Admission of people with dementia to an acute psychiatry care

A five years portuguese study

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Background

- Dementia is characterized by a progressive impairment in cognitive functions [1,2] with age being a leading risk factor [3]. Patients with dementia are most frequently admitted to acute psychiatric care for psychological or disabling behavioral disturbances [3]. Their hospital admission is related to greater lengths of stay, autonomy decline, medical complications and difficulties at discharge to community services and families [1,3].
- Portugal has one of the greatest aging indexes in Europe. WHO anticipates that dementia will place unprecedented demands and challenges on health care services providing care to those patients. So this study aimed to describe a cohort of inpatients with dementia admitted to acute psychiatric care during a period of five years.

Material and Methods

- A retrospective and observational study was carried. We revised sociodemographic and clinical data of patients admitted to the psychiatric inpatient unit of the Vila Nova de Gaia/Espinho Hospital Center (CHVNG/E) between January 2014 and December 2018. The analysis included all episodes of hospitalization which primary or secondary diagnosis was “dementia” (Table 1).

Results

- Dementia diagnosis was attributed in **9% of episodes** during the studied period (n = 163), representing **30-40 admissions per year** at CHVNG/E psychiatry ward.
- Most patients were female (59%, n = 89) with a median of 74 years old. **About a quarter of patients lived alone prior to hospital admission** (22%, n = 36).
- Prior to admission 42% (n=43) already had a dementia diagnosis. In the other hand, **about half didn't have previous follow-up at psychiatric consultations** (49%, n = 80) or previous admissions to a psychiatry ward (65%, n = 105).
- **Psychomotor agitation, aggressive behavior and psychotic symptomatology**, often as paranoid delusion, were the main reasons for psychiatric admission. About a quarter of the episodes corresponded to compulsory hospitalizations (23%, n = 36). Most common diagnosis at medical discharge was “F03 – Unspecified dementia” (n=98).
- A diagnosis of **dementia was associated with an increased length of stay** (median 23 days) (Table 3). After medical discharge patients **returned home (34%, n = 55)** or were **admitted to a nursing home (32%, n = 52)**. They had a psychiatry consultation follow-up (58%, n = 91) within one month and 11 patients died within 12 months after discharge.

Discussion and conclusion

Patients with dementia represent a tenth of all admissions at CHVNG/E acute psychiatric care (total of 28 beds) and the number of admissions seems stabilized. Like in other studies most admission were associated with behavioral disturbances, but almost didn't have a follow-up at psychiatry consultations. An effort should be made to categorize and grade dementia as well as systematically assess functional ability (not in records).

Similarly to other studies, in our sample a great proportion of patients returned home with their families (25% in Matsubara 2012) or were institutionalized (35% in Timmons *et al* 2016). It is of note that a quarter of patients lived alone, which might have contributed to more compulsory treatments (36% alone vs. 19%) and difficulties at discharge with increased transfers to nursing homes (61% alone vs. 23%) and length of stay (median 33 days vs. 21,5). With data from real clinical contexts we can obtain a baseline picture of the quality of care provided and improve policies and care practices in order to meet the complex needs of dementia patients.

Table 1. Dementia diagnoses in ICD-10

Code	Description
F00	Dementia in Alzheimer disease
F01	Vascular dementia
F02	Dementia in other diseases classified elsewhere
F03	Unspecified dementia
F05.1	Delirium superimposed on dementia

International classification of diseases, tenth edition. WHO, 1994

Graphic 1. Reasons for hospitalization

Table 2. Age distribution

Age group	n	%
[45, 55[	1	1%
[55, 65[	25	15%
[65, 75[	59	36%
[75,85[	65	40%
[85, +[	13	8%
Total	163	100%

Table 3. Length of stay

	Dementia	Other diagnoses
N	163	1736
Mean (days)	43,2	20,4
SD (days)	52,9	29,1
Median (days)	23	14
Min (days)	3	0
Max (days)	285	413

Sources [1] TIMMONS, S. *et al*. “Acute hospital dementia care: results from a national audit” BMC Geriatrics (2016) 16:113 [2] PASSOS, J. *et al*, “The needs of older people with mental health problems in a Portuguese psychiatric setting” International Psychogeriatrics (2017) 1-9 [3] TAKACS, R. *et al* “Reasons for acute psychiatric admission of patients with dementia” Neuropsychopharmacologia hungarica (2015) 3:141-145 [4] MATSUBARA, S. “The function of psychiatric hospitals in the treatment of dementia” Psychogeriatrics (2012) 12:127-130 [5] ADACHI, S., *et al* “Factors for inhibition of early discharge from the psychiatric emergency ward for elderly patients” Environmental Health and Preventive Medicine (2018) 23:48 [6] MORIKAWA, T., *et al* “Admission of people with dementia to psychiatric hospitals in Japan: factors that can shorten their hospitalizations” Psychogeriatrics (2017) 1-7