

Comparison of Subjective Ratings of Function with Observed Functional Ability of Frail Older Persons

ABSTRACT

Background. Important clinical decisions often hinge on patients' functional status. Previous studies have shown disagreement among sources of ratings of patients' functional status. This study compared patient self-ratings, family member ratings, and physician ratings of patient function to performance-based functional testing criteria.

Methods. Five activities of daily living of 73 older patients were studied at admission to a rehabilitation unit following discharge from an acute care community hospital. Data were collected from patients, family members, and physicians and were compared with performance-based function testing.

Results. Patient ratings were significantly more accurate than physician ratings for walking, transferring, and telephoning. Patients were significantly more accurate than family members for rating walking and telephoning, but patients were not significantly more accurate than family members or physicians for rating eating or dressing.

Conclusions. We conclude that decisions about patients' functional level should be based on performance testing. If performance testing is unavailable, patients' own ratings are most accurate, followed by family ratings. Physicians' ratings are least accurate. (*Am J Public Health*. 1991;81:1127-1130)

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Introduction

Functional assessment of elderly patients has been a focus of research for more than 25 years.¹ Its importance is demonstrated by the one fifth of persons aged 65 and older in the United States who are unable to perform at least one measure of activities of daily living (ADL).² The complexity of functional measurement is demonstrated by more than 40 published ADL scales.³ Most ADL scales use patient self-report to rate performance of tasks. Recently investigators have compared ADLs measured by an assessment instrument or geriatric evaluation to patient self-report, family report,⁴ or physician report⁵ and found that different sources of ADL rating may not agree and therefore are not interchangeable.

A recent review by Guralnik and colleagues⁶ makes a strong case for the value of performance-based ADL measures. Elderly patients who experience an acute illness or injury often have decreased function requiring decisions ranging from assistance with personal care to permanent nursing home placement. During hospitalization patients may be unable to assess their own functional status because their activities may be medically limited. Thus, accurate assessments of function are needed to ensure appropriate recommendations. Because sources of ADL ratings may disagree, comparisons of different rating sources with objective measures of performance are important to characterize the accuracy of various rating sources.

This study was designed to evaluate performance-based ADL testing in a community hospital rehabilitation unit. Unlike previous studies, we compared the accu-

racy of self-ratings, family ratings, and physician ratings to performance-based measures.

Methods

Study Sample

Seventy-three patients aged 60 years and older were studied between January 1987 and March 1989. These patients had been hospitalized at the Baptist Memorial Hospital, a large community hospital, for acute medical or surgical problems and required additional rehabilitation.⁷ Patients were eligible for enrollment in the study if they agreed to participate, signed informed consent, were cognitively able to participate (no more than four errors on the Short Portable Mental Status Questionnaire),⁸ were not aphasic, and had a family member currently involved in their care. This was defined as a relative who visited the patient during the acute care hospital stay and was willing to assume responsibilities for assistance when the patient was discharged.

Measurement

Although the number of days of the acute hospital stay was not recorded, all

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