

In Asian countries where the population is aging, the importance of home-based medical care (HBMC) is expected to increase in the future. Many of the older patients who receive HBMC have problems such as multiple diseases, physical dysfunction, cognitive impairment, and are often frail. Frail older adults are more likely to have reduced activities of daily living (ADLs) and often have a limited survival prognosis. It is crucial not only to aim for cure of disease but also to maintain quality of life (QOL), have discussions regarding advance care planning (ACP), and provide appropriate end-of-life care. However, HBMC cohort studies are scanty, and require more clinical evidence in Asia. In this symposium, we will introduce three cohort studies from Taiwan and Japan and discuss the evidence obtained from them.

The OHCARE (Osaka Home CARE REgistry) study is a prospective cohort study targeting older patients receiving HBMC in Japan. In this study, we examined the actual situation regarding the discontinuation of HBMC. The total number of patients enrolled in the OHCARE study was 327; among subjects aged 65 years and older, 273 (88.6%) were able to continue HBMC, and 35 (11.4%) were unable to continue HBMC in the cross-sectional analysis during the baseline survey from March 2015 until March 2022. Among older patients who discontinued HBMC, there was a higher percentage of low nutrition and fewer descriptions regarding the end of life. These may have influenced the discontinuation of HBMC.

The ONEHOME (Observational study of Nagoya Elderly with HOMe MEDical) study investigated the medical health of older adults receiving HBMC in Nagoya City, Japan. There are few reports on the relationship between dysphagia and QOL in HBMC. In this study, there were 30 subjects with a mean age of 87.7 ± 6.7 years and a mean modified water swallow test (MWST) score of 4.1 ± 0.9 . Multiple regression analysis revealed low MWST was significantly related to deterioration of QOL longitudinally. Patients with dysphagia require various considerations such as cognitive function, dietary environment, management of comorbidities, and medications to maintain QOL.

The HOLISTIC (HOMe-based Longitudinal Investigation of the multidisciplinary Team Integrated Care) cohort study aims to investigate the multiple aspects of elderly patients receiving HBMC in Taiwan. Here we focus on analyzing the relationship between clinical frailty scale (CFS) and advance care planning (ACP). We evaluated 305 patients and categorized them into three groups based on their CFS: 1-6, 7, and 8-9. The three CFS groups had 141 patients, 114 patients, and 50 patients respectively. The average ages of the three groups were 78.2 (SD 14.1), 81.3 (SD 12.8), and 86.6 (SD 8.3), with P -value < 0.0001 . The logistic regressions of the four ACP questions were analyzed individually. For the first question, the CFS 7 and CFS 8-9 groups compared to CFS 1-6 group had a full model odds ratio of 1.43 (95% CI 1.65-3.14, $P=0.3740$) and 1.96 (95% CI 0.74-5.00, $P=0.1788$). Questions two to four showed similar results; all had P -values > 0.05 . This research found no significant correlation between patients' CFS and their ACP.

【Conclusion】

For older adults receiving HBMC, dysphagia and poor nutrition were associated with deteriorated QOL and discontinuation of HBMC. To maintain holistic care until the end of life, ACP may be introduced at the early stage of HBMC.