

# Characteristics of patients of psychogeriatrics treble unit

Montserrat Perelló Alonso

Alonso MP. Characteristics of patients of psychogeriatrics treble unit. *J Clin Psychiatry Neurosci*. February-2018;1(1):7-8.

**INTRODUCTION:** Mental diseases are prevalent in the general population. When we focus it on people older than 65 years, are added factors such as chronic diseases, functional decline and social isolation.

**METHOD:** A retrospective descriptive study of the patients admitted to the Acute Psychogeriatric Unit of the Sagrat Cor de Martorell Hospital for one year with the aim of identifying the most frequent pathologies.

**RESULTS:** Data were collected from 161 patients, with a mean age of 76 years, 64.5% being women and some level of dependence. The 82.7%

were diagnosed with any chronic disease and 27% consumed some toxic (alcohol or tobacco). There is a high prevalence of mental illness prior to hospital admission.

**CONCLUSION:** Women with pluripathology, dependence for basic activities of daily living and mental illness have a higher risk of admission to a unit of psychogeriatrics. The fragility presented by the elderly at the bio-psycho-social level requires an extra hospital follow-up that guarantees their stability and prevents re-admissions hospitalary.

**Key Words:** Unit of psychogeriatrics; Conduct disorders; Chronic organic pathologies; Psychiatric pathology; Socialization

## INTRODUCTION

Mental disorders can appear at any age but in this case we will focus on those that appear after 65 years. In absolute terms, it is estimated that every year 450 million people in the world will suffer some problem that could be classified as mental or behavioral disorder [1]. These conduct disorders may lead to a disability and a greater dependence on ADL (activities of daily living). In the year 2000, 13% of the disabilities were caused by neuropsychiatric problems and it is estimated that by 2020 it will be 15%.

It is known that social factors directly affect the development of mental illness. Family relationships and health devices determine lifestyles that can modify health states and when these relationships are not adequate may lead to greater dependence on the person [2]. The current lifestyle has changed the traditional family structure: divorces, children of previous couples, homosexuality and unstable labor market. All this together with the increase in life expectancy has led to a greater health demand for behavioral disorders.

The Units of psychogeriatrics have become the place of confluence of chronic organic pathologies, mental pathologies and social problems. The objective of this study is to identify the characteristics of the patients in an acute unit of Psychogeriatrics from the global point of view (bio-psycho-social).

## METHODS

This is a retrospective descriptive study of patients admitted to the Acute Psycho-geriatric Unit of the Sagrat Cor Martorell Hospital.

The sample analyzed (n-161) consists of the patients who came to the emergency department of psychiatry of our hospital and were admitted to the acute unit of psychogeriatrics from June 1, 2016 to May 31, 2017. Patients come from The Baix Llobregat Nord area, both from urban and rural areas.

The variables collected were: demographic (sex and age), autonomy for daily activities (Barthel), chronic diseases, diagnosis of mental illness prior to admission, toxic habits, urinary infection on admission, social problems and hospital readmissions. The revision in total number and percentages was done with the Excel program.

## RESULTS

*Psychogeriatric Unit, Hospital Sagrat Cor Martorell, Barcelona, Spain*

*Correspondence: Montserrat Perello, Psychogeriatric Unit, Hospital Sagrat Cor Martorell, Barcelona, Spain. Telephone +34658809234, e-mail 25433mpa@comb.cat*

*Received: October 27, 2017, Accepted: November 10, 2017, Published: February 05, 2018*

Patients older than 65 years of age who come to the Emergency Department of psychiatry and who are finally admitted to the Psychogeriatric treble Unit are mostly women, presenting a ratio of 64.5% women and 35.5% of men. The average age is 76 years old ranging from 65 to 95 years. Manifested some type of social problem (family support, homelessness or financial resources) 33 of the 161 patients with no significant differences between men and women, although most said that they lacked social life or this was precarious (92%).

With regard to the activities of daily living, autonomy in grooming and washing are the first to deteriorate and more frequently in men. The 55.27% have some type of dependency (60 women and 29 men) although statistically there are no differences between sexes (women 56% and men 55.7%) and 15.5% have a high dependency level, being discreetly more frequent in women 16.8%) than in men (13.4%).

As for toxic habits, 25% of men were smokers compared to 1.8% of women and there was also a higher percentage of alcohol consumption in men (21%). As Table 1 shows, in our Unit of Psychogeriatrics men present a higher rate of consumption of toxicants and, on the other hand, women consume more medication.

**Table 1: Descriptive analysis of the consumption of toxics in total numbers and in percentages distributed by sex.**

Toxic consumption	Age > 65 years			
	Men		Women	
	N	%	N	%
No	28	53.8	102	95.3
Si (Alcohol)	11	21	3	2.8
Si (Tobacco)	13	25	2	1.8

In relation to the most frequent chronic diseases presented by these patients, we classified them into four major groups: cardiovascular diseases, respiratory diseases, diabetes and osteo-articular diseases.

Of the 161 patients, 97 were diagnosed with hypertension 60.2% and 26 with some heart disease (16.1%). As for respiratory diseases (17.3%), the



This open-access article is distributed under the terms of the Creative Commons Attribution Non-Commercial License (CC BY-NC) (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits reuse, distribution and reproduction of the article, provided that the original work is properly cited and the reuse is restricted to noncommercial purposes. For commercial reuse, contact [reprints@pulsus.com](mailto:reprints@pulsus.com)

## Alonso

diagnoses were: 20 patients with COPD and 8 with OSAHS (Obstructive sleep apnea/hypopnea syndrome). 65 of the patients had osteoarticular disease (40%) and 38 were diabetic (23.6%). In all of them, pharmacological adjustment and stabilization of their organic disease were performed to control mental pathology.

Only 28 patients had no diagnosis of a chronic disease (17.3%). At the time of admission, a urinary infection was diagnosed in 55 patients (34.16%).

As for the psychiatric pathology (Table 2), the most frequent diagnoses at discharge were depression (28.7%), followed by dementias (in 19.2% of patients) and also bipolar disorder (16.1%), and psychosis (13.6%). Other less frequent diagnoses were schizophrenia, delusional disorder, personality disorder, and alcohol dependence. Almost 84% had mental illness prior to admission.

**Table 2: Description of diagnoses at discharge with the number of total cases and the percentage they represent.**

Diagnosis to the high	Number of cases	Percentage
Dementias	31	19.20%
Psychosis	22	13.60%
Schizophrenia	11	6.80%
Depression	46	28.70%
Bipolar disorder	26	16.10%
Alcohol dependence	3	1.80%
Delusional disorder	13	8%
Personality disorder	8	4.90%
Obsessive-compulsive disorder	1	0.60%

Should be noted that of the 161 cases only 16 needed re-entry during the same year.

## CONCLUSIONS

As diagnosis of psychiatric illness more prevalent we see depression stands out from the rest. It is the patients who do not already maintain work, with a poor social life, of sedentary characteristics and low income. In addition, the high frequency of one or more chronic diseases that limits their autonomy and mobility forming a profile of social isolation that predispose to the flare-up of the psychiatric pathology and even increased the risk of conduct suicide. The detection of social problems and the implementation of measures of socialization could act as preventive measures against the exacerbation of psychiatric diseases in elderly [3]. The development of social skills as well as cognitive abilities It proved useful in improving the disease process mental, as well an effective method of prevention of flare-ups episodes of the same [4,5].

The second diagnosis more frequent in Psychogeriatrics treble unit were dementias (vascular, Alzheimer's disease, Lewy body dementia) with alterations behavioral resulting in this type of damage. The decrease of mortality as well as the control of chronic diseases has led to an ageing of the population at the same time have appeared age-linked diseases, especially those affecting physical and mental loss. Dementia is illnesses with greater impact clinical-health since they cause incapacitation, death and a great sanitary spending [6]. These patients have any type of dependency that will increase with the progression of the disease, required to be institutionalized by the need of continuous care and control of decompensation (organic and behavioral) [7].

In conclusion we can see that the profile of the patient who enters our Hospital, Psychogeriatrics treble unit tends to be a person of some 76 years, mostly female and with some level of dependence. Frequently presents chronic organic pathology, many medications, not usually consume toxic and has little social life. The discovery of urine infection is one third of revenues. The most frequent diagnoses at medical discharge are depression or some kind of dementia. It is in the majority of cases (83.9%) of a patient with diagnosis of prior mental pathology although readmissions are scarce within the same year thanks to the medical follow-up after medical discharge. In all cases it is necessary a revision of their chronic organic pathology and/or acute, as well as the adjustment of its pharmacological pattern giving a general stabilization to the patient.

Here the nursing homes and community health centers play an important role where general medical control, cognitive stimulation and social life of the elderly can avoid the continuous hospital admissions and referrals to emergency service.

## GRATITUDE

To David Clapés for his participation and assistance in the statistical evaluation.

## CONFLICTS OF INTEREST

None.

## REFERENCES

1. World Health Organization. The world health report 2001: new understanding, new hope, Geneva, World Health Organization. 2001.
2. White paper on active aging. IMSERSO. Ministry of Health, Social Policy and Equality. 2011.
3. Sharma S. Psychosocial rehabilitation of the chronic schizophrenic patient: the role of the family. *Rehab Psisol.* 2004;1(1):34-7.
4. Bellack AS. Skills training for people with severe mental illness. *Psychiatric Rehab J.* 2004;27(4):375-91.
5. Bustillo JR, Lauriello J, Horan WP, et al. The psychosocial treatment of schizophrenia: an update. *Am J Psychiatry.* 2001;158:163-75.
6. Alberca R, Lopez-Pousa S. Alzheimer's disease and other dementias. 4th edition, Editorial panamericana medica. Madrid 2010.
7. Ministry of Labor and Social Affairs, White Paper of the Unit, 2005.