



Research Paper

Geriatric psychiatry in Austria: Current status and new perspectives



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ABSTRACT

In Austria, geriatric psychiatry is referred to as geriatric psychiatry or psychiatry of old age. It is recognized as a subspecialty of psychiatry focusing on the study, prevention, and treatment of mental disorders in humans with old age. The age limits vary between 60 and 65 years. In this review, we report the current status of geriatric psychiatry based on data sources published by government agencies or public health bodies, as well as telephone surveys of respective institutions or specific questionnaires. Overall, in Austria there is only one department for geriatric psychiatry. Several psychogeriatric units are located in Departments of Psychiatry. So far, no board certification has been established for geriatric psychiatry. An education on geriatrics for physicians in internal medicine, neurology, physical medicine and general rehabilitation or psychiatrist also includes courses for geriatric psychiatry. Patients suffering from various types of dementia constitute the largest group of psychogeriatric patients. Patients with dementia, however, are also treated by neurologists or general practitioners. To further promote education, medical trainings or research in the field of geriatric psychiatry, Austria should strive for close European co-operations, especially with countries with a comparable health system.

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1. Introduction to geriatric psychiatry in Austria

In Austria, geriatric psychiatry is referred to geriatric psychiatry or psychiatry of old age. In general, gerontopsychiatric patients are grouped under the umbrella of psychiatry of old age including psychiatric conditions that predate the ageing process such as schizophrenia or depression or psychiatric disorders with a late onset, as well as the various forms of dementia that can result from the ageing process.

Adults aged 60 and older with severe mental illnesses are a growing segment of the Austrian population as in other European countries (Berr et al., 2005). With the aging of the population, geriatric psychiatry is gaining more importance with a unique set of challenges requiring specific expertise. There is clear evidence that the awareness for geriatric psychiatry is rising as in other neighboring countries (Gutzmann, 2007).

About 40% of Austria's population is living in rural areas as defined by national statistical offices. To our knowledge, for Austria there are no studies investigating differences in the prevalence of

gerontopsychiatric disorders between rural or urban areas. However, a difference between urban and rural health care, usually expressed in terms of health care access and utilization, cost, and geographic distribution of providers and services may also apply for Austria (Hartley, 2004).

In Austria, there has been a growing trend to reduce hospital stay with a mean length of 11 ± 7.6 (standard deviation) days. On the other hand, the period between release and readmission has shortened which causes problems especially for aged patients. Over the last years, mental health institutions have aimed to improve psychiatric care and psychosocial services for healthy and ill elderly patients. Since 10 years, special wards and departments have been established for geriatric patients. The Austrian Federal Institute for Health Care (ÖBIG) mainly dealing with analyzing and planning structures of the health care system and advising federal and local health care providers proposed in 1999, the creation of a network of special units for the treatment of geriatric patients in the acute care sector of the health care system.

Several non-published surveys indicate that residents in psychiatry urge to be trained in geriatric psychiatry during their internship: clinical training in a broad array of settings including outpatient specialty clinics, inpatient units, nursing home settings, palliative care consultation settings or home based services.

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This review intends to describe the current situation of geriatric psychiatry in Austria. As data sources, we used statistics published by government agencies or public health bodies, as well as telephone surveys of respective institutions or specific questionnaires.

1.1. Austria's ageing population

Similar to other European countries, due to an increasing life expectancy the elderly constitute a growing part of the Austrian population. For people older than 60 years the prevalence of dementia doubles approximately every 5 years. Therefore the number of demented people especially will increase considerably within the next few decades. Data provided by the national statistics office can be used in combination with data from epidemiological prevalence studies for estimating the present and future numbers of the elderly with dementia or other mental disorders. In Austria, calculations of the number of prevalent dementia cases were performed about 10 years ago (Wancata et al., 2001). While in 1951 about 35,000 people suffered dementia, in 2000 90,500 had dementia being 2.5 times as many. In these analyses of 2001, about 233,800 people were projected to suffer from dementia in the year 2050 (Wancata et al., 2003) (8.28% of all those older than 60 years, see Fig. 1).

Regarding the question of how many nursing homes and other services for the elderly are needed in the next decades, it seems of interest to see how stable population projections are. Population projections are based on assumptions regarding fertility, mortality and migration. Fertility does not influence such calculations because all people who will reach the age of 60 years until the year 2050 are already born. Migration might play a relevant role if a very large number of persons immigrate to Austria. Thus, mainly the assumptions about mortality and life expectancy are influencing population projections substantially. Some authors had mentioned that most population projections in the past underestimated the life-expectancy (Wancata et al., 2003). Thus, we compared the main variants of the population projections for Austria of the year 1999 and of the year 2011 (Statistik Austria, 2011). This comparison shows that the most recent population projection for the Austrian population older than 60 years yields about 400,000 persons more than the population projection of the year 1999 (Table 1). Of course, this higher number of the elderly will result in markedly more persons with dementia than had been calculated before.

In order to plan health care the relation between people suffering from dementia and the working population is of great interest. The Austrian population is not only aging due to higher life expectancy but also due to lower birth rates. Therefore working-age population will considerably decrease. While in 1951 one person suffering from dementia faced about 120 persons in working-age, according to

Table 1

Population projections of elderly people in Austria for the year 2050 of the Austrian statistics office in the year 1999 and 2011.

Age groups	Projections of the year 1999	Projections of the year 2011
60–64 years	497.172	577.162
65–69 years	482.895	559.846
70–74 years	430.422	502.627
75–79 years	460.804	496.608
80–84 years	460.023	491.201
85–89 years	319.443	373.850
90–94 years	139.173	179.780
95+ years	35.390	46.334
Overall 60+ years	2825.322	3227.408

estimations of the year 2001 this ratio will decrease until 2050 to only 17 (Wancata et al., 2001). Therefore the financial and emotional burden on the working-age population through dementia will distinctly increase.

This highlights the urgency of adequate planning for the future care of people with dementia in Austria, particularly because dementia is known to be the main reason for the need of extensive nursing care (Bickel and Jaeger, 1986). While some 40 years ago, nearly 20% of psychiatric inpatients were suffering from dementia this proportion was reduced to about 5% as a result of changing structures of inpatient care in Austria. The high number of 20% of dementia patients also included secondary dementia, for example lues. Another major reason for this high number may be that dementia was used as an umbrella term at that time to include any organic disease resulting in severe cognitive impairment. Over the last three decades, reforms such as early discharge strategies and deinstitutionalization have been especially relevant for the groups of patients with very chronic diseases. A number of alternative care options such as supported housing and community treatment have been established; therefore long-term care is not provided any more in clinical settings.

A large proportion of patients with dementia who had been treated in psychiatric hospitals in the past nowadays stay in nursing homes (see below) or are treated in medical and surgery hospital wards. Some years ago, the prevalence of psychiatric disorders among patients 60 years and older in medical and surgical wards was examined in several Austrian hospitals (Wancata et al., 2000). The overall prevalence of psychiatric disorders assessed by means of the Clinical Interview Schedule in total was 36.5% (Table 2). Dementia (20.9%) and minor depression (7.0%) were according to DSM-III-R criteria the most frequent psychiatric categories followed by substance abuse disorders (4.5%) and major depression (2.9%).

1.2. Geriatric psychiatry for inpatients

For geriatric psychiatry, 0.07–0.1 hospital beds per 1000 inhabitants have been proposed for Austria. The number of gerontopsychiatric beds is according to this plan considerably lower than in Germany with 0.1–0.5 gerontopsychiatric beds per 1000 inhabitants. However, when comparing psychiatric inpatient care in Austria with that of other countries, it must be considered that only 0.34–0.57 psychiatric hospital beds per 1000 inhabitants are planned for all aged groups of the adult population (Valady, 2011) (Table 3).

In psychiatric hospitals there has been a growing trend to reduce the length of hospital stay. Following admission day, in a public hospital for diagnosis of dementia, the average stay throughout Austria in 2011 amounts to 8 days and the average age to 81 years (ÖBIG Österreichischer Spitalskompass Jahresdaten, 2011).

Psychiatric departments are mostly integrated in general hospitals. These departments range in the number of beds between 20 in the district hospitals to 175 in the formerly exclusively psychiatric

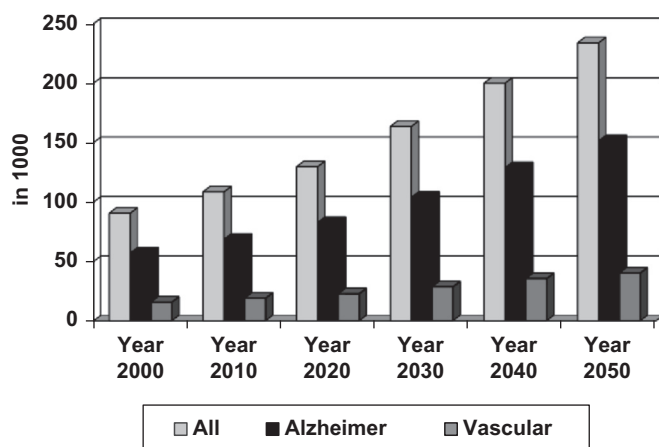


Fig. 1. Number of people suffering from dementia in Austria.

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