

Overview of End of Life & the Older Adult

Education for
Health Care Professionals

Part 2: Incidence & Prevalence



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Incidence & Prevalence

- On July 1, 2010, there were 4.8 million older adults aged 65 and older among the Canadian population.
- Between 2005 and 2036, the number of older adults is expected to increase up to 25% and the number of deaths by 65%.
- In 2016, there were roughly 1.5 million people aged 80 and over and it is projected to increase to 3.3 million by 2036.
- In 2016 alone, more than 269,000 Canadians died.

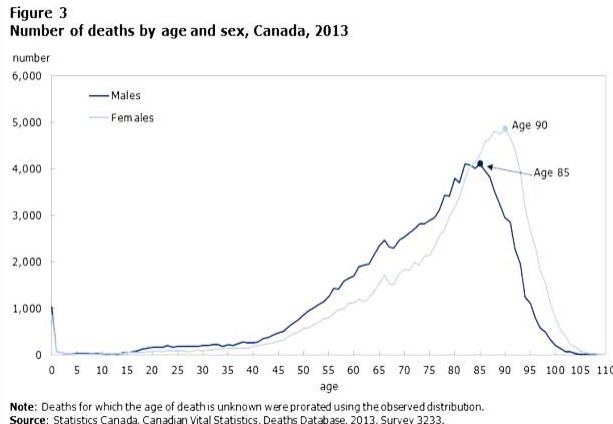
(Fowler & Hammer, 2013; Hanratty et al., 2014; CHPCA, 2007)



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Mortality and EOL Care



This chart shows that the highest number of deaths in 2013 were for men at age 85 (4104 deaths) and for women at age 90 (4869 deaths). For males, roughly 74.5% of all deaths occurred at age 65 or older and for females, it was 83.7%.

[Retrieved from Lebel & Hallman \(2017\)](#)



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Demand for EOL Care

- The demand for EOL care is increasing and the majority of older adults near the EOL are admitted to hospitals and intensive care units for treatment.
- 70% of older adults near the EOL who are admitted to the hospital and intensive care units at the EOL report that they would rather have comfort care than being technologically supported and having an institutionalized death.
- Less than 1 in 5 older adults receive palliative care at home and less than 1 in 10 received palliative physician home visit in the last year of life.

[\(Fowler & Hammer, 2013; Hanratty et al., 2014; CHPCA, 2007\)](#)



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Informal Caregiver Issues

- In the past, the main role of informal caregivers included providing companionship and emotional comfort to the dying individual.
- Additionally, informal caregivers are being asked to take on a larger role, especially near the EOL.
- Approximately 36% of informal caregivers in the community are over the age of 70, making caregiving a crucial issue for older adults and burnout.
- Informal caregivers who are offering palliative and EOL care require ongoing training and support to ensure not only quality care for the individual, but support in self-care while doing so.

[\(CHPCA, 2007\)](#)

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