

Quality Of Life Of Older Brazilians Living With Dementia: Findings From ELSI-Brazil

P2-11

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Wellbeing is reduced by the psychological and functional impact of dementia, rather than by cognitive impairment itself. Healthcare access, the management of depressive symptoms, and functional support may produce the most significant improvements in quality of life.

INTRODUCTION

As the prevalence of dementia rises in low- and middle-income countries (LMICs), understanding wellbeing becomes a priority. This study aimed to identify the sociodemographic, clinical, and functional factors associated with self-reported quality of life (QoL) among older Brazilians living with dementia.

METHODS

A cross-sectional analysis was conducted using baseline data from the Brazilian Longitudinal Study of Aging (ELSI-Brazil), with participants of 60 years or older. Dementia was operationalized as standardized (age, sex and education) cognitive (orientation; fluency; episodic, semantic and prospective memory) and functional impairment (difficulty in one or more instrumental activity of daily living [IADLs]). QoL was assessed using the CASP-19 scale. Multiple linear regression analysis was performed to identify independent predictors of QoL, including age, sex, education, living alone, cognitive score, functional impairment, depressive symptoms (CES-D-8), multimorbidity, and healthcare utilization (medical consultations in the past 12 months).

RESULTS

The analytical sample comprised 166 participants who were identified with dementia and had CASP-19 data.



Table 1: Sample Characteristics

	Total (N=166)
Age (years), Mean (SD)	74.3 (8.8)
Sex (female), n (%)	110 (66.3)
Education (years), Mean (SD)	2.4 (3.3)
Living alone, n (%)	28 (16.9)
Global cognition (z-score), Mean (SD)	-1.15 (0.45)
Depressive symptoms, Mean (SD)	3.5 (2.5)
Functional impairment, Mean (SD)	18.1 (6.4)
Multimorbidity, Mean (SD)	2.3 (1.6)
Medical consultations (12 months), Mean (SD)	4.5 (6.47)
CASP-19, Mean (SD)	44.3 (5.7)

Table 2: Multivariable Linear Regression for Quality of Life

	β (Standardized)	p-value
Age	-0.0338	0.49
Sex	-0.74	0.42
Education	0.03	0.837
Living alone	0.30	0.78
Global cognition (z-score)	0.14	0.9
Multimorbidity	-0.15	0.59
Depressive symptoms	-0.90	< 0.001
Functional impairment	-0.18	< 0.05
Medical consultations (12 months)	0.16	< 0.05

Note: R² = 0.289, N = 166

Functional impairment and depressive symptoms were significantly associated with lower QoL. Conversely, having more medical consultations was associated with greater QoL. Notably, objective cognitive performance was not a significant predictor of QoL (p = 0.9). No significant interactions with sex were observed (all p > 0.40).

CONCLUSIONS

These findings suggest that, for older Brazilians with dementia, the psychological and functional impact of the disease reduces their wellbeing, rather than cognitive impairment. The positive association between medical consultations and QoL highlights the importance of healthcare access in LMIC contexts. Interventions targeting depressive symptoms and functional support may produce the most significant improvements in the lived experience of people with dementia in Brazil.

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