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HPM&B

Judging Dept.

Moira Lancelot

Student

HPM&B

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Youchi Young

Dept or Program Years in program

Mentor

Can Self-reported Preclinical Disability Be Used As A Screening Tool For Prevention?

Author (s)

Moira Lancelot

OBJECTIVE: To examine if self reported task difficulty in those with Preclinical Disability is intermediate between those Disabled and those with No Difficulty in ADL function.

METHOD: A cross sectional study. Subjects (n =140) were randomly selected from two retirement communities in Ithaca, NY. Eligibility criteria included age 65 years or older, living independently and mentally competent. Data were collected through in person interview. Groups were defined as: Preclinical Disability (no difficulty in walking a 1/4 mile but with modification in walking, No Difficulty (no difficulty walking and no modification) and Disabled (difficulty in walking a 1/4 mile).

RESULTS: The average age of study participants was 82 years, 64% were males, 53 % lived alone with a mean education of 17.6 years. ANOVA results indicate the mean scores of ADL of the Preclinical Disability group (mean=0.64) was intermediate between No difficulty (mean=0.17) and Disabled group (mean=1.6), and the difference among the groups is significant ($p < .0001$).

Multivariate analysis results confirm that ADL function of Preclinical Disability group has significantly higher ADL limitation ($\beta = 0.40$; $p = 0.026$) compared to the No difficulty group, but has better ADL function than the Disabled group ($\beta = 1.43$; $P < 0.001$) after adjusting for covariates.

Conclusions: The results indicate that self-reported preclinical disability in walking a 1/4 mile is intermediate between No difficulty and Disability groups in ADL function.

Public Health Relevance: This classification may be a useful tool for screening and intervention to prevent progression of function decline and therefore decrease the economic burden of healthcare for the elderly.