

# Older Adults with Mental Disorders: What Factors Distinguish Those Who Present to Emergency Departments for Mental Health Reasons from Those Who Do Not?

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**Objective:** To identify among older adults with mental disorders factors associated with those who present to emergency departments (EDs) for mental health reasons versus those who do not. **Methods:** The authors conducted a secondary, cross-sectional analysis of the Medical Expenditure Panel Survey (MEPS), which comprises a representative sample of the U.S. civilian noninstitutionalized population. Of the MEPS participants ages 66 and older on December 31 of the survey years 2000–2005, the analysis sample (2,757) included the 177 persons with at least one mental health ED visit and the 2,580 persons with mental disorders without such a visit. The three categories of the Andersen behavioral model for healthcare services utilization—predisposing, enabling, and need factors—were used as the theoretical framework for the independent variables. **Results:** Logistic regression analysis indicated that four need factors (adjustment disorder [OR: 3.42], psychosis [OR: 2.68], fair perceived physical health status [OR: 2.24], and anxiety disorder [OR: 1.85]) and two predisposing characteristics (widowed and living alone [OR: 1.68] and female [OR: 1.56]) were significantly associated with older adults with mental disorders who present to an ED for mental health reasons. Good perceived mental health status (OR: 0.55) was protective against presenting to an ED. **Conclusion:** EDs that serve populations with higher proportions of older persons that are women, widowed and living alone, with adjustment disorder, psychosis, anxiety disorders, or fair perceived physical health should expect to have a greater likelihood of older persons visiting the ED for mental health reasons. (Am J Geriatr Psychiatry 2015; ■:■–■)

**Key Words:** Emergency department, adjustment disorders, psychosis, anxiety disorders

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## INTRODUCTION

The mental health needs of older persons continue to receive too little consideration even though healthcare and sociodemographic trends will exacerbate the current insufficient management and organization of psychiatric emergency care for older adults.<sup>1</sup> The factors associated with mental health-related emergency department (ED) visits have not been clearly described, and the reasons for these visits are not well understood. Examination of these factors is needed for the provision and development of interventions for geriatric populations.

Mental disorders currently afflict approximately 20% of U.S. older adults,<sup>1,2</sup> including 15% with clinically relevant depressive symptoms,<sup>3</sup> 3%–11% with dementia including Alzheimer disease,<sup>4–6</sup> 2%–4% with alcohol abuse or dependence,<sup>7</sup> and 0.6% with schizophrenia.<sup>4</sup> There will be a remarkably large increase in the number of older adults with mental health conditions in the future<sup>1,8,9</sup> due to the doubling of the U.S. elderly population between 2003 and 2030<sup>10</sup> and a projected increase of at least 10% in the prevalence rate of older adults with mental health disorders by 2030.<sup>1</sup>

Presently, the elderly population is underrepresented in terms of psychiatric care use, with older persons accounting for only 9% of private mental healthcare, 7% of inpatient psychiatric services, and 6% of community-based mental health services.<sup>11</sup> In terms of ED visits, however, the elderly have greater rates than younger adults, and these visits are increasingly more likely to be mental health-related.<sup>12–14</sup> People 70 years and older increased their rate of mental health-related ED visits by 55.3% between 1992 and 2001, from 20.6 per 1,000 population to 32.0, a greater increase than for younger age groups.<sup>13</sup> As a larger proportion and greater numbers of older adults in need of mental healthcare<sup>13–15</sup> present to EDs, the latter will face an expanded burden of care along with the already increasing patient volumes of recent years for all ages.<sup>16–18</sup>

Previous studies have examined characteristics of elderly patients who are more likely to seek emergency care for mental health concerns. Greater medical comorbidity, older age, less education, and residing alone have been linked to greater elderly

ED use.<sup>19</sup> Not being married and having poor social support have been reported to relate to high utilization of ED mental healthcare.<sup>18</sup> Substance abuse and misuse also contributes to psychiatric emergency care by older adults. Examining patients that presented to psychiatric emergency services, Woo and Chen<sup>20</sup> found that about one-fourth (26.7%) of patients age 65 years and older had indications of substance misuse. However, their study sample of 90 patients was limited to involuntary patients. Merrick et al.<sup>21</sup> analyzed a sample of Medicare beneficiaries and found 6.7% of people age 65 and older had an ED visit with a serious primary psychiatric diagnosis. The authors reported rates for schizophrenia (8.6%), other affective psychoses primarily bipolar disorder (8.0%), other psychoses (7.1%), and major depression (5.4%). Their analyses, however, did not include anxiety or adjustment disorders, account for dementia, or control for age, health status, or race/ethnicity. To the best of our knowledge, no study has compared a nationally representative sample of older adults that have used ED services for a primary mental health complaint with older adults who have not done so. The current study adds to the literature by using a recognized healthcare utilization model to characterize and explain the factors related to older adult use of hospital ED mental healthcare.

The Andersen behavioral model<sup>22,23</sup> is frequently used to explore health service utilization<sup>24</sup> and was used as the guiding framework for this study of ED use. The model posits that health service use is a function of three groups of factors: characteristics (demographic, social, health beliefs) that predispose patients to use services (predisposing factors), variables (income, health insurance) that account for the resources that enable or hinder such use (enabling factors), and health status factors that indicate the need for such care (need factors). The present study investigated predisposing, enabling, and need characteristics of persons ages 66 years and older (by the end of the panel year), analyzing data from a national healthcare use and expenditure survey. We assessed the association between selected variables and any ED mental health services use to examine the research question, What factors differentiate older adults who visited from those who did not visit an ED for mental disorders?

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