

# Admission to a Portuguese psychiatry ward

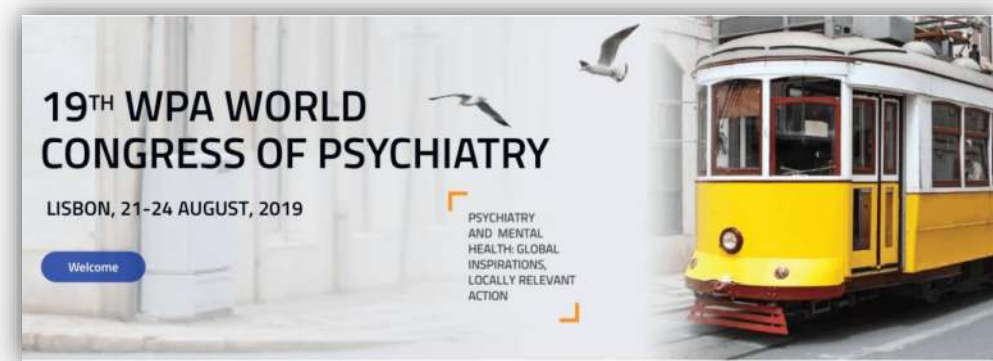
## A five years descriptive study

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### Background

- Mental disorders are among the most prevalent and impairing of chronic diseases. Aging is associated with chronic psychiatric disorders and decreased quality of life due to psychiatric morbidity. As the age pyramid is shaped by a dominant ageing tendency, the epidemiological profile of mental disorders and inpatient admission patterns might be changed. WHO anticipates unprecedented challenges on health services providing care to older individuals.
- Portugal has one of the greatest aging indexes and one of the highest prevalence of psychiatric illness in Europe. It is crucial to understand the impact of ageing in the population of patients admitted to acute psychiatry care and prepare for upcoming population needs. This study aimed to describe a cohort of inpatients admitted to a Portuguese acute psychiatry ward and evaluate epidemiological and clinical trends within a 5 years period.

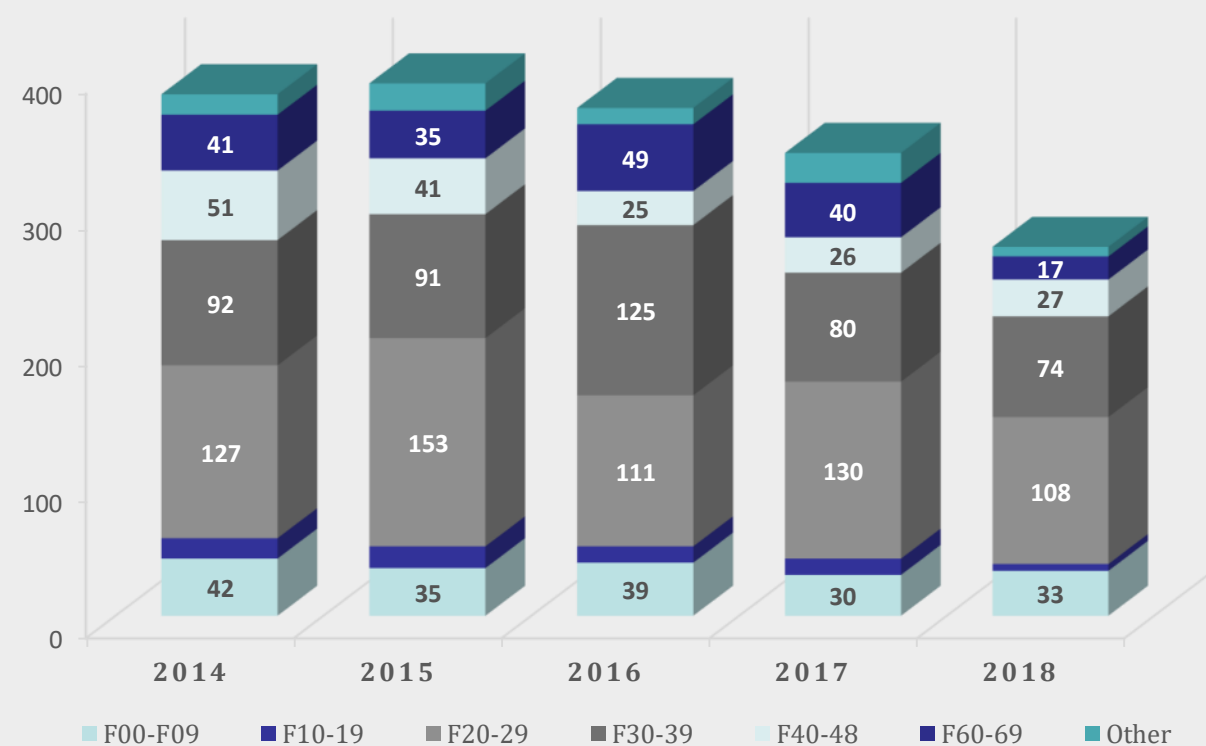
### Material and Methods

- A retrospective and observational study was carried, reviewing patients' cards and medical notes. All the patients admitted to the CHVNG/E acute psychiatry ward between January 2014 and December 2018 were included. Descriptive statistics and nonparametric tests were used for the statistical analysis. Total number may vary because of missing data. CHVNG/E is a general hospital facility with a 28-bed acute psychiatric inpatient ward and is responsible for providing care for about 334.000 inhabitants. In 2011 Portugal had a 9.41 rate of psychiatric beds in general hospitals per 100.000 population.

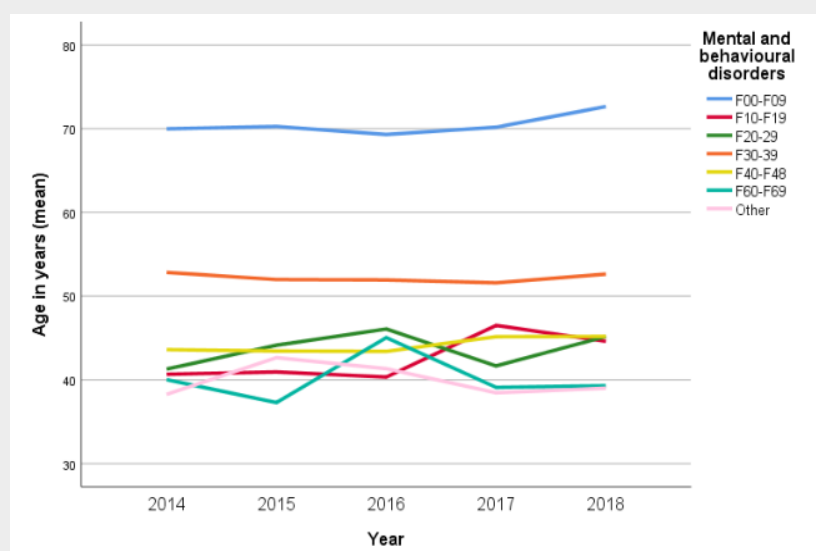
### Results

- There were a total of **1899 admissions** within the studied period of five years. A **progressive reduction** in the total number of admission was noted.
- Patients were mostly **female** (54%, n=1027) and had around **48 years**. 38% (n=727) were **single** and 33% (n=617) were **unemployed**. Most were admitted after psychiatric emergency evaluation. A third were in compulsory admission (29%, n=541).
- On average patients were admitted for a period of **3 weeks (mean 22 days)**. There seems to be an increasing trend in number of inpatient days across the years or by diagnosis, except for mood disorders.
- **Schizophrenia, schizotypal, delusional and other psychotic disorders [F20-29]** was the most prevalent diagnostic category, followed by mood [affective] disorders [F30-39]. Both were associated with previous psychiatric admissions.

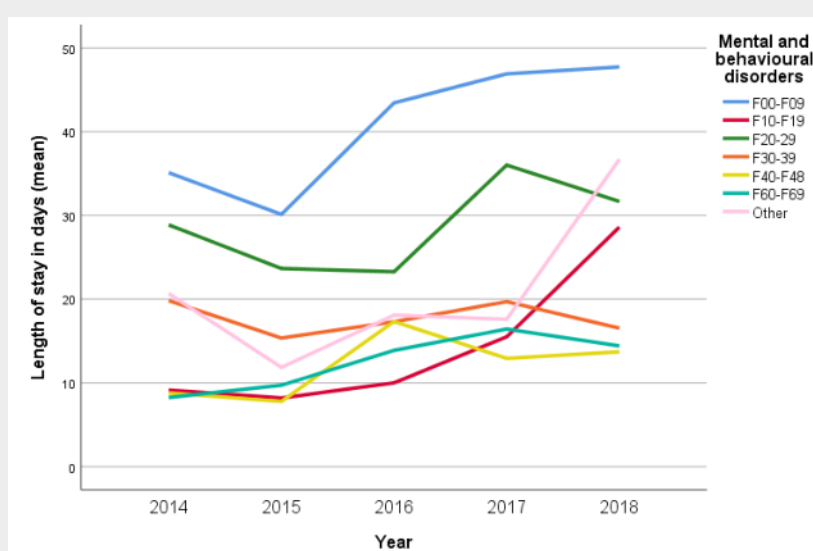
1. Distribution of primary major psychiatric diagnostic categories at discharge from CHVNG/E acute psychiatry care from 2014 to 2018



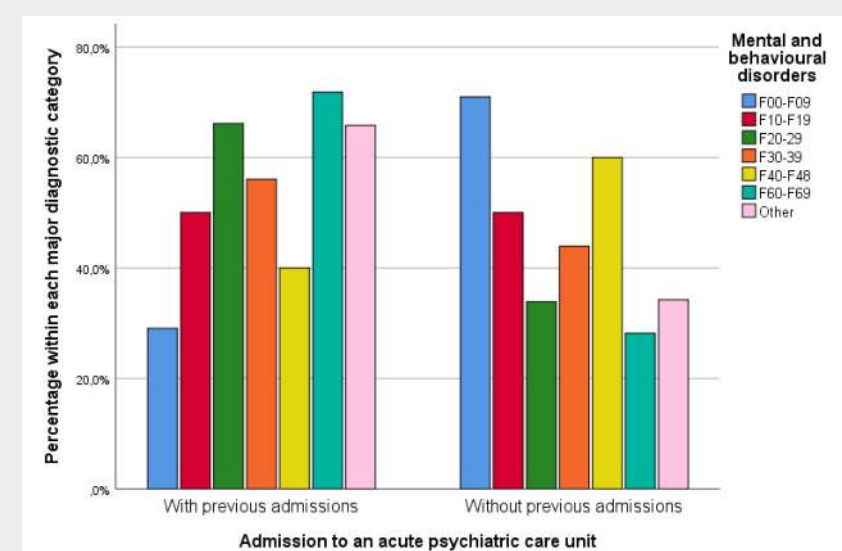
2. Age distribution by major psychiatric diagnostic category



3. Length of stay by major psychiatric diagnostic category



4. Previous psychiatric inpatient admissions



### Discussion and conclusions

A decreasing trend on overall acute psychiatric admissions was noted, as well as by each major psychiatric diagnostic category. In our sample [F20-F29] was the most prevalent diagnostic category and [F00-F09] was responsible for higher inpatient days.

Inpatient care reduction is supported by international recommendations for mental health care. However, this reduction trend might reflect good outpatient care with better continuity of care in the community, a constriction of mental health services, difficulties at discharge because of less beds in housing institutions, or accompany a less likely reduction of general population. Although a similar trend is found in other European countries, the true reasons should be further explored in future studies. It is crucial to understand epidemiological trends in order to design and implement dedicated measures targeted at the population we serve and their mental health needs.