



Homelessness and Dementia

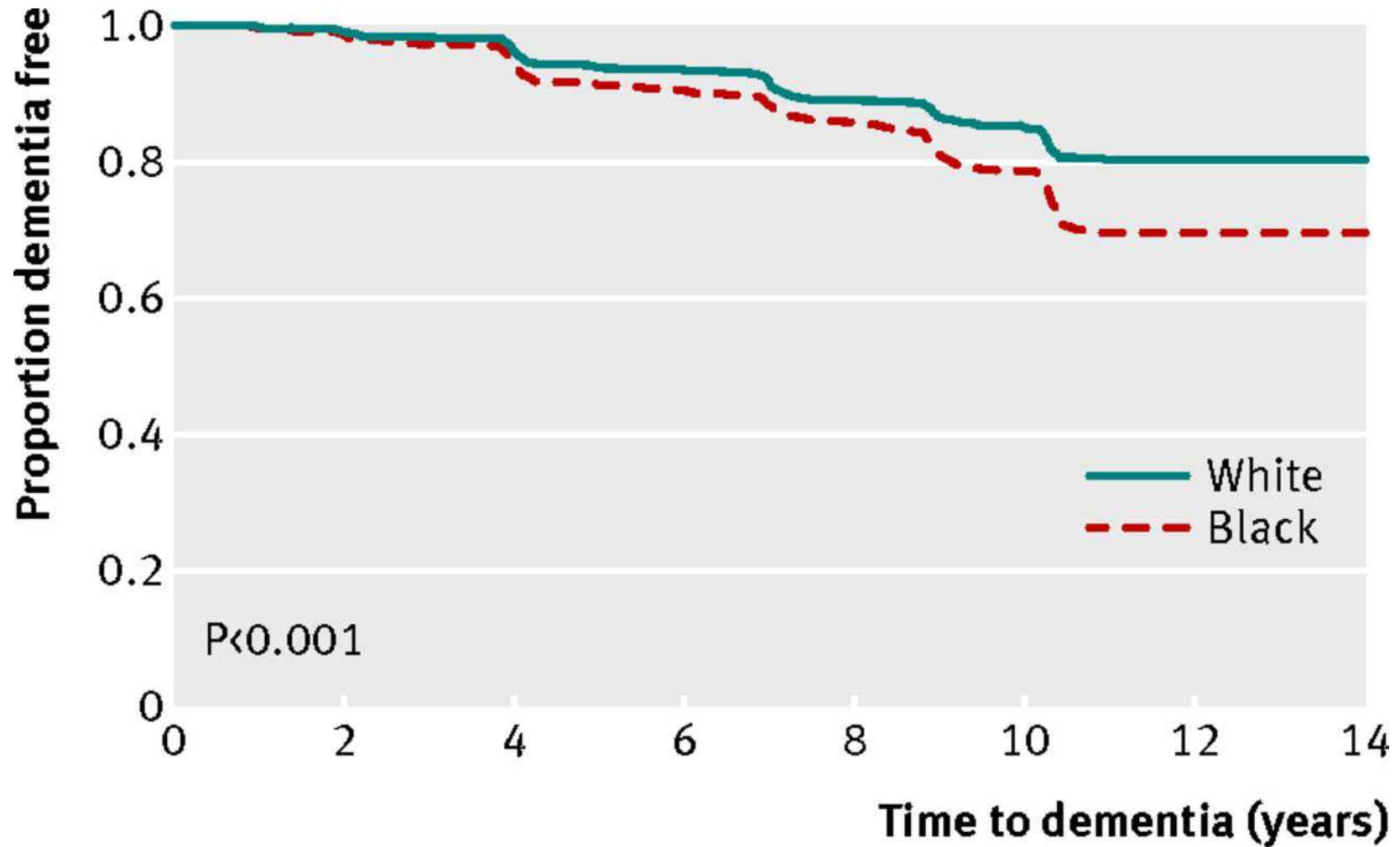
Clíona Ní Cheallaigh
MB MRCP PhD

**Inclusion Health Service
St James's Hospital
Dublin**

**Senior Lecturer
Medical Gerontology
Trinity College, Dublin**

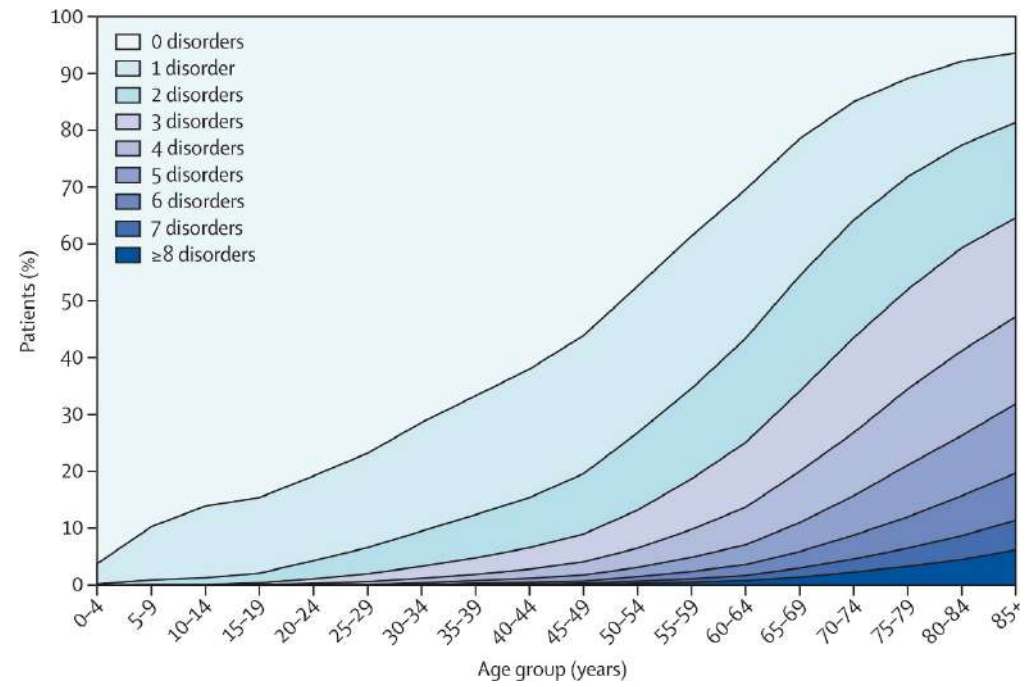
Faculty, Global Brain Health Institute

Unadjusted Kaplan-Meier curve for time to dementia associated with race.



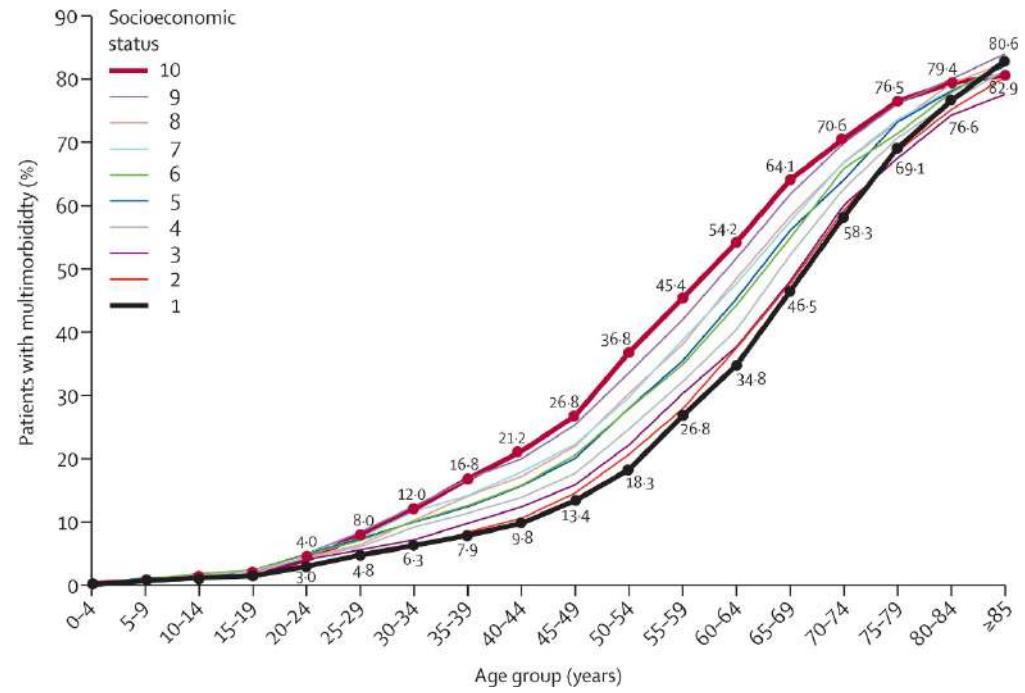
Kristine Yaffe et al. BMJ 2013;347:bmj.f7051





The Lancet 2012 380, 37-43DOI: (10.1016/S0140-6736(12)60240-2)

[Terms and Conditions](#)



[Terms and Conditions](#)

How does socioeconomic deprivation affect risk of dementia?

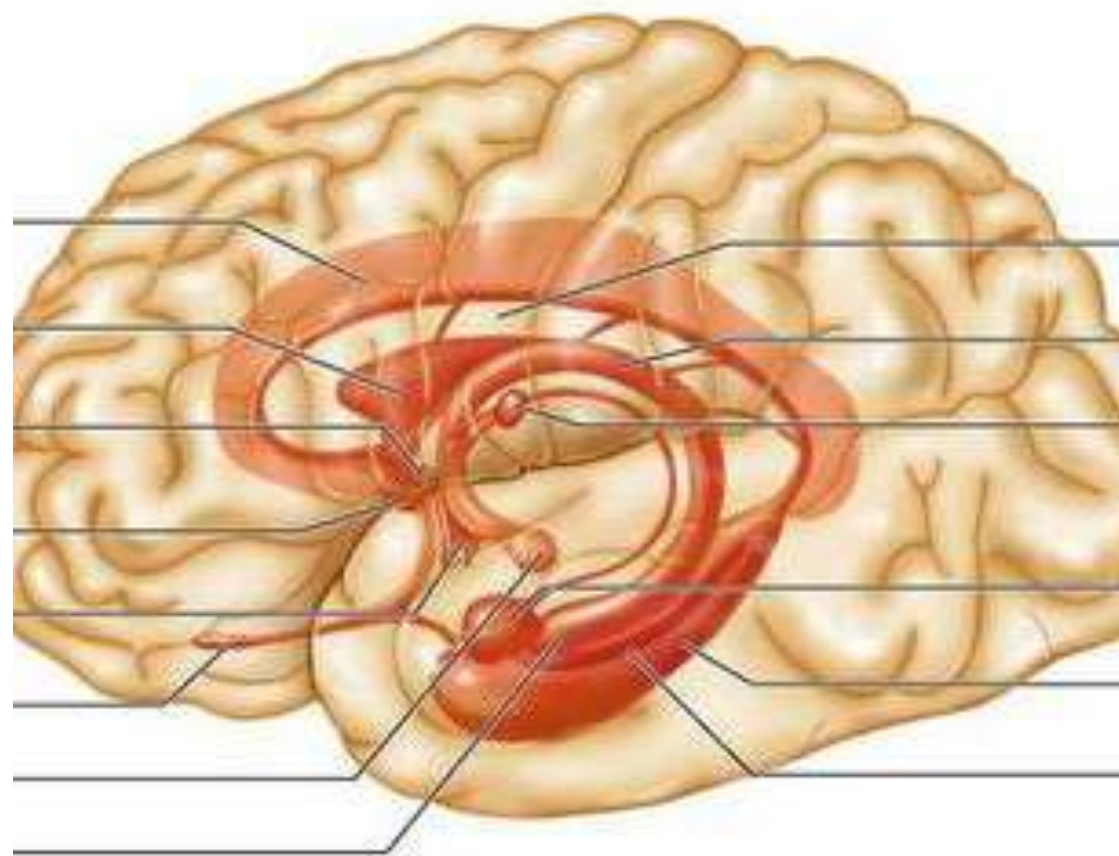
- Smoking/alcohol/drugs
- Obesity (and attendant diseases)
- Preventative healthcare (hypertension, diabetes)
- Education
- ?

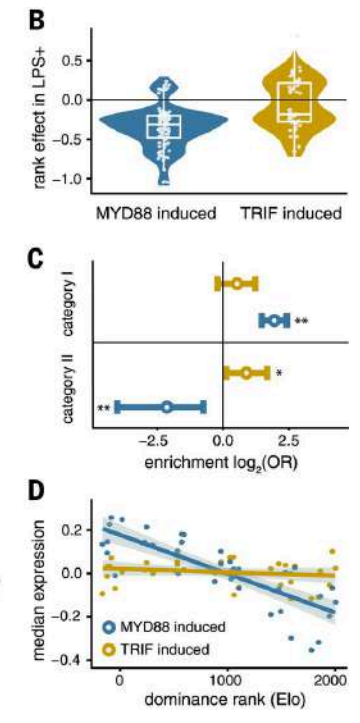
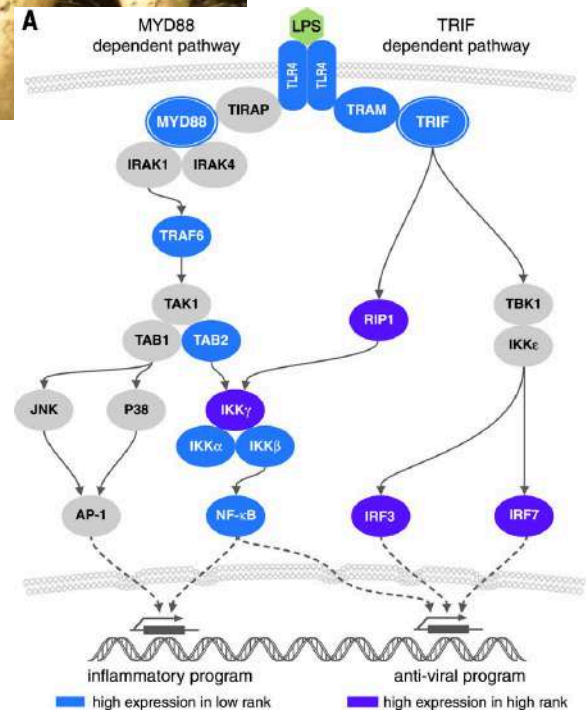
Model	Cox proportional hazard ratio (95% CI)
Unadjusted	1.44 (1.20 to 1.74)
Model 1: Demographics and apolipoprotein E e4 status	1.36 (1.12 to 1.64)
Model 2: Demographics, apolipoprotein E e4, and comorbidities	1.38 (1.14 to 1.67)
Model 3: Demographics, apolipoprotein E e4, comorbidities, and lifestyle	1.37 (1.12 to 1.67)
Model 4: Demographics, apolipoprotein E e4, comorbidities, lifestyle, and socioeconomic measures	1.09 (0.87 to 1.37)





THE LIMBIC SYSTEM





Snyder-Mackler, Science, 2016

Background

- Definition - clusters
- Pathways into homelessness
 - Young
 - Old
 - Dementia
- Dublin
- Healthcare utilisation

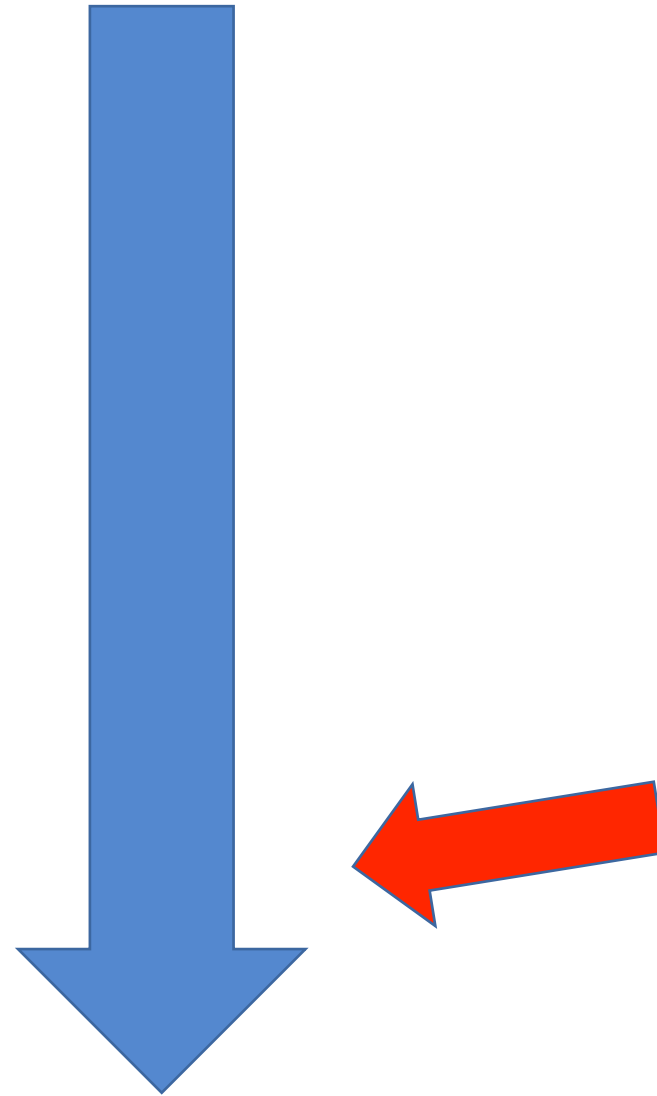


© Hugh McEwen

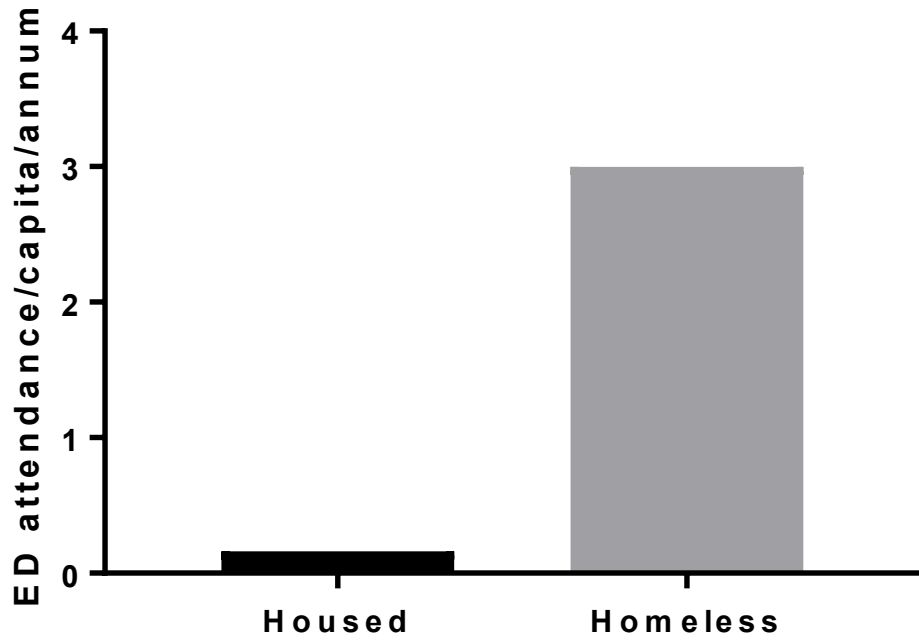
Details of households accessing local authority managed emergency accommodation during the week of 20 – 26 February 2017

REGION	HOMELESS ADULTS	GENDER		AGE GROUPS			
		<i>Male</i>	<i>Female</i>	<i>18-24</i>	<i>25-44</i>	<i>45-64</i>	<i>65+</i>
Dublin	3310	1791	1519	550	2080	634	46

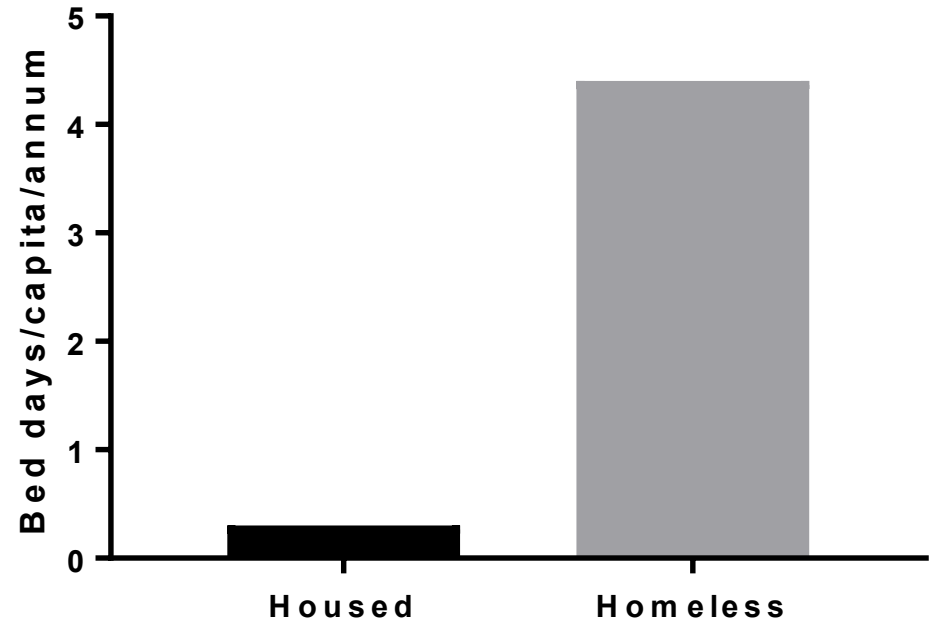
thrown out by parents/carers
used hard drugs
involved in street drinking
problematic alcohol use
very anxious or depressed
survival shoplifting
victim of violent crime
lived with friends/relatives ('sofa-surfed')
in prison
made redundant
kept rough
injected drugs
bankrupt
drugged
admitted to hospital with mental health issue
divorced or separated
bereaved



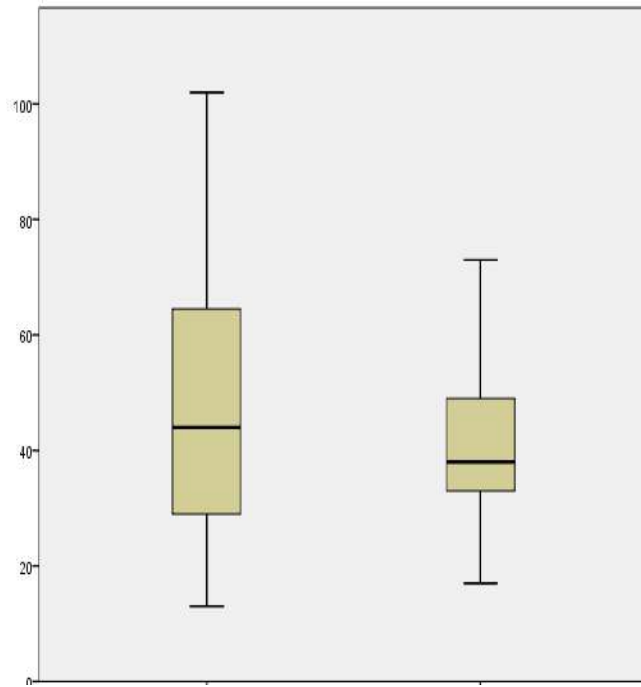
ED attendances per person, 2015



Bed days per person, 2015



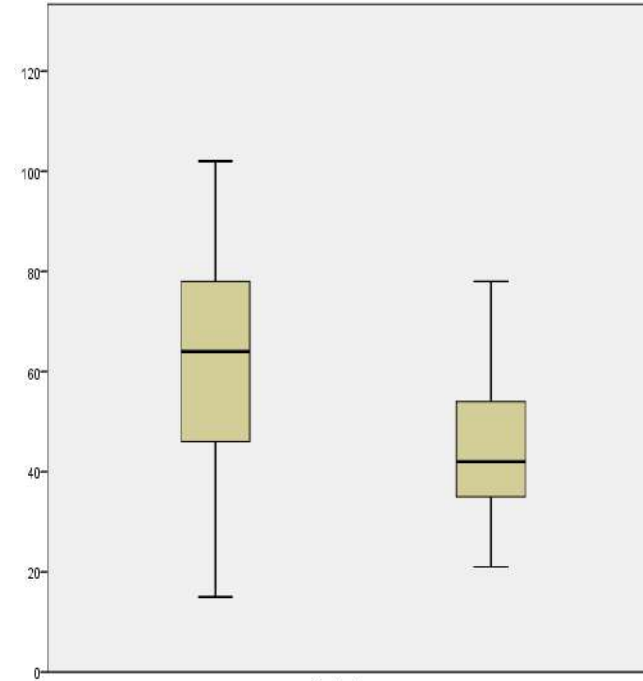
Age



Housed

Homeless

ED

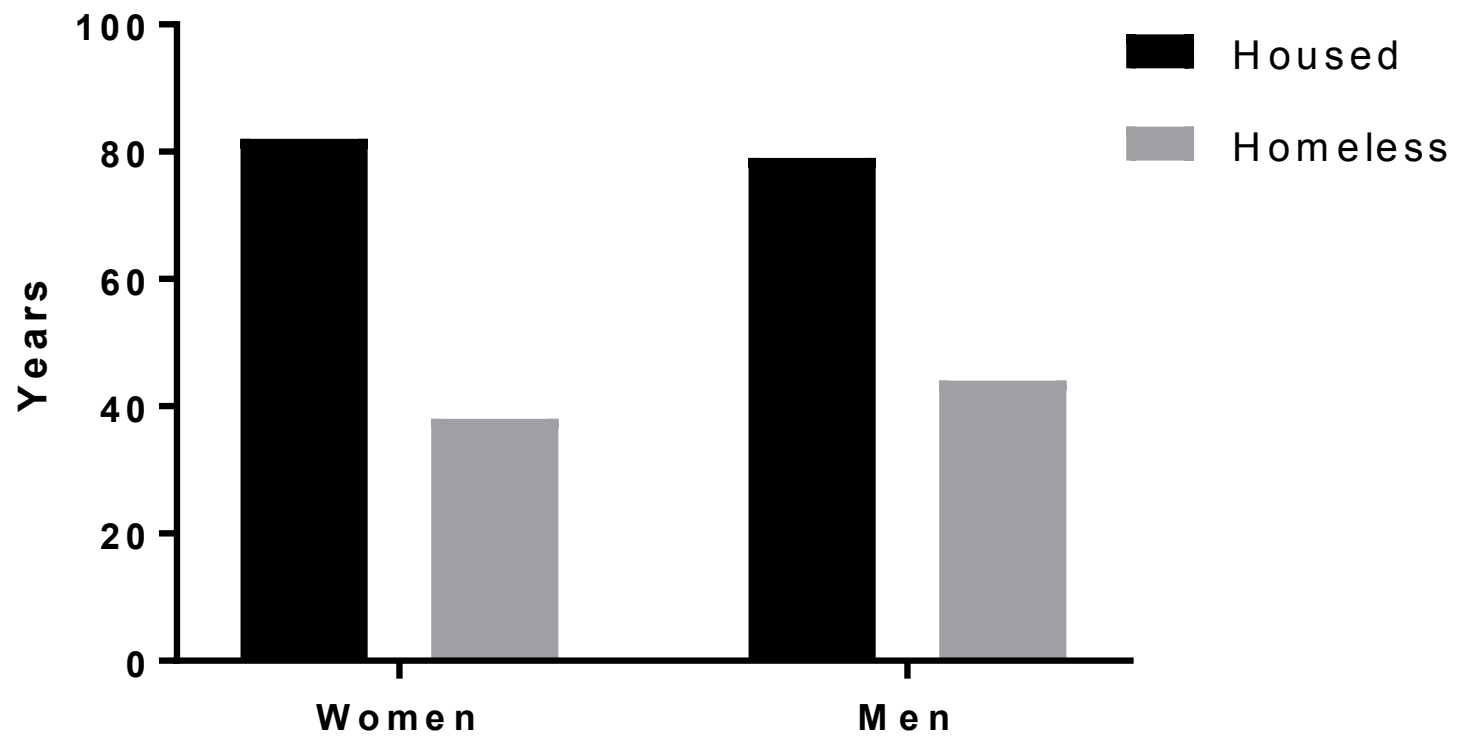


Housed

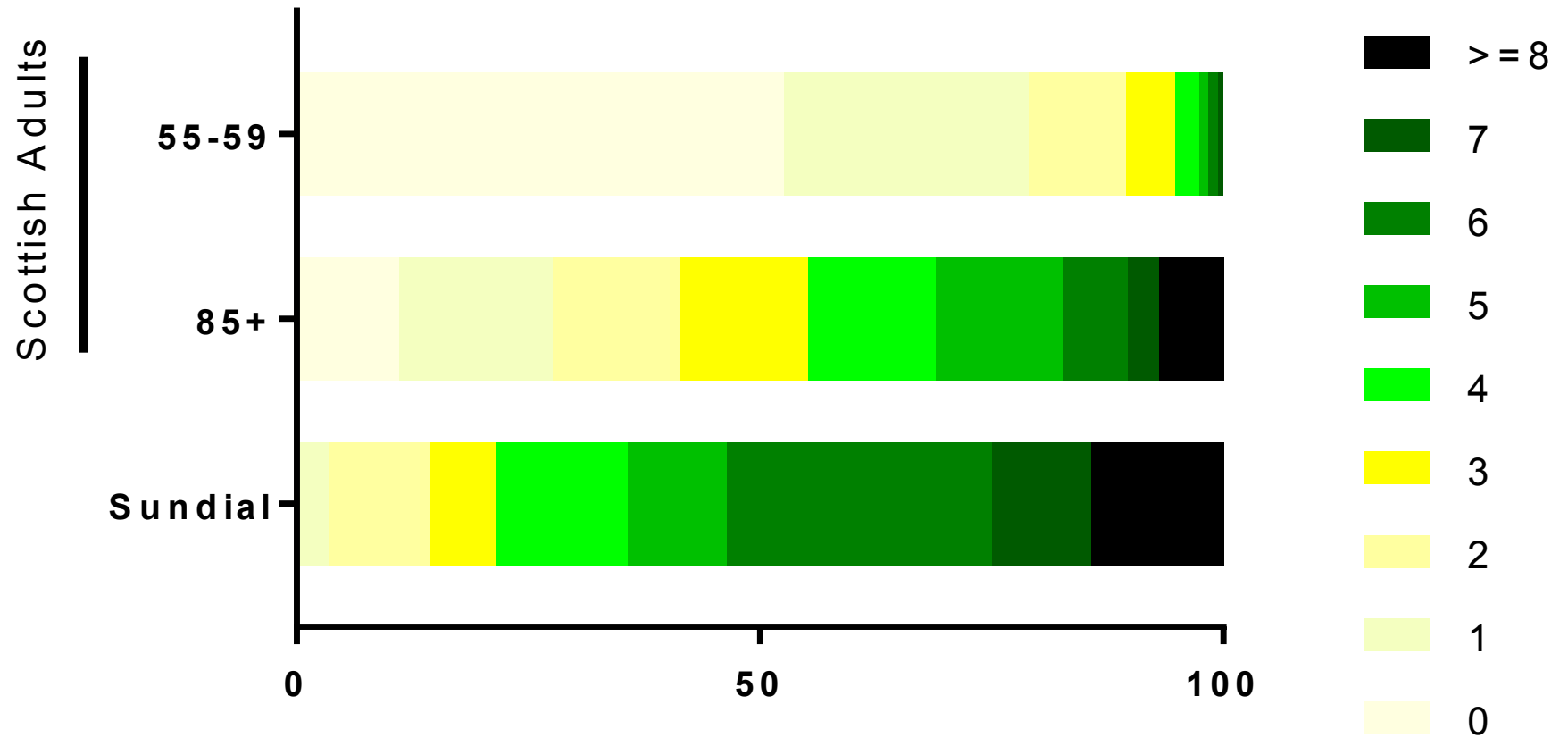
Homeless

Medical Inpts

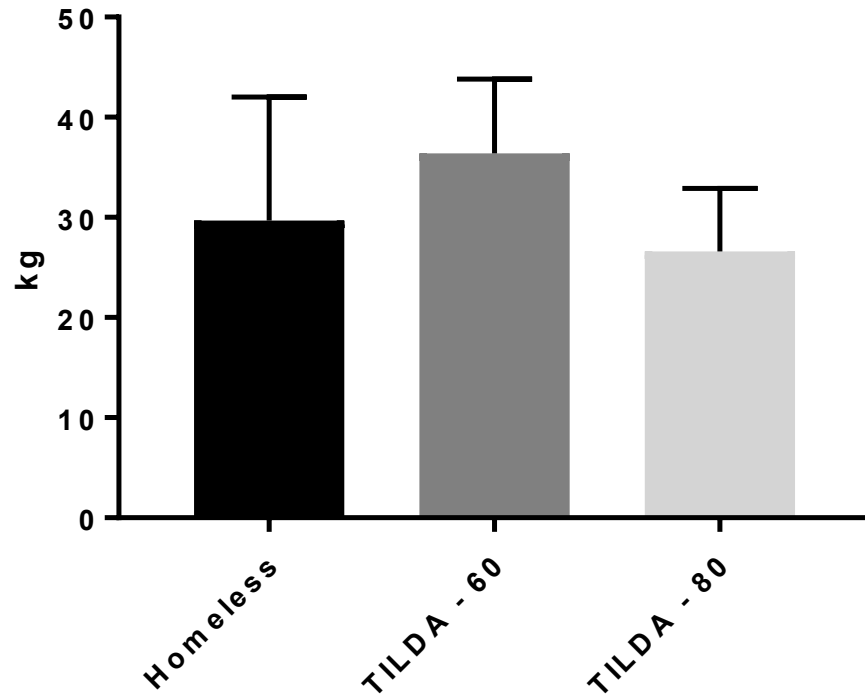
Life Expectancy



Proportion of population by number of morbidities

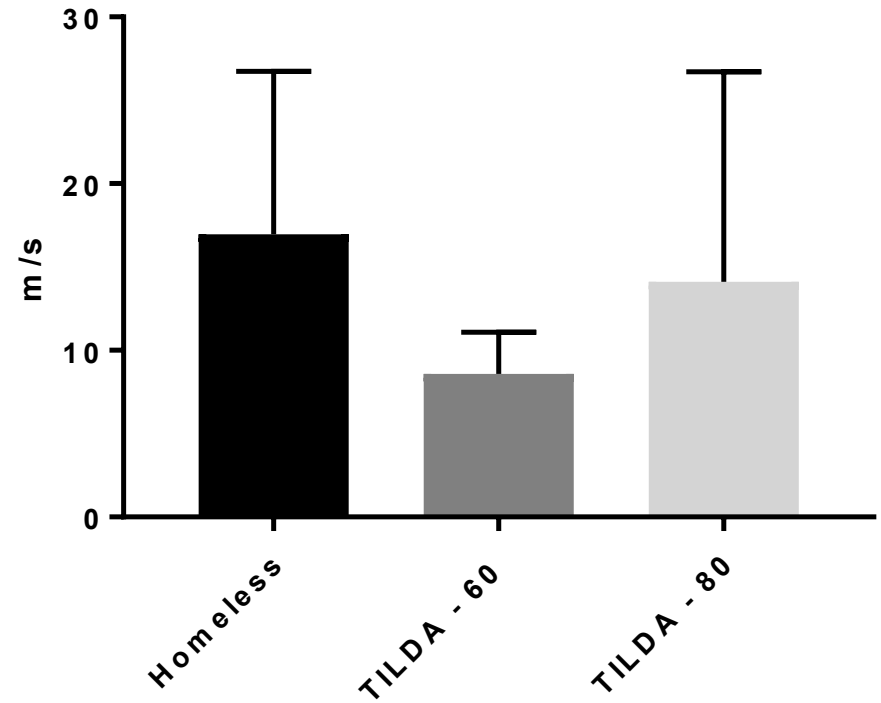


Grip Strength

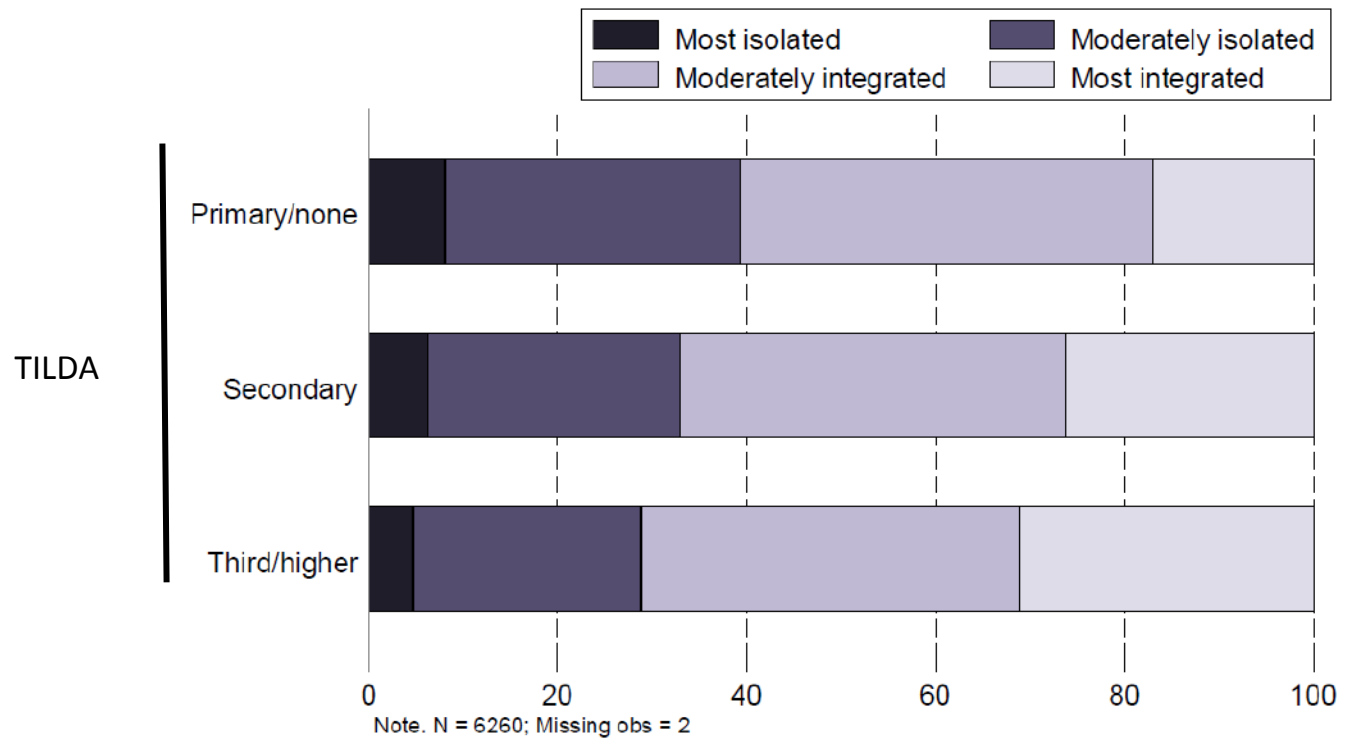


ANOVA, $p < 0.05$

Timed Up and Go



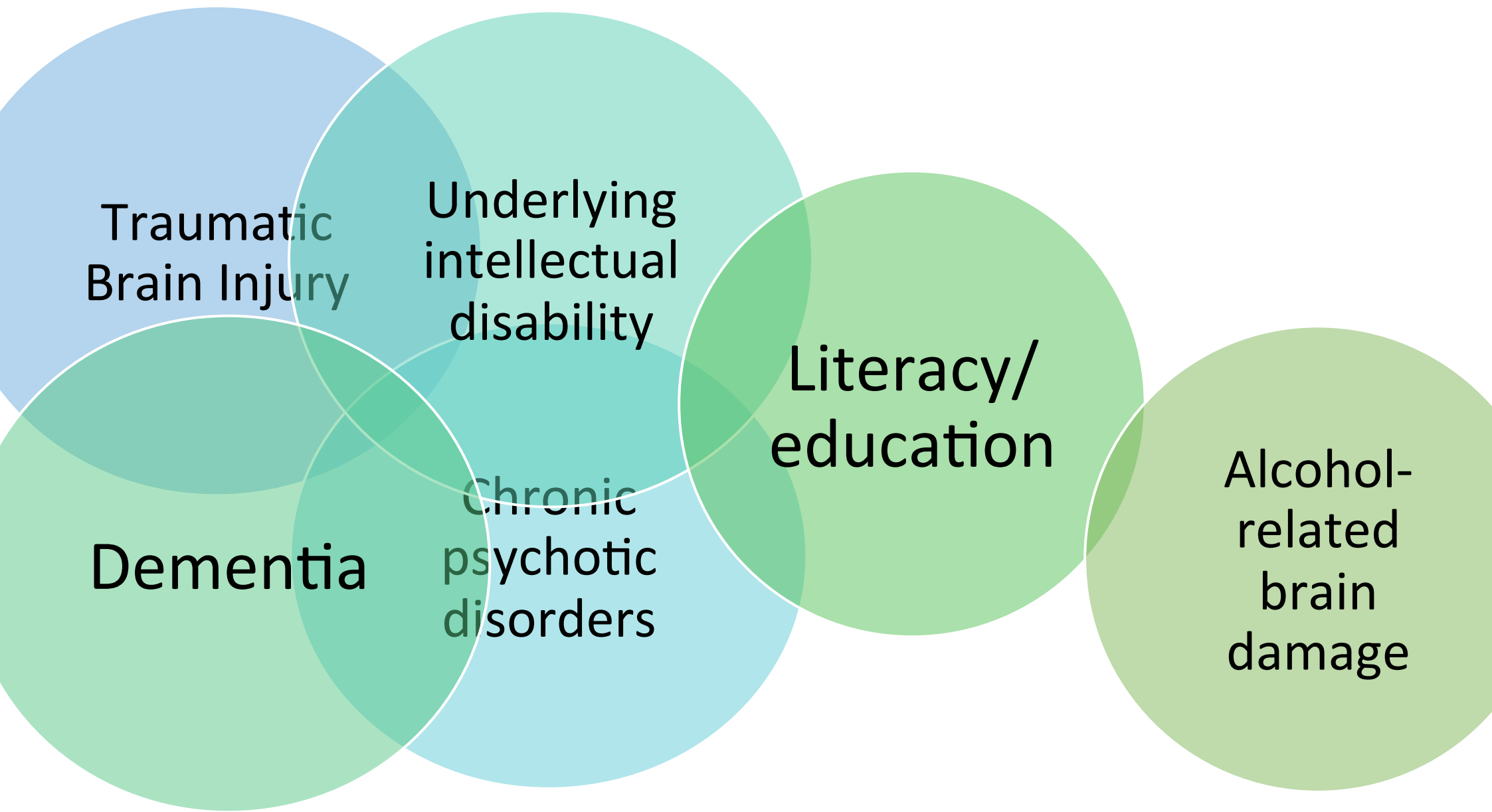
ANOVA, $p < 0.05$





Prevalence of cognitive impairment in long-term homeless?

- Sydney: 10% had MMSE < 23 (mean age 51)
- Glasgow: 82% had Addenbrooke's Cognitive Examination <88 (men, mean age 53)
- Systematic review: 30-40% had deficits in MMSE (vs 2-3% in control populations)
- Pooled estimate (Depp et al, 2015): 35% deficits on brief assessment
- Executive/frontal lobe function:
- *Incidence?*



Traumatic
Brain Injury

Underlying
intellectual
disability

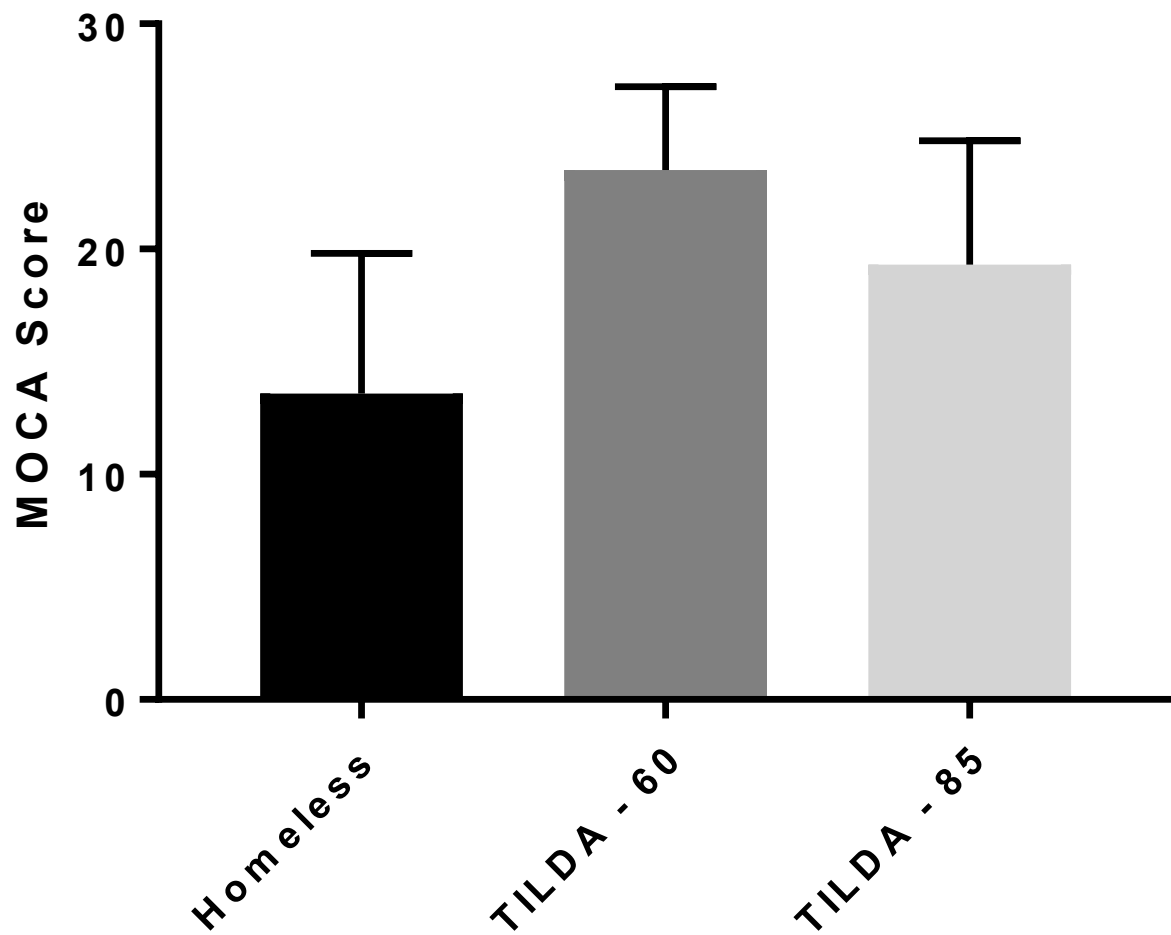
Literacy/
education

Alcohol-
related
brain
damage

Dementia

Chronic
psychotic
disorders

MOCA



Homeless n=20

Compared to TILDA participants
with primary education

ANOVA, $p < 0.05$

Challenges to diagnosing dementia in homelessness

- Intoxication - S
- Collateral – P, H
- Educational background - B
- Best tools? Cut-offs?

Challenges to managing dementia in homelessness

- Age profile
- Capacity to make “bad choices” - SOM
- Behavioural issues - S
- Fluctuating nature - P
- Substance use
- Challenges in living in homelessness
 - Violence/victimisation
 - Changes of accommodation

Need to break down barriers...

- Age limits (40/50?)
- Dual diagnosis, multimorbidity
- Interagency, creative, outreach
- Psychologically/trauma-informed
- Consider autonomy carefully