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## Demographic and clinical characteristics among Turkish homeless patients presenting to the emergency department

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## ABSTRACT

**Objective:** Since the homeless are at greater risk of encountering health problems than the general population, the reasons for and incidence of their presentations to emergency departments also vary. The purpose of this study was to determine the sociodemographic and clinical characteristics of Turkish homeless patients who brought to the emergency department by ambulance.

**Materials and methods:** The records of homeless adult patients brought to the ED by 112 emergency service ambulance teams over a 1-year period from January to December, 2014, were examined retrospectively.

**Results:** Thirty-six (21.56%) of the homeless patients enrolled in the study presented due to trauma, and 131 (78.44%) due to non-traumatic causes. One hundred thirty-seven (82.04%) of the total patient group were male.

The mean age of the non-trauma patients was  $47.3 \pm 15.2$  years (range, 18–81 years), and the mean age of the trauma patients was  $36.9 \pm 14.4$  years (range, 18–63 years). The most common reason for presentation among patients presenting to the emergency department for non-trauma reasons was clouded consciousness ( $n = 39$ , 23.35%), followed by general impaired condition ( $n = 26$ , 15.57%), respiratory difficulty ( $n = 25$ , 14.97%) and abdominal pain ( $n = 21$ , 12.57%). The most common reason for presentation among trauma cases was traffic accidents ( $n = 13$ , 7.78%), followed by sharp implement injury ( $n = 9$ , 5.39%). Four (2.4%) homeless patients died in the emergency department, three (1.8%) homeless patients discharged from the emergency department, and the remaining 160 (95.8%) were admitted to the hospital.

**Conclusion:** Homeless patients may present to the emergency department due to traumatic or non-traumatic causes. Admission levels are high among these patients, who may have many acute and chronic problems, and appropriate precautions must be taken in the management of these subjects in the emergency department.

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## 1. Introduction

The homeless are people with no fixed and regular abodes, who live on the streets, in tunnels or under bridges. The numbers of

homeless in large cities in Turkey have been increasing recently, and the homeless represent a large part of presentations to the emergency department. Homelessness occurs for reasons such as rapid population growth, migration, distorted urbanization, lack of accommodation, unemployment, lack of social security, low incomes, lack of sufficient access to health services, insufficient and imbalanced nutrition and substance dependence. The number of homeless people in Turkey is not known exactly, but there are approximately 760,000 homeless people in America.<sup>1</sup> Since homeless people have a greater risk of suffering health problems compared to the general population, the reasons for and incidences

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of presentations to the emergency department also vary. The homeless experience severe health problems for reasons such as living in unhygienic conditions where protection from weather conditions is difficult, insufficient and incorrect nutrition, lack of sleep, substance use and high-risk sexual behavior. Homeless people, who have to live in unprotected and unsafe environments, are at considerable risk of violence and violence-related disability and death.<sup>2</sup>

The purpose of this study was to determine the sociodemographic and clinical characteristics of the homeless in Istanbul, the city with the largest population in Turkey, by identifying the reasons for their presentations to the emergency department. The medical problems of homeless patients and points deserving of attention in the attitude of emergency physicians to these patients were therefore examined by assessing their demographic and clinical characteristics.

## 2. Materials and Methods

### 2.1. Study design and setting

This study was performed following receipt of ethical committee approval by retrospectively examining the records of homeless adult patients brought to the xxx Training and Research Hospital by 112 emergency service ambulance teams over a 1-year period from January to December, 2014.

Our hospital is a tertiary health institution based on Turkish national conditions and existing criteria, and our emergency department serves an average of 200,000 patients annually.

### 2.2. Participants

Data concerning the sex and age of patients, reasons for presentation, laboratory and radiological tests at time of presentation, electrocardiography findings, consultations and final medical conditions were obtained from emergency department records. Patients identified as homeless by the social services department, with no fixed abode or staying in cheap hostels or dormitories and aged over 18 were included in the study. Subjects with fixed abodes, homeless patients forced to migrate to Turkey and patients aged under 18 were excluded.

The records of 380 patients were examined, and 167 patients brought to our emergency department during the one-year study period and whose archive records were perfectly maintained were finally enrolled.

### 2.3. Statistical analysis

The study data were analyzed on SPSS 15.0 (Statistical Package for the Social Sciences) software. Data were expressed as mean  $\pm$  standard deviation, median or %. The chi square test was used to compare categoric variables at statistical analysis, and the Mann-Whitney *U* test for constant variables.

## 3. Results

Thirty-six (21.56%) of the homeless patients enrolled in the study presented due to trauma, and 131 (78.44%) due to non-traumatic causes. One hundred thirty-seven (82.04%) of the total patient group were male and 30 (17.96%) female. One hundred six of the non-trauma patients were male and 25 female, while 31 of the trauma cases were male and five were female. No significant differences were observed between homeless patients with trauma and the non-trauma group in terms of gender ( $P = 0.472$ ).

The mean  $\pm$  standard deviation (SD) age of the non-trauma

patients was  $47.3 \pm 15.2$  years (range, 18–81 years), and the mean SD age of the trauma patients was  $36.9 \pm 14.4$  years (range, 18–63 years). A significant difference was observed between homeless patients with trauma and the non-trauma groups in terms of age ( $P = 0.001$ ). Age and gender distributions of homeless patients with trauma or non-trauma presenting to the emergency department are summarized in Table 1.

The most common hour of presentation to our emergency department was 23:00–23:59 ( $n = 17$ , 10.18%). No patients presented at 07:00–07:59 (Fig. 1). The most common times of presentation of patients with traumatic causes were 23:00–23:59 ( $n = 5$ , 13.89%). No homeless patients presented due to trauma during the 4-h period between 05:00 and 09:00. There was no statistically significant difference between times of presentation to the emergency department of patients with traumatic and non-traumatic causes.

The most common month for presentations in homeless patients with no trauma was May ( $n = 17$ , 10.18%), followed by March ( $n = 14$ , 8.38%) and January, April and November ( $n = 13$ , 7.78%, each). The lowest number of presentations was observed in September. The most common month for presentations among homeless patients with trauma was July ( $n = 9$ , 25%), followed by August ( $n = 7$ , 19.4%) and June ( $n = 6$ , 16.7%). There were no presentations in March or October. The lowest number of presentations was in September. Distribution of homeless patients with trauma by months is given in Fig. 2.

The most common reason for presentation among patients presenting to the emergency department for non-trauma reasons was clouded consciousness ( $n = 39$ , 23.35%), followed by general impaired condition ( $n = 26$ , 15.57%), respiratory difficulty ( $n = 25$ , 14.97%) and abdominal pain ( $n = 21$ , 12.57%). The least common reason for presentation was headache. The most common reason for presentation among trauma cases was traffic accidents ( $n = 13$ , 7.78%), followed by sharp implement injury ( $n = 9$ , 5.39%) (Table 2).

A normal sinus rhythm was the most common finding at electrocardiogram among patients presenting for non-traumatic reasons ( $n = 63$ , 37.72%), while the least common findings were bifascicular block and ventricular tachycardia ( $n = 2$ , 1.2%) (Table 3).

Anemia was determined in 36 (21.6%) of all patients, in 28 (21.4%) homeless patients presenting due to non-traumatic causes and in eight (22.2%) of those presenting due to trauma. Of the patients in whom anemia was determined, four (2.44%) had gastrointestinal (GI) hemorrhage and two (1.2%) were trauma patients in hypovolemic shock. Leukocyte values were above normal ranges in 76 (45.5%) patients. Fifteen (8.98%) of these 76 patients were trauma cases. A low platelet value accompanied by bicytopenia was present in five (2.99%) non-trauma patients. Platelet elevation was present in 36 (26.83%) patients, seven (4.88%) of whom were trauma cases. Low platelet values were determined in 13 patients, including two (1.2%) trauma patients. Of these cases, low Hb was determined in three patients and low leukocyte values with

**Table 1**

Age and gender distribution of homeless patients presenting to the emergency department.

	Homeless Patients Presenting to the Emergency Department			
	Non-Trauma Patients		Trauma Patients	
	n (%)	age	n	age
Male	106 (80.9)	48.3 $\pm$ 15.3	31 (86.1)	37.3 $\pm$ 15.0
Female	25 (19.1)	43.2 $\pm$ 14.3	5 (13.9)	34.4 $\pm$ 10.7
Total	167 (100)	47.3 $\pm$ 15.2	36 (100)	36.9 $\pm$ 14.4

Data are presented as means  $\pm$  standard deviation or  $n =$  numbers of patients (percentages in parentheses).

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