from Hospital Episode Statistics
(HES)

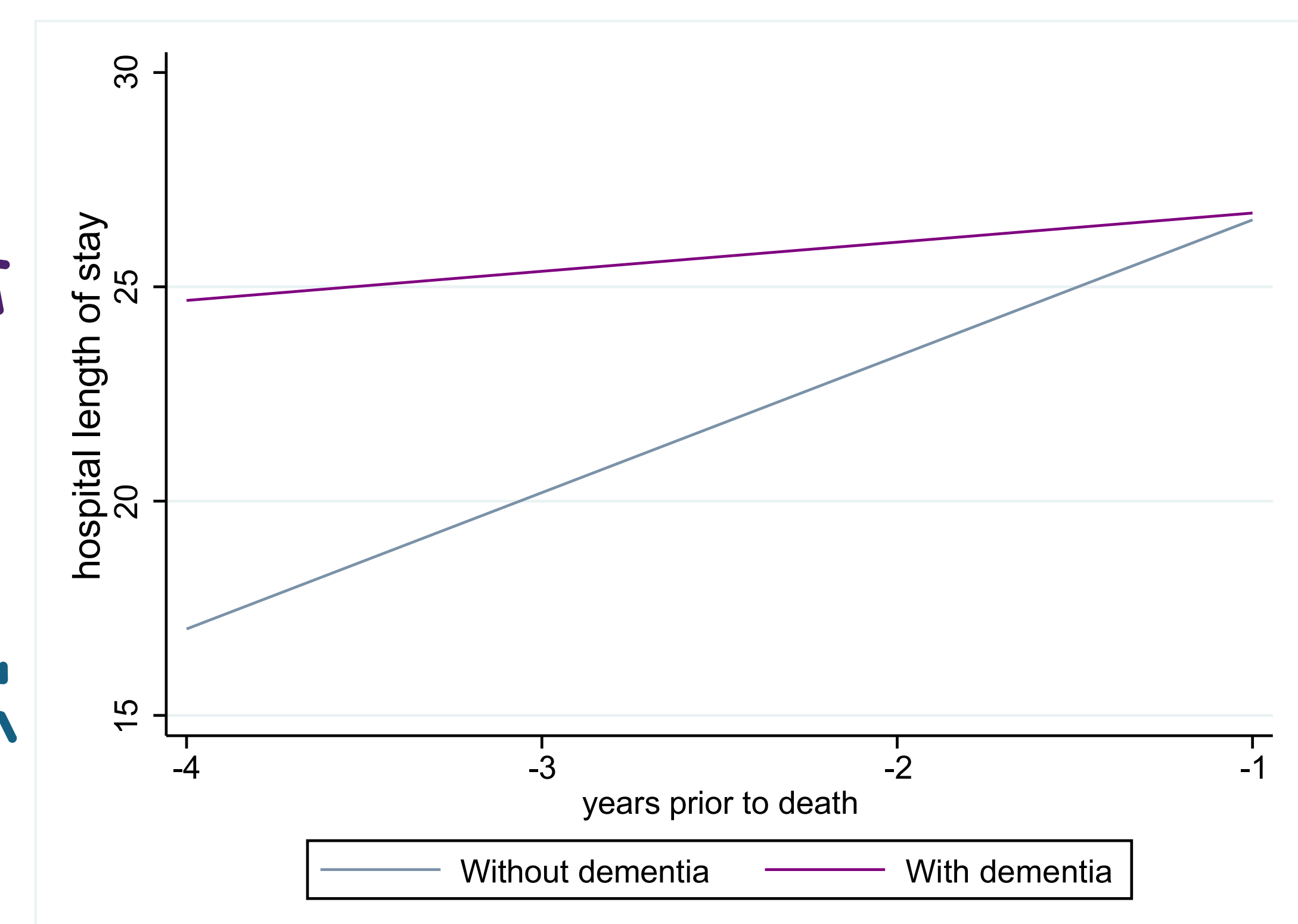
Generalized linear mixed models, adjusted for socioeconomic and clinical factors, were used to **examine retrospective LOS trajectories according to dementia status**.

Although **final-year mean LOS did not differ**, the **rate of increase in LOS trajectories was significantly different** between groups.

↑ **0.591 days per year**

Annual difference
between groups:
-2.592 days per year
(95% CI: -4.855 to -0.331)

↑ **3.183 days per year**



RESULTS

Four years before death, individuals **with dementia** already presented a **higher mean LOS**.

16.991 days

vs.

24.994 days

CONCLUSION

While inpatient days surge at the very end of life for most older adults, individuals **with dementia sustain high LOS burdens years before death**. Recognizing these differing trajectories highlights the **need for earlier planning of end-of-life care strategies**.



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