ACUTE AND EMERGENCY DEPARTMENT VISITS OF PATIENTS WITH DEMENTIA AT A UNIVERSITY HOSPITAL IN NORTHWESTERN GREECE: REASON,DIAGNOSIS AND OUTCOME.

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Introduction: The population is aging worldwide, resulting in high incidence of comorbidities like dementia, which leads to severe cognitive and physical impairment.

Background and Aims: Patients with dementia are prone to long hospitalizations, develop complications, have worse prognosis and outcome. However, little is known regarding the actual indications and the necessity for Acute and Emergency department (AnE) visits. The purpose of this study was to assess the cause, the comorbidities and the final outcomes of patients with dementia visiting the AnE.

Material and Methods: This retrospective matched case-control study was conducted on a sample of 100 patients with dementia aged > 65 years that visited the AnE of the University Hospital of Ioannina, over a four month period. Inclusion criteria were age >65 and history of dementia.

Data was collected from the hospital electronic health records respecting patients confidentiality policy. Each case was matched for sex and age, with a control patient without dementia that visited the AnE on the same day. They were assessed regarding dementia diagnosis, place of stay, existence of caregiver, cause of visit, comorbidities, diagnosis, hospitalization and length of hospital stay.

Results: Missing data on the history records was detected common. Frequent causes of admission for patients with dementia were fever (31%) and falls (14%). The hospitalization rate was 73% and 55% for the dementia and the control group, (p<0.05). No difference was detected regarding the length of stay with a median value of 6(4-9) and 5(3-8) days respectively for the two groups. Finally, 17% of the dementia patients were discharged without any interventions.

POSSIBLE DIAGNOSIS (MOST COMMON)	DEMENTIA (n = 100, %)	CONTROLS (n = 100, %)
INFECTION	49 (49%)	34 (34%)
DISCHARGE/ NO INTERVENTION	17 (17%)	19 (19%)
STROKE	8 (8%)	12 (12%)
BLEEDING	7 (7%)	3 (3%)
KIDNEY FAILURE	3 (3%)	2 (2%)
ANAEMIA	3 (3%)	5 (5%)
HEART FAILURE	1 (1%)	5 (5%)
ELECTROLYTE IMPALANCE	2 (2%)	4 (4%)
MYOSKELETAL	4 (4%)	6 (6%)
CONSTIPATION	2 (2%)	2 (2%)
DELIRIUM	2 (2%)	

COMORBIDITIES (MOST COMMON)		DEMENTIA (n = 100, %)	CONTROLS (n = 100, %)
HYPERTENTION (HTN)		56 (56%)	49 (49%)
DYSLIPIDEMIA		36 (36%)	32 (32%)
DIBETES (DM)		25 (25%)	20 (20%)
CARDIOVASCULAR	HEART FAILURE	12 (12%)	51 (51%)
	CORONARY DIEASE	12 (12%)	17 (17%)
	ARRYTHMIAS	20 (20%)	30 (30%)
	VASCULAR DISEASE	3 (3%)	1 (1%)
STROKE		20 (20%)	9 (9%)
HYPOTHYROIDISM		13 (13%)	4 (4%)
COPD		8 (8%)	11 (11%)
CANCER		2 (2%)	10 (10%)
NEUROLOGICAL	EPILEPSY	1 (1%)	-
	PARKINSON	6 (6%)	3 (3%)
	HEAD TRAUMA	2 (2%)	-
UROLOGICAL (BPH)		8 (8%)	9 (9%)

Conclusions: Proper dementia diagnosis and an organized national dementia database is needed. Primary care intervention to prevent infections and falls could reduce hospital admissions. Finally, several acute hospital visits could be avoided and managed in the community.

VARIABLES	DEMENTIA	COMTROLS
AGE	85 (80-88)	83 (79-86)
SEX		
MALE	37 (37%)	37 (37%)
FEMALE	63 (63%)	63 (63%)
CARERER		
NO DATA	7 (7%)	58 (58%)
FORMAL	19 (19%)	-
INFORMAL	61 (61%)	9 (9%)
NO	13 (13%)	33 (33%)
PLACE		
NO DATA	15 (15%)	12 (12%)
IOANNINA	73 (73%)	75 (75%)
OUTSKIRTS	12 (12%)	13 (13%)
COMORBIDITIES	2 (2-3)	2 (2-3)
OUTCOME		
ADMISSION	27 (27%)	45 (45%)
DISCHARGE	73 (73%)	55 (55%)
HOSPITALIZATION DURATION	6 (4-9)	5 (3-8)
DEMENTIA DIAGNOSIS		
NO DATA	22 (22%)	-
MEDICATIONS (MEDS)	57 (57%)	-
DOCTOR/MEDS	15 (15%)	-
DOCTOR	6 (6%)	-

CAUSE (MOST COMMON)	DEMENT IA (n = 100,%)	CONTRO LS (n = 100,%)
FEVER	31 (31%)	13 (13%)
FALL	14 (14%)	3 (3%)
GENERAL DETERIORAT ION	13 (13%)	7 (7%)
REDUSED LEVEL OF CONCIOUSN ESS	7 (7%)	7 (7%)
NEUROLOGI CAL- OTHER	7 (7%)	12 (12%)
GASTRINTES TINAL (GI)	6 (6%)	16 (16%)
GI BLEEDING	6 (6%)	4 (4%)
DYSPNEA	4 (4%)	10 (10%)
DIZINESS	4 (4%)	9 (9%)
ANAEMIA	4 (4%)	2 (2%)

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