

**HOW TO DECIDE IF AN ELDERLY PERSON WITH DEMENTIA
CAN STAY AT HOME OR GO HOME FROM HOSPITAL:
THE INTERVAL OF NEED CONCEPT**

By

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The Interval of Need concept was first described to me by a brilliant Geriatrician, Dr. Bernie Isaacs when I spent part of my Geriatric Fellowship in the UK in 1980. He is famous for the term “Geriatric Giants” illustrating his penchant for clinical aphorisms. Some of my favourites are:

- On frailty: One straw breaks the camel’s back, removal of one straw preserves the camel’s back.
- On depression: Man says, “I am sad”, woman says: “I am sore”.
(For more, read *The Challenge of Geriatric Medicine*, Oxford University Press, 1992.)

There are 3 important considerations affecting someone’s “ability” to go home or to stay at home. The 1st involves safety, mostly falls, cooking and unsafe behaviour, particularly wandering. Much can be done to mitigate these risks (alert systems, medication delivery, appropriate barriers to wandering, etc.). The 2nd and 3rd considerations involve INTERVAL OF NEED and INTERVAL OF SUPPORT.

The Interval of Need is how long you can leave the person without seeing them. If you match this with the Interval of Support (how often someone can see the person), you have a framework to help guide whether someone can return home from hospital or stay at home versus relocation to retirement residence or nursing home. It works for persons with and without dementia. How often someone can see the person (Interval of Support) involves live-in caregivers, “live-out” family, friends, CCAC, and paid support. If you can engineer a match between the Interval of Need with arrangements for Interval of Support, the person can stay home/go home. If not a 24 hour supervised setting will need to be considered (Retirement Home or Long-Term Care/Nursing Home).

The following chart was developed for Persons with Dementia, but the Interval of Need/Support concept applies to cognitively well elderly who are frail or dependent in ADLs (Activities of Daily Living). Establish the interval of need and see if you can match with an interval of services (family, friends, formal unpaid and formal paid services).

Interval of Need	AD Stage (MMSE)	Functional Loss	Formal Services	Caregiver Situation
2 - 7 days	Mild (23-28)	Some (Instrumental) iADLs Behaviour 0 to +	+ to ++ 0 to +	- Alone - Or with CG (caregiver)
24 - 48 hours	Mild-Mod (18-22)	Most iADLs Behaviour 0 to +	+ to +++ 0 to ++	- Alone, family visits or RH or LTC - Or with CG
4 – 12 hours	Moderate (14 to 18)	All iADLs, some ADLs Behaviour 0 to ++	+ to +++ <u>with respite</u> (underutilized)	- Needs live-in CG, RH - Or LTC need to be considered
1 – 4 hours	Mod-Sev (10 to 13)	Most (Personal) pADLs Behaviour + to +++	+ to +++ <u>with respite</u>	- Live-in CG, usually spouse, RH (assisted) or LTC (suggest apply now)
< 1 hour Total	Severe (<10) Palliative	Most IADLs Behaviour + to ++++	+ to ++++ <u>with respite</u>	- Devoted spouse CG or LTC (definitely apply now)