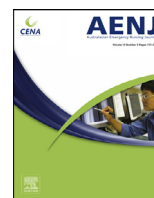




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Research paper

# Emergency department presentations by older people for mental health or drug and alcohol conditions: A multicentre retrospective audit

Margaret Fry<sup>a,b,\*</sup>, Steve Kay<sup>c</sup>, Rosalind M. Elliott<sup>a,b</sup>

<sup>a</sup> Research and Practice Development, Northern Sydney Local Health District, St. Leonards, NSW, 2065, Australia

<sup>b</sup> University of Technology Sydney, PO Box 123, Broadway, NSW, 2007, Australia

<sup>c</sup> Specialist Mental Health for Older People, Northern Sydney Local Health District, St. Leonards, NSW, 2065, Australia

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### ABSTRACT

**Purpose:** Emergency department presentations by older people associated with mental health and drug and alcohol related conditions are increasing. However, the characteristics of presentations by older people in Australia are largely unknown. The aim of this research was to explore the characteristics of older people presenting with mental health and drug and alcohol conditions.

**Procedures:** We used a retrospective electronic medical record audit to explore all emergency department presentations by older people 65 years and over for mental health and drug and alcohol related conditions over a 12 month period. Data were described using descriptive statistics.

**Findings:** There were 40,093 presentations; 2% (n = 900) were related to mental health or drug and alcohol related conditions. Presentations were mainly associated with primary mental or medical symptoms. The majority were female (n = 471; 53%). Predominate conditions were cognitive impairment (n = 234; 26%) and affective disorders (n = 233; 26.0%). Sixty-three percent of patients were admitted to a hospital ward. Over the study period 106 patients (242 episodes of care) represented.

**Principle conclusions:** Given the ageing population and increasing prevalence for mental health and drug and alcohol conditions, strategies are required to better recognise these conditions to reduce the burden on the health care system and improve health for older people.

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### Introduction

Globally, older people are presenting to Emergency Departments (EDs) more frequently with chronic mental health and/or drug and alcohol conditions [1]. People are living longer as a result of improved access to healthcare, proactive population health strategies and advances in medication to control systemic illness [2]. Therefore, there has been an increase in chronic mental health and/or drug and alcohol conditions resulting in complex ED presentations that often require multidisciplinary management [3–5].

Australian EDs manage 7.2 million presentations every year and 1.4 million of these are people aged 65 years or older [6]. Generally, older people are less vocal about seeking assistance and often there is a greater focus in acute care settings, such as the

ED, on their physical health [7]. Further, older people experience bio-psychosocial changes, which may also affect how they present with mental health and or drug and alcohol conditions [8,9].

Bio-psychosocial changes, which place older people at risk of mental health and drug and alcohol conditions, include: social isolation, lack of social role, grief and loss, physical disability and financial stress [8]. Other factors implicated in the rise of mental health conditions in the older person is low resilience and personality vulnerabilities limiting their ability to adapt to the functional decline associated with ageing [10]. A history of mental health problems, in earlier years, has also been associated with increased risk of depression and suicidal behaviour in later years [11]. While older people are often regular users of ED, mental health conditions are frequently undetected due to a focus on physical health despite the fact that an estimated 10–15% of older Australians live with anxiety or depression [12].

Early recognition and management of mental health and/or drug and alcohol conditions may assist to improve quality of life, the quality of care and safety for this vulnerable patient group {de Men-

\* Corresponding author at: Director of Research and Practice Development, Northern Sydney Local Health District, Level 7, Kolling Building, Royal North Shore Hospital, St. Leonards, NSW, 2065, Australia.

E-mail address: [Margaret.Fry@uts.nsw.gov.au](mailto:Margaret.Fry@uts.nsw.gov.au) (M. Fry).

**Table 1**  
Mental health and/or drug and alcohol conditions presentation (categories).

Categories	Definition
Suicide related	Terminology of actual suicide attempt, self-injurious behaviour, suicidal ideation, and suicide.
Affective Disorder	Terminology of anxiety, depression, panic disorder, social phobia, generalized anxiety, flat affect, low mood, grief and loss, and anhedonia.
Chronic mental health condition	Terminology of schizophrenia, Bi polar disorder, psychosis, psychotic depression, delusional disorder, and schizoaffective disorder.
Alcohol related	Terminology of alcohol abuse, misuse, dependence, tolerance, withdrawal, overdose, and intoxication.
Medicines overdose	Terminology of medication misuse, drug abuse, drug overdose, accidental overdose, prescription medication overdose, intentional medication overdose.
Cognitive impairment	Terminology of dementia, Alzheimer's disease, delirium, confusion, disorientation, vascular dementia, lewy body dementia, and Picks disease.
Aggression	Terminology of behavioral disturbance, anger, physical and verbal violence, threatening behaviour and intimidation.

donca Lima, 2013 #447}{Step toe, 2015 #448}. Therefore, the aim of this research was to explore the characteristics and patterns of older people presenting with mental health and/or drug and alcohol conditions in the ED.

## Patients and methods

### Study design

This was a 12 month multi-centre retrospective medical record audit of presentations by older people related to mental health and/or drug and alcohol conditions. The objectives and analyses were decided a priori. Data for all ED presentations were obtained and specific data for people aged 65 years and over was explored.

### Setting

The study was conducted in four hospital EDs: one university tertiary referral hospital (mixed adult and paediatric) and three district Hospitals. The tertiary referral hospital and one of the district hospitals had mental health units attached to the ED. The tertiary referral hospital was an area trauma centre and provided specialist services including treatment for spinal cord and burn injury. The study EDs were overseen by emergency medicine staff specialists and nurse managers and staffed by registrars in emergency medicine, registered nurses (many with post graduate qualifications) and residents in rotation. Usual practices for emergency care in an ED in Australia were used in these study settings that is triage category allocated by a nurse (using the Australasian triage scale) and consultation by a medical doctor.

Hospital patient data were extracted from FirstNet™ [13] the emergency department computer software program. Data were obtained for one calendar year that is 1st January to 31st December 2014. Data retrieved included: patient demographics (age, gender); clinical information (time of arrival to the ED, triage code, doctor 'seen by time', treating doctor, discharge, diagnostic code, number of representations and disposition). The diagnoses were based on the Systematised Nomenclature of Medicine Clinical Terms (SNOWMED-CT© [14]) concept identifier. The SNOWMED-CT© is a common application provided within ED systems to classify diag-

noses. The mental health and drug and alcohol conditions were grouped in categories for the purposes of reporting (Table 1).

### Patients

The focus of this study was older people presenting to emergency departments with complaints related to mental health and/or drug and alcohol conditions. Convenience sampling was used for the medical record audit and inclusion criteria included: all older persons (aged 65 years and over) presenting to the study sites in the 12 month study period.

### Data collection and analysis

Data was analysed using IBM SPSS© Statistics for Windows [15] and Microsoft Office Excel 2010© [16]. Descriptive statistics were used to summarise the data; means/standard deviations and medians/interquartile ranges for continuous data and frequencies/percentages for categorical data.

### Ethical approval

Ethical approval to undertake the study was obtained from the Human Research Ethics Committee of the relevant Local Health Districts (HREC LNR/15/HAWKE/108). As all data were aggregated and not re-identifiable; the potential risk to those involved in the study was considered low.

## Results

The total number of older person presentations for the four EDs was 40,093 (20%). Approximately 40% of patients (n = 17,397) presented to the tertiary referral hospital with the remainder presenting to the three district hospitals. More females (n = 22,017; 55%) than males presented. The mean age was 79.3 (SD 8.7) years and more than half (n = 21,380; 53%) arrived by ambulance.

Of the ED presentations by older people, there were 765 (2%) patients with mental health conditions and drug and alcohol conditions. Less than half were male (n = 429; 47%) with a mean age of 77.7 (SD 8.6) years (Table 2). The 765 patients had 900 episodes of ED care. Of the 900 episodes of ED care, the majority self referred or were referred by family or friends (n = 802, 89%) and were allocated triage category 4 (n = 401; 45%). The most common reason for presenting to ED recorded by the triage nurse related to mental health symptoms (344; 38%); medical symptoms (n = 218; 24%); and cognitive changes (n = 109; 12%) (Table 2). The median time from triage to be seen by a clinician was 15 (0:07–0:32) minutes.

Of the episodes of care (n = 900) presentations related to mental health and drug conditions a primary mental health diagnosis was allocated for 87% (n = 780) of the patients. Cognitive impairment was documented in 26% (n = 234, 26) of all episodes of care. The common mental health diagnoses for older people were affective disorders (n = 233; 26%); chronic mental health conditions (n = 91; 10%) and aggression (n = 86; 9.6%). Alcohol related (n = 120; 13%) conditions or medicines overdose (n = 81; 9%) were more common than suicide related presentations 6% (n = 55). There was no ED documentation of completed suicide for this study cohort. There were more 'suicide' (n = 55; 6%) conditions recorded for males (3%) than (2%) females. Of the mental health presentations, 9% (n = 81) related to medicine misuse (inclusive of medication overdose).

The median length of stay in ED for the 900 episodes of care was 4:30 (03:20–06:47) hours. A large proportion (n = 570; 63%) of patients presenting with mental health and drug and alcohol related conditions were admitted for treatment in an inpatient ward.

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