



ORIGINAL ARTICLE

Association of antidepressant treatment with emergency admission to medical units for patients 65 years or older[☆]



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KEYWORDS

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Abstract

Introduction: There is increasing evidence relating the presence of depression in seniors and the risk of hospital admission in medical departments from the Emergency Services.

Objective: To determine the impact of antidepressant treatment (ATD) as a protective factor for emergency hospitalisation in older people.

Method: All patients aged 65 and over who required urgent attention for medical reasons at the Emergency Department of the *Corporació Sanitària i Universitària Parc Taulí* (Sabadell, Barcelona, Spain) for the period between January and October 2012 were included in the study. Sociodemographic variables, alcohol and tobacco use, medical history and psychopharmacological treatment were obtained. The necessary sample size was calculated and a simple randomisation was performed. Subsequently, a descriptive statistical analysis and parametric tests were conducted.

Results: A total of 674 patients (53% women) were evaluated, with a mean age of 78.45 years, and 27.6% of the cases (71% women) were receiving ATD. Among the 333 admitted patients (50%), 83 individuals (24.6%) had previously received ATD; this contrasts with the 103 cases (30.6%) of prior ATD treatment among the patients who were not admitted. After comparative analysis, the relationship between previous use of ATD and being admitted to hospital was not

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PALABRAS CLAVE

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statistically significant in our global sample. This relationship was only statistically significant among the group aged 75 and over (neg. sig. 0.012).

Conclusions: In our study, ATD was associated with a decreased risk of hospital admission for urgent medical conditions in people aged 75 and over. Treating depression may protect the elderly against admission to the Emergency department and may potentially be a quality criterion in preventing complications in this population.

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Tratamiento antidepresivo y asociación con el ingreso urgente en unidades médicas en pacientes de 65 años o mayores
Resumen

Introducción: Existe una creciente evidencia acerca de la interrelación entre presencia de depresión en la tercera edad y riesgo de ingreso hospitalario médico.

Objetivo: Determinar el impacto del tratamiento antidepresivo (ATD) como factor protector de ingreso hospitalario desde Urgencias en personas mayores.

Método: Se incluyó a personas de 65 años o mayores que acudieron por cualquier motivo a Urgencias de la Corporació Sanitària i Universitària Parc Taulí de Sabadell (Barcelona) entre enero y octubre del 2012. Se obtuvieron datos sociodemográficos básicos, consumo de alcohol y tabaco, antecedentes y tratamiento actual. Se realizó el cálculo de tamaño muestral y una aleatorización simple. Posteriormente se realizó un análisis estadístico descriptivo y pruebas paramétricas.

Resultados: Se evaluó a 674 pacientes (53% mujeres), con una edad media de 78,45 años. Un 27,6% de los casos (71% mujeres) recibían tratamiento antidepresivo. Del total de 337 pacientes ingresados (50%), 83 individuos (24,6%) utilizaban previamente ATD, mientras que entre los no ingresados, utilizaban ATD el 30,6%. Tras el análisis comparativo, se objetivó una relación significativa negativa entre recibir ATD y riesgo de ingreso solo en aquellos pacientes de 75 años o mayores (sig. 0,012).

Conclusiones: En nuestro estudio, el tratamiento antidepresivo se relaciona con una disminución del riesgo de ingreso hospitalario urgente por enfermedad médica en personas de 75 años o mayores. El tratamiento de la depresión en personas mayores podría tener efecto protector general frente a la severidad de las enfermedades atendidas en Urgencias en nuestra población y puede suponer un criterio de calidad en orden a prevenir complicaciones.

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Introduction

Depression is a highly common disease among the elderly. Up to 60% of the patients admitted to a general hospital have or will have a mental health problem, including dementia, delirium or depression.¹

At the same time, medical emergencies are now the first point of contact with the health care system for many patients with medical as well as psychiatric diseases.² Chronic diseases (especially heart, respiratory or endocrinological diseases such as diabetes) and their high levels of comorbidity, including cognitive deterioration, depression and other disabilities, are significant predictors of visits to the A&E unit for elderly adults.³ Up to 2/3 of the elderly patients admitted to the A&E ward of a general hospital suffer depression or pre-existing cognitive deterioration and, in these cases, the results of their hospitalisation are poorer in terms of their survival, the duration of their admission and destination when discharged.⁴

To discover the real size of the problem of depression among the elderly in our European population, in 1995 the EURODEP consortium published a European scale multicentre study on the frequency of depressive disorders in older people. At that time 12% of the elderly (65 years old or older) European population were assigned a diagnosis of depression. The corresponding figure in Spain was slightly lower (10.7%).⁵ Given the methodological complexity that is required to estimate the incidence of depression, few studies attempt this, although it may stand at around 12% per year.⁶

The appearance of depression in elderly individuals with chronic diseases may lead to an increase in the number of visits to the A&E Unit, although chronic diseases are also in turn a factor that favours the appearance of depression. An increase in the severity of a disease may lead to an increase in the symptoms of depression and, if the latter is not treated correctly, they may exacerbate the physical symptoms. Due to the symptoms of their disease depressed

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