



Caenza
流金頌

賽馬會長者計劃新里程
A Jockey Club Initiative for Seniors

新聞發佈會
Press Conference

捐助機構：Funded by:  香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

計劃夥伴：Project Partners:  

1

我們能否避免在老人院度過晚年?
Can We Avoid Spending the Last Part of Our Lives in Old Age Homes?

捐助機構：Funded by:  香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

計劃夥伴：Project Partners:  

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社區安老 Ageing in Community

❏ 爲了提升長者的生活質素，各地均提倡居家安老
Ageing in community is being promoted for the well-being of elderly

捐助機構：Funded by:  香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

計劃夥伴：Project Partners:  

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長者及護老者 Elderly & their Carers

❏ 患有慢性疾病如中風、長期呼吸及心臟病，或癱瘓的居家長者均需要依靠護老者的照顧
Elderly with chronic disabling illness such as stroke, chronic lung & heart disease, or dementia living at home depend on carers

捐助機構：Funded by:  香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

計劃夥伴：Project Partners:  

4


安老院舍照顧服務之供應
Availability of Residential Care Services for the Elderly

❏ 截至2008年3月31日，安老院舍的宿位數目爲：
As at 31 Mar 2008, the total no. of places for residential care homes for the elderly are:

❖ 政府資助安老院的宿位數目
Subsidized places: 23,969

❖ 私營安老院的宿位數目
Private places: 48,886

(SWD, 2008)

捐助機構：Funded by:  香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

計劃夥伴：Project Partners:  

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社區護理之供應
Availability of Community Services

❏ 現有多項社區照顧服務可供使用
Various types of community services are available

❖ 長者地區中心及長者鄰舍中心：照顧180,000名長者
District Elderly Community Centre & Neighborhood Elderly Centre: Serving 180,000 elderly

❖ 長者日間護理中心：照顧2,800名長者
Day Care Centre for the Elderly: Serving 2,800 elderly

(Labour & Welfare Bureau, 2008)

捐助機構：Funded by:  香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

計劃夥伴：Project Partners:  

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社區護理之供應 (續)

Availability of Community Services (con't)

- ❖ 改善家居及社區照顧服務 (如家居照顧及膳食服務) : 照顧 >20,000 名長者
Enhanced Home and Community Care Service (e.g. Homemaking & meal delivery services): *Serving >20,000 elderly*
- ❖ 長者住宿暫託服務: 11間護理安老院 + 114間資助安老院及合約院舍
Respite Service: *11 Care & Attention Homes + 114 Subvented Residential Care Homes for the Elderly & Contract Homes*

(Labour & Welfare Bureau, 2008; SWD, 2008)

安老院舍照顧服務之需求

Demand of Residential Care Services for the Elderly

- ❖ 在2006年, 約有10%年齡為65歲或以上的人口住在以老人院為主的非家庭住戶
In 2006, about 10% of people aged 65 or above in Hong Kong were living in non-domestic households, which were mainly old age homes (OAH)
- ❖ 雖然綜合所有類別的老人院後尚有剩餘宿位, 但仍有很多長者輪候政府資助的老人院
Long waiting list for government subvented OAH places, although for all types of OAH overall there are vacancies

究竟是甚麼原因導致長者及護老者傾向由院舍照顧多於留在家居?
What are the factors from the elder's & the carer's perspective predisposing to choice of care in OAH rather than remaining at home?

對社區護理的認知或使用情況會否影響他們的選擇?
Does knowledge or usage of community services affect this choice?

「流金頌」計劃 Cadenza Project

- ❖ 「流金頌」計劃進行了一項研究以剖析有關問題
The CADENZA project conducted a study to address these research questions

研究方法 Study Design

- ❖ 在2007年6月至2008年3月進行了一項問卷調查
A survey based on structured questionnaire was conducted in June 2007 to March 2008

調查對象 Subjects

- ❖ 長者 Elder
 - ❖ 年齡為65歲或以上 Aged ≥ 65
 - ❖ 居住在家中 Living at home
 - ❖ 日常活動情況/自我照顧能力有障礙
Have ADL/ IADL limitation
 - ❖ 沒有溝通障礙 No communication problems
- ❖ 護老者 Carer
 - ❖ 年齡為18歲或以上 Aged ≥ 18
 - ❖ 每月接觸長者不少於1天
Personal contact with elder ≥ 1 day per month

招募調查對象的地點 Place of Recruitment

- 新界東及香港西的7間公立醫院及13間老人中心/老人日間護理中心

7 public hospitals & 13 elderly centres or day care centres for the elderly in New Territories East and Hong Kong Island West regions of Hong Kong

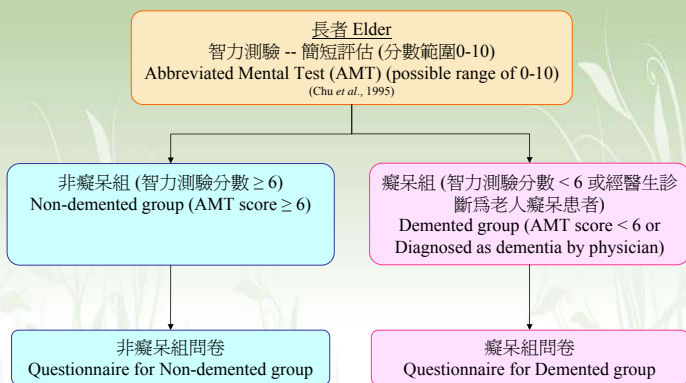
訪問模式 Mode of Interview

參加者 Participants	面談 Face-to-face	電話 Telephone	自我填報 Self-administrated
長者 Elderly	✓	×	×
護老者 Carers	✓	✓	✓

- 是項調查取得參加者的同意，並得到香港中文大學及香港大學道德委員會批准

Consent was obtained from the participants & the study was approved by the ethical committees of CUHK & HKU

受訪者組別 Classification of Respondents



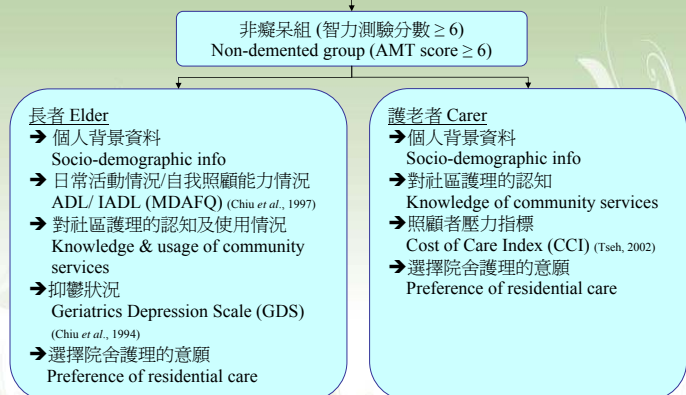
受訪者 Respondents

	長者 Elder	護老者 Carer
非癡呆組 Non-demented Group	477	354
癡呆組 Demented Group	230	351
總計 Total	707	705

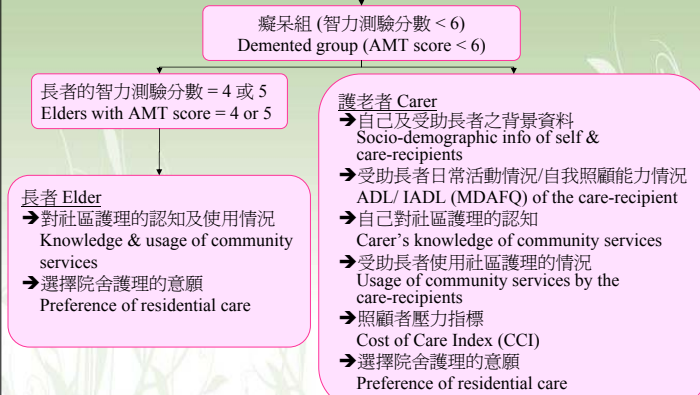
- 成功受訪率 Successful response rate

- 長者 Elder: 79%
- 護老者 Carer: 81%

訪問內容 (非癡呆組) Detail of the Questionnaire (Non-demented Group)



訪問內容 (癡呆組) Detail of the Questionnaire (Demented Group)



基本結果測量 Primary Outcome Measure

選擇院舍護理的意願

Preference for residential care

- 定義為已申請入住老人院或正計劃在未來一年內遞交申請

Defined as having applied OAH or planning to apply OAH in the coming year

統計分析 Statistical Analysis

- 以邏輯回歸分析選擇院舍護理的意願及潛在因素之關聯

Logistic regression models were used to examine the association between the preference for residential care & the potential predictors

- 單元邏輯回歸分析 – 把有關聯的因素逐一找出
Univariate - To identify the predictors one by one

- 多元邏輯回歸分析 – 在整體考慮眾多因素時，找出最有關聯的因素

Multiple - To identify the predominant predictors when considering all factors collectively

結果 -- 長者 Results -- Elderly

長者特徵 Sample Characteristics of Elderly

表一. 受訪長者特徵
Table 1. Characteristics of the Elderly Participants

特徵	Characteristics	非癡呆組 (數目=477) Non-demented Group (n=477)	癡呆組 (數目=230) Demented Group (n=230)
長者的年齡, 平均值 ± 標準差	Age of the elderly, mean ± SD	78.5 ± 6.5	80.3 ± 5.9
長者為女性, 數目 (百分比)	Elderly being female, n (%)	344 (72.1%)	171 (74.3%)
長者的收入, 數目 (百分比)	Income of the elderly, n (%)		
0		6 (1.3%)	14 (6.1%)
1-999		78 (16.5%)	53 (23.2%)
1,000-1,999		108 (22.8%)	65 (28.5%)
2,000-2,999		109 (23.0%)	45 (19.7%)
3,000-4,999		96 (20.3%)	24 (10.5%)
5,000-9,999		64 (13.5%)	20 (8.8%)
≥10,000		13 (2.7%)	7 (3.1%)
長者的教育程度, 數目 (百分比)	Educational level of the elderly, n (%)		
小學以下	Pre-primary/ No schooling	243 (50.9%)	148 (64.6%)
小學	Primary	160 (33.5%)	55 (24.0%)
中學/預科	Secondary/ Sixth form	61 (12.8%)	18 (7.9%)
大專/大學以上	College/ University or above	13 (2.7%)	8 (3.5%)
長者的功能限制情形*, 平均值 ± 標準差	Functional status of the elderly*, mean ± SD	35.8 ± 4.1	30.9 ± 5.9
長者有抑鬱, 數目 (百分比)	Elderly being depressed, n (%)	107 (22.9%)	N.A.
長者對社區護理的認知*, 平均值 ± 標準差	Elder's knowledge of community services*, mean ± SD	3.4 ± 1.3	2.7 ± 1.4
長者使用社區護理的情況, 平均值 ± 標準差	Usage of community services by the elderly*, mean ± SD	1.1 ± 0.8	0.8 ± 0.7
長者選擇院舍護理, 數目 (百分比)	Elder prefers residential care, n (%)	113 (23.7%)	30 (13.0%)

SD = 標準差 Standard deviation; NA = 不適用 Not applicable
*分數愈高情況愈佳 Higher score indicates better condition

非癡呆與癡呆 Non-demented vs Demented

- 與非癡呆長者相比，較少癡呆長者選擇院舍護理 (比值比 = 0.483, 95% 置信區間 = 0.312-0.749)

For the elderly, preference for residential care was less prominent among the demented elderly as compared to the non-demented elderly (OR = 0.483, 95% CI = 0.312-0.749)

- 非癡呆組及癡呆組各自進行分析

Separate analyses were performed for the non-demented & demented groups

單元邏輯回歸分析 – 非癡呆長者 Univariate Logistic Regression – Non-demented Elder

- 非癡呆長者的院舍護理意願與個人背景特徵 (除了長者年齡) 及長者對社區護理的認知並無關係

The non-demented elder's preference for residential care was not associated with socio-demographic variables (except age of the elderly) & elder's knowledge of community services

- 較多選擇院舍護理的長者與其功能受損、抑鬱及較多使用社區護理有顯著關係

Greater preference for residential care was significantly associated with elderly with impaired functional status, being depressed & with more usage of community services

單元邏輯回歸分析 – 非癡呆長者 (續)

Univariate Logistic Regression – Non-demented Elder (con't)

表二 非癡呆長者對院舍護理意願的單元邏輯回歸分析結果 (數目=477)
Table 2. Results of Univariate Logistic Regression on Non-demented Elder's Preference for Residential Care (n=477)

因素	Variables	比值比 Odds Ratio	95% 置信區間 95% CI	P-值 P-Value
年齡 #	Age #	1.040	1.007-1.074	.018
性別	Sex			
男	Male	1.435	0.910-2.261	.120
女	Female	1.000	-	-
收入	Income			
0		1.000	-	-
1-999	1-999	0.737	0.126-4.324	.735
1,000-1,999	1,000-1,999	0.880	0.154-5.044	.886
2,000-2,999	2,000-2,999	0.535	0.092-3.105	.486
3,000-4,999	3,000-4,999	0.494	0.084-2.898	.434
5,000-9,999	5,000-9,999	0.462	0.076-2.819	.402
≥10,000	≥10,000	0.364	0.038-3.518	.382
教育程度	Educational level			
小學以下	Pre-primary/ No schooling	1.000	-	-
小學	Primary	0.512	0.311-0.843	.009
中學/預科	Secondary/ Sixth form	0.751	0.389-1.451	.395
大專/大學以上	College/ University or above	0.757	0.202-2.832	.679
長者的功能限制情形*#	Functional status of the elderly* #	0.867	0.824-0.913	<.001
長者有抑鬱	Elderly being depressed	2.734	1.712-4.368	<.001
長者對社區護理的認知*#	Elder's knowledge of community services* #	1.028	0.876-1.206	0.739
長者使用社區護理的情況*#	Usage of community services by the elderly* #	2.194	1.682-2.861	<.001

* 分數愈高情況愈佳 Higher score indicates better condition
據每單位之增加 Per unit increase

多元邏輯回歸分析 – 非癡呆長者

Multiple Logistic Regression – Non-demented Elder

結合所有潛在因素，非癡呆長者選擇院舍護理的意願與其功能受損、有抑鬱及較多使用社區護理有顯著關係

Taking all potential predictors together, the non-demented elder's preference for residential care was significantly associated with elderly with impaired functional status, being depressed & with more usage of community services

多元邏輯回歸分析 – 非癡呆長者 (續)

Multiple Logistic Regression – Non-demented Elder (con't)

表三 非癡呆長者對院舍護理意願的多元邏輯回歸分析結果 (數目=477)
Table 3. Results of Multiple Logistic Regression on Non-demented Elder's Preference for Residential Care (n=477)

因素	Variables	比值比 Odds Ratio	95% 置信區間 95% CI	P-值 P-Value
年齡 #	Age #	-	-	-
性別	Sex	-	-	-
長者的功能限制情形*#	Functional status of the elderly* #	0.887	0.837-0.940	<.001
長者有抑鬱	Elderly being depressed	1.953	1.153-3.307	.013
長者使用社區護理的情況*#	Usage of community services by the elderly* #	2.167	1.640-2.864	<.001

* 分數愈高情況愈佳 Higher score indicates better condition
據每單位之增加 Per unit increase
- 不包括在最終模型 Not included in the final model

單元邏輯回歸分析 – 癡呆長者

Univariate Logistic Regression – Demented Elder

癡呆長者的院舍護理意願與個人背景特徵及長者對社區護理的認知並無關係

The demented elder's preference for residential care was not associated with all socio-demographic variables & elder's knowledge of community services

較多選擇院舍護理的長者與其功能受損及較多使用社區護理有顯著關係

Greater preference for residential care was significantly associated with elderly with impaired functional status & with more usage of community services

單元邏輯回歸分析 – 癡呆長者 (續)

Univariate Logistic Regression – Demented Elder (con't)

表四 癡呆長者對院舍護理意願的單元邏輯回歸分析結果 (數目=230)
Table 4. Results of Univariate Logistic Regression on Demented Elder's Preference for Residential Care (n=230)

因素	Variables	比值比 Odds Ratio	95% 置信區間 95% CI	P-值 P-Value
年齡#	Age#	1.026	0.960-1.097	.452
性別	Sex			
男	Male	0.866	0.351-2.137	.755
女	Female	1.000	-	-
收入	Income			
0		1.000	-	-
1-999	1-999	1.978	0.223-17.568	.540
1,000-1,999	1,000-1,999	3.569	0.429-29.677	.239
2,000-2,999	2,000-2,999	2.000	0.220-18.197	.538
3,000-4,999	3,000-4,999	0.000	0.000-0.000	.998
5,000-9,999	5,000-9,999	0.684	0.039-11.949	.795
≥10,000	≥10,000	0.000	0.000-0.000	.999
教育程度	Educational level			
小學以下	Pre-primary/ No schooling	1.000	-	-
小學	Primary	0.573	0.206-1.596	.286
中學/預科	Secondary/ Sixth form	0.337	0.043-2.662	.302
大專/大學以上	College/ University or above	1.909	0.362-10.072	.446
長者的功能限制情形*#	Functional status of the elderly* #	0.939	0.882-1.000	.049
長者有抑鬱	Elderly being depressed	N.A.	N.A.	N.A.
長者對社區護理的認知*#	Elder's knowledge of community services* #	1.198	0.904-1.587	.208
長者使用社區護理的情況*#	Usage of community services by the elderly* #	1.704	1.056-2.748	.029

N.A. = 不適用 Not applicable
* 分數愈高情況愈佳 Higher score indicates better condition
據每單位之增加 Per unit increase

多元邏輯回歸分析 – 癡呆長者

Multiple Logistic Regression – Demented Elder

結合所有潛在因素，癡呆長者選擇院舍護理的意願與其較多使用社區護理有顯著關係

Taking all potential predictors together, the demented elder's preference for residential care was significantly associated with more usage of community services

多元邏輯回歸分析 – 癡呆長者 (續) Multiple Logistic Regression – Demented Elder (con't)

表五. 癡呆長者對院舍護理意願的多元邏輯回歸分析結果 (數目=230)
Table 5. Results of Multiple Logistic Regression on Demented Elder's Preference for Residential Care (n=230)

因素	Variables	比值比 Odds Ratio	95% 置信區間 95% CI	P-值 P-Value
年齡#	Age#	-	-	-
性別	Sex	-	-	-
長者的功能限制情形*	Functional status of the elderly*	-	-	-
長者有抑鬱	Elderly being depressed	N.A.	N.A.	N.A.
長者使用社區護理的情況*	Usage of community services by the elderly*	1.704	1.056-2.748	.029

N.A. = 不適用/Not applicable
* 分數愈高情況愈佳 Higher score indicates better condition
按每單位之增加 Per unit increase
- 不包括在最終模型 Not included in the final model

結果 -- 護老者 Results -- Carers

護老者特徵 Sample Characteristics of Carers

表六. 受訪護老者特徵
Table 6. Characteristics of Carer Participants

特徵	Characteristics	非癡呆組 (數目=354) Non-demented Group (n=354)	癡呆組 (數目=351) Demented Group (n=351)
護老者年齡, 平均數 ± 標準差	Age of carer, mean ± SD	51.7 ± 13.1	52.7 ± 12.4
護老者為女性, 數目 (百分比)	Carer being female, n (%)	243 (68.6%)	256 (73.4%)
護老者的家庭收入, 數目 (百分比)	Household income of carer, n (%)		
0	0	16 (4.7%)	19 (5.5%)
1-5,999	1-5,999	54 (15.9%)	56 (16.2%)
6,000-9,999	6,000-9,999	54 (15.9%)	44 (12.8%)
10,000-14,999	10,000-14,999	63 (18.5%)	57 (16.5%)
15,000-19,999	15,000-19,999	45 (13.2%)	34 (9.9%)
≥20,000	≥20,000	108 (31.8%)	135 (39.1%)
護老者的教育程度, 數目 (百分比)	Educational level of carer, n (%)		
小學以下	Pre-primary/ No schooling	28 (8.0%)	18 (5.1%)
小學	Primary	66 (18.8%)	62 (17.7%)
中學/預科	Secondary/ Sixth form	196 (55.7%)	198 (56.4%)
大專/大學以上	College/ University or above	62 (17.6%)	73 (20.8%)

SD = 標準差 Standard deviation

護老者特徵 (續) Sample Characteristics of Carers (con't)

表六. 受訪護老者特徵 (續)
Table 6. Characteristics of Carer Participants (con't)

特徵	Characteristics	非癡呆組 (數目=354) Non-demented Group (n=354)	癡呆組 (數目=351) Demented Group (n=351)
受助長者的年齡, 平均數 ± 標準差	Age of care-recipient, mean ± SD	78.9 ± 6.6	81.3 ± 6.6
受助長者為女性, 數目 (百分比)	Care-recipient being female, n (%)	252 (71.2%)	253 (72.1%)
受助長者的功能限制情形*, 平均數 ± 標準差	Functional status of care-recipient*, mean ± SD	34.7 ± 5.3	28.7 ± 6.8
受助長者有抑鬱, 數目 (百分比)	Care-recipient being depressed, n (%)	72 (25.3%)	N.A.
護老者對社區護理的認知*, 平均數 ± 標準差	Carer's knowledge of community services*, mean ± SD	3.8 ± 1.3	3.9 ± 1.3
受助長者使用社區護理的情況*, 平均數 ± 標準差	Use of community services by care-recipient*, mean ± SD	0.9 ± 0.8	1.1 ± 0.9
護老者負擔†, 平均數 ± 標準差	Carer burden†, mean ± SD	48.2 ± 7.5	50.1 ± 7.9
護老者選擇院舍護理, 數目 (百分比)	Carer prefers residential care, n (%)	100 (28.2%)	185 (52.7%)

SD = 標準差 Standard deviation
* 分數愈高情況愈佳 Higher score indicates better condition
† 分數愈高情況愈差 Higher score indicates worse condition

非癡呆與癡呆 Non-demented vs Demented

- 與照顧非癡呆長者的護老者相比，較多照顧癡呆長者的護老者選擇院舍護理(比值比 = 2.831, 95% 置信區間 = 2.072-3.868)

For the carers, preference for residential care was more prominent among carers of demented elderly as compared to carers of non-demented elderly (OR = 2.831, 95% CI = 2.072-3.868)

- 非癡呆組及癡呆組各自進行分析

Separate analyses were performed for the non-demented & demented groups

單元邏輯回歸分析 – 照顧非癡呆長者的護老者 Univariate Logistic Regression – Carers in Non-demented Group

- 照顧非癡呆長者的護老者的院舍護理意願與個人背景特徵(除受助長者性別)、護老者對社區護理的認知、受助長者使用社區護理的情況及受助長者有抑鬱並無關係

The preference for residential care of carers to non-demented elderly was not associated with socio-demographic variables (except gender of care-recipient), carer's knowledge of community services, care-recipients' usage of community services & care-recipients being depressed

- 較多選擇院舍護理的護老者與受助長者有功能受損及較大護老者負擔有顯著關係

Greater preference for residential care was significantly associated with care-recipients with impaired functional status & carers with greater carer burden

單元邏輯回歸分析 – 照顧非癡呆長者的護老者 (續)
Univariate Logistic Regression – Carers in Non-demented Group (con't)

表七. 照顧非癡呆長者的護老者對院舍護理意願的單元邏輯回歸分析結果 (數目=354)
 Table 7. Results of Univariate Logistic Regression on Preference for Residential Care of Carers to Non-demented Elders (n=354)

因素	Variables	比值比 Odds Ratio	95% 置信區間 95% CI	P-值 P-Value
年齡#	Age#	1.012	0.994-1.030	.203
性別	Sex			
男	Male	0.651	0.386-1.097	.107
女	Female	1.000	-	-
家庭住戶收入	Household income			
0	0	1.000	-	-
1-5,999	1-5,999	0.643	0.206-2.007	.447
6,000-9,999	6,000-9,999	0.450	0.141-1.436	.177
10,000-14,999	10,000-14,999	0.739	0.243-2.250	.595
15,000-19,999	15,000-19,999	0.468	0.142-1.534	.210
≥20,000	≥20,000	0.292	0.097-0.878	.028
教育程度	Educational Level			
小學以下	Pre-primary/ No schooling	1.000	-	-
小學	Primary	0.622	0.250-1.546	.307
中學/預科	Secondary/ Sixth form	0.533	0.237-1.199	.128
大專/大學以上	College/ University or above	0.288	0.107-0.776	.014

據每單位之增加 Per unit increase

單元邏輯回歸分析 – 照顧非癡呆長者的護老者 (續)
Univariate Logistic Regression – Carers in Non-demented Group (con't)

表七. 照顧非癡呆長者的護老者對院舍護理意願的單元邏輯回歸分析結果 (數目=354) (續)
 Table 7. Results of Univariate Logistic Regression on Preference for Residential Care of Carers to Non-demented Elders (n=354) (con't)

因素	Variables	比值比 Odds Ratio	95% 置信區間 95% CI	P-值 P-Value
受助長者的年齡#	Age of care-recipient#	1.032	0.996-1.070	.078
受助長者的性別	Sex of care-recipient			
男	Male	2.065	1.262-3.377	.004
女	Female	1.000	-	-
受助長者的功能限制情形*#	Functional status of care-recipient*#	0.897	0.857-0.938	<.001
受助長者有抑鬱	Care-recipient being depressed	1.750	0.986-3.106	.056
護老者負擔#	Carer burden#	1.102	1.064-1.141	<.001
護老者對社區護理的認知#	Carer's knowledge of community services*#	0.909	0.762-1.085	.290
受助長者使用社區護理的情況*#	Usage of community services by care-recipient*#	1.303	0.986-1.722	.063

* 分數愈高情況愈佳 Higher score indicates better condition
 † 分數愈高情況愈差 Higher score indicates worse condition
 # 據每單位之增加 Per unit increase

多元邏輯回歸分析 – 照顧非癡呆長者的護老者
Multiple Logistic Regression – Carers in Non-demented Group

結合所有潛在因素，照顧非癡呆長者的護老者選擇院舍護理的意願與受助長者有功能受損、受助長者為男性及較大護老者負擔有顯著關係
 Taking all potential predictors together, preference for residential care of carers to non-demented elderly was significantly associated with care-recipients with impaired functional status, care-recipients being male, as well as carers with greater carer burden

多元邏輯回歸分析 – 照顧非癡呆長者的護老者 (續)
Multiple Logistic Regression – Carers in Non-demented Group (con't)

表八. 照顧非癡呆長者的護老者對院舍護理意願的多元邏輯回歸分析結果 (數目=354)
 Table 8. Results of Multiple Regression on Preference for Residential Care of Carers to Non-demented Elders (n=354)

因素	Variables	比值比 Odds Ratio	95% 置信區間 95% CI	P-值 P-Value
受助長者的年齡#	Age of care-recipient#	-	-	-
受助長者為男性	Care-recipient being male	2.000	1.107-3.615	.022
受助長者的功能限制情形*#	Functional status of care-recipient*#	0.909	0.846-0.976	.009
受助長者有抑鬱	Care-recipient being depressed	-	-	-
護老者負擔†#	Carer burden†#	1.083	1.040-1.128	<.001
受助長者使用社區護理的情況*#	Usage of community services by care-recipient*#	-	-	-

* 分數愈高情況愈佳 Higher score indicates better condition
 † 分數愈高情況愈差 Higher score indicates worse condition
 # 據每單位之增加 Per unit increase
 - 不包括在最終模型 Not included in the final model

單元邏輯回歸分析 – 照顧癡呆長者的護老者
Univariate Logistic Regression – Carers in Demented Group

照顧癡呆長者的護老者的院舍護理意願與個人背景特徵 (除護老者年齡) 及護老者對社區護理的認知並無關係
 The preference for residential care of carers to demented elderly was not associated with any of the socio-demographic variables (except age of the carer) & carer's knowledge of community services

較多選擇院舍護理的護老者與受助長者有功能受損、受助長者較多使用社區護理及較大護老者負擔有顯著關係
 Greater preference for residential care was significantly associated with care-recipients with impaired functional status & more usage of community services as well as carers with greater carer burden

單元邏輯回歸分析 – 照顧癡呆長者的護老者 (續)
Univariate Logistic Regression – Carers in Demented Group (con't)

表九. 照顧癡呆長者的護老者對院舍護理意願的單元邏輯回歸分析結果 (數目=351)
 Table 9. Results of Univariate Logistic Regression on Preference for Residential Care of Carers to Demented Elders (n=351)

因素	Variables	比值比 Odds Ratio	95% 置信區間 95% CI	P-值 P-Value
年齡#	Age#	1.021	1.003-1.039	.019
性別	Sex			
男	Male	1.264	0.784-2.039	.336
女	Female	1.000	-	-
家庭住戶收入	Household income			
0	0	1.000	-	-
1-5,999	1-5,999	0.967	0.341-2.740	.949
6,000-9,999	6,000-9,999	1.184	0.402-3.488	.759
10,000-14,999	10,000-14,999	1.432	0.503-4.078	.501
15,000-19,999	15,000-19,999	1.013	0.329-3.117	.983
≥20,000	≥20,000	0.811	0.310-2.123	.670
教育程度	Educational Level			
小學以下	Pre-primary/ No schooling	1.000	-	-
小學	Primary	1.108	0.385-3.190	.850
中學/預科	Secondary/ Sixth form	0.922	0.349-2.433	.869
大專/大學以上	College/ University or above	0.660	0.234-1.863	.433

據每單位之增加 Per unit increase

單元邏輯回歸分析 – 照顧癡呆長者的護老者 (續) Univariate Logistic Regression – Carers in Demented Group (con't)

表九. 照顧癡呆長者的護老者對院舍護理意願的單元邏輯回歸分析結果 (數目=351) (續)
Table 9. Results of Univariate Logistic Regression on Preference for Residential Care of Carers to Demented Elders (n=351) (con't)

因素	Variables	比值比 Odds Ratio	95% 置信區間 95% CI	P-值 P-Value
受助長者的年齡#	Age of care-recipient#	1.011	0.979-1.044	.500
受助長者的性別	Sex of care-recipient			
男	Male	1.020	0.639-1.627	.934
女	Female	1.000	-	-
受助長者的功能限制情形*#	Functional status of care-recipient*#	0.900	0.869-0.932	<.001
受助長者有抑鬱	Care-recipient being depressed	N.A.	N.A.	N.A.
護老者負擔#	Carer burden#	1.116	1.079-1.154	<.001
護老者對社區護理的認知*#	Carer's knowledge of community services*#	1.100	0.938-1.291	.241
受助長者使用社區護理的情況*#	Usage of community services by care-recipient*#	2.071	1.577-2.718	<.001

N.A. = 不適用 Not applicable
* 分數愈高情況愈佳 Higher score indicates better condition
† 分數愈高情況愈差 Higher score indicates worse condition
據每單位之增加 Per unit increase

多元邏輯回歸分析 – 照顧癡呆長者的護老者 Multiple Logistic Regression – Carers in Demented Group

結合所有潛在因素，照顧癡呆長者的護老者選擇院舍護理的意願與受助長者有功能受損、受助長者較多使用社區護理及較大護老者負擔有顯著關係

Taking all potential predictors together, preference for residential care of carers to demented elderly was significantly associated with care-recipients with impaired functional status, care-recipients with more usage of community services, as well as carers with greater carer burden

多元邏輯回歸分析 – 照顧癡呆長者的護老者 (續) Multiple Logistic Regression – Carers in Demented Group (con't)

表十. 照顧癡呆長者的護老者對院舍護理意願的多元邏輯回歸分析結果 (數目=351)
Table 10. Results of Multiple Regression on Preference for Residential Care of Carers to Demented Elders Care (n=351)

因素	Variables	比值比 Odds Ratio	95% 置信區間 95% CI	P-值 P-Value
受助長者的年齡#	Age of care-recipient#	-	-	-
受助長者為男性	Care-recipient being male	-	-	-
受助長者的功能限制情形*#	Functional status of care-recipient*#	0.926	0.891-0.963	<.001
受助長者有抑鬱	Care-recipient being depressed	N.A.	N.A.	N.A.
護老者負擔#	Carer burden#	1.079	1.041-1.119	<.001
受助長者使用社區護理的情況*#	Usage of community services by care-recipient*#	2.004	1.482-2.711	<.001

N.A. = 不適用 Not applicable
* 分數愈高情況愈佳 Higher score indicates better condition
† 分數愈高情況愈差 Higher score indicates worse condition
據每單位之增加 Per unit increase
- 不包括在最終模型 Not included in the final model

研究局限 Limitations

雖然是次調查訪問了大量參加者以減低偏差，唯非隨機採樣方式仍有局限

Although this survey recruited a large sample to minimize bias, there was limitation due to the non-random sampling nature

由於此研究的目的並非描繪整體人口特徵，調查所得數據不能詮釋為代表一般人口

As it was not the intention of this study to portray the feature of the population, the profiles shown in this study should not be interpreted as representing the general population

由於這是一個觀測性的研究，調查結果只能顯示院舍護理意願與各因素的關係，而非因果關係。應針對因果關係作更深入的研究

Being an observational study, the findings can only show association instead of causation. Further studies targeting causative relationships are needed

總結 Conclusions

對長者而言，有功能受損、抑鬱及較多使用社區護理者，有較大機會選擇院舍護理

From the elder's perspective, those with impaired functional status, depression & more usage of community services were found to have greater preference for residential care

對護老者而言，有較大護老者負擔，或其照顧的長者有功能受損、癡呆及較多使用社區護理，亦有較大機會選擇院舍護理

From the carer's perspective, those with greater carer burden, or whose care-recipients with impaired functional status, dementia & more usage of community services, were found to have greater preference for residential care

應針對這些風險因素去推行相應措施，以協助長者居家安老
To help elderly age in place, specific strategies targeting at these risk factors should be implemented

討論 Discussions

總括而言 In General

- 事實上，要進一步加強社區護理，可因應長者的身體、心理、功能及社交需要進行老人整全健康評估，制訂以個案管理為本的綜合基礎護理模式
Community care could be further strengthened by placing it in the context of an integrated primary care model for the elderly, underpinned by comprehensive geriatric assessment followed by individualized case management covering physical, psychological, functional & social needs

總括而言 (續) In General (con't)

- 然而，這些行動並不一定能改變公眾對院舍宿位的需求
However, these initiatives may or may not affect the magnitude of demand for OAH places
- 現時人口正在老化，如果有更多功能障礙及長期疾病的長者，加上死亡率下降，預計對長期護理院舍宿位的需求將會上升
Long term residential care placement needs are projected to increase if there is increase in disability & chronic disease prevalence together with declining mortality rate in our aging population

功能限制情形 Functional Status

- 老人整全健康評估計劃能有效改善或減低功能限制情形
Functional status may be reversible or its decline be halted by comprehensive geriatric assessment programme
(Luk *et al.*, 2000)
- 老人科醫生在社區基礎護理中扮演重要的角色
Geriatricians can play an important role in the community in the primary care setting

癡呆長者 Demented Elder

- 癡呆是不可逆轉的
Dementia is not reversible
- 對於可延緩癡呆病情惡化或改善護理的實證為本的社區支援服務，應加以發展及讓大眾易於使用
Evidence-based supportive community services for dementia that would retard decline or facilitate the caring process could be developed & be made easily accessible

抑鬱的長者 Depressed Elder

- 長者有抑鬱可能反映了與家人的關係欠佳及/或其自尊心低落
Depression among the elderly may reflect poor relationships with family members and/or lower self-esteem
- 抑鬱的長者可能視自己為家庭的負累及視長期護理院舍為解決方案
Depressed elderly may view themselves as a burden to their family & view leaving home for long term residential care as a solution

護老者負擔 Carer Burden

- 護老者可透過心理社會介入療法，如教育及護老者支援小組，減低護老者負擔，從而延遲受助長者入住院舍
The carer burden could be reduced by psychosocial interventions, such as educational & supportive group for caregivers & in turn delay institutionalization of care-recipients
(Chu *et al.*, 2000; Mittelman *et al.*, 2006; Wai & Yuet, 2008).

社區護理 Community Services

- ❖ 社區護理的使用可能是由居家安老至院舍安老之間無可避免的過渡時期

Use of community services might be an inevitable transition from community care to residential care (Cohen-mansfield & Wirtz, 2007)

- ❖ 潛在原因包括：

Possible reasons included:

- ❖ 預計要長時間等候政府資助老人院宿位
Anticipation of the long waiting time for residential care
- ❖ 社區護理的名額有限
Limited capacity of the community services
- ❖ 長者及護老者對社區服務的實用程度欠缺信心
Elderly & carers not feeling secure about the usefulness of these community services

社區護理 (續) Community Services (Con't)

- ❖ 預料社區護理使用者的功能限制情形會隨著等候院舍宿位時不斷惡化，預期未來院舍內的院友會有更多身體上的障礙

Expecting that the functional status of community services users would decline with time while waiting for placement, it is expected that residents of OAH will be more disabled in future

- ❖ 需注意安老院舍的規劃及人員配備，以便照顧依賴性較高的長者

The structure & staffing of new OAH should be designed to cater for the more dependent residents

建議 Recommendations

- ❖ 需注意安老院舍的規劃及人員配備，以便照顧依賴性較高的長者

The structure & staffing of new OAH should be designed to cater for the more dependent residents

- ❖ 以社區中心為基礎，透過以下方法，發展照顧長者多種生理及/或心理問題的基本護理模式：

Development of a primary care model orientated to the needs of elderly people with multiple physical and/or psychological problems based in community centres may address these needs in the following ways:

建議 (續) Recommendation (con't)

- ❖ 老人科醫生在提供以老人整全健康評估為基礎的個案管理中扮演重要的角色，並確保長者能保持最佳身體狀況及認知功能

Geriatricians can play an important role in providing comprehensive geriatric assessment as a basis for case management, to ensure optimization of physical & cognitive function

- ❖ 對於可延緩癡呆病情惡化或改善護理的實證為本的社區支援服務，應加以發展及在社區中心推行

Evidence-based supportive community services for dementia that would retard decline or facilitate the caring process could be developed & carried out at such centres

建議 (續) Recommendation (con't)

- ❖ 在社區中心提供社會心理健康支援服務

Psychosocial support could also be provided at such centres

- ❖ 透過心理社會介入療法，如教育及支援小組，減輕護老者的負擔

Carer burden could be reduced by psychosocial interventions, such as educational & supportive groups

- ❖ 這項模式將由「流金頌」其中一個項目展開

Such a model is being developed as part of the CADENZA project

「流金頌」的角色 Role of CADENZA

- ✦ 這是「流金頌：賽馬會長者計劃新里程」其中一項以研究為基礎的計劃，以維護及改善健康生活

This is one of the public awareness programs based on research findings of the project entitled “*CADENZA: A Jockey Club Initiative for Seniors*”, which targets health maintenance and improvement of health environment

查詢 Enquiry

有關「流金頌」的詳細資料可經下列途徑索取:

Further information on CADENZA can be obtained via:

- ✦ 網址 Website: www.cadenza.hk
- ✦ 電郵 Email: info@cadenza.hk
- ✦ 電話 Telephone: 2219-4271

Q & A 歡迎提問