

Poster presentation

Improving psychiatric care of older medical inpatients: development of a special integrated medical-psychiatric unit

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from International Society on Brain and Behaviour: 3rd International Congress on Brain and Behaviour
Thessaloniki, Greece. 28 November – 2 December 2007

Published: 17 April 2008

Annals of General Psychiatry 2008, **7**(Suppl 1):S252 doi:10.1186/1744-859X-7-S1-S252

This abstract is available from: <http://www.annals-general-psychiatry.com/content/7/S1/S252>

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Background

Psychiatric co-morbidity in geriatric patients hospitalized for somatic conditions is associated with an increase in adverse outcomes and a longer length of stay. In order to address this issue, we developed a special 8-bed medical-psychiatric unit in our Geriatrics Hospital

Materials and methods

Admission criteria include the presence of a somatic disorder that requires inpatient care associated with an acute psychiatric disorder. Individuals with significant cognitive impairment or who require involuntary admission to a psychiatric institution are excluded. The geriatric multidisciplinary team is reinforced by two full-time nurses specialized in psychiatric care and a part-time (50%) senior psychiatrist. Medical, psychiatric and geriatric multidisciplinary care is provided. This descriptive study evaluates diagnoses, length of stay and acceptance by patients, family and staff.

Results

35 patients were admitted during the first semester of 2007. Mean (34,2) and median (35) length of stay in days were similar to that of other units. 20 patients returned home, 4 to a nursing home, 5 were transferred to a psychiatric unit and 5 to a long-term care unit. One patient died. Psychiatric diagnoses (ICD-10 criteria) included depressive disorders (20), substance-related disorders (5), per-

sonality disorders (5), bipolar disorders (4) and one post-traumatic syndrome

Conclusions

Initial evaluation indicates that this new unit is well accepted and integrated in our acute care geriatric hospital setting. Early positive outcomes including the fact that the length of stay is comparable to other units are encouraging. However, further evaluation of this model of care is warranted before this approach can be generalised to multiple acute care settings

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