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‘Auspicious Liaisons’ the impact of a Liaison Geriatrician Service on older adults psychiatric wards

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Background: There is an unmet need for providing physical healthcare to older adults who are psychiatric inpatients, despite high levels of comorbidity and mortality. Although liaison services in acute hospitals are now the norm, the reverse is not usually available for patients in mental health trusts. Following the introduction of support from geriatricians to older people’s mental health inpatient wards, we wanted to see if this intervention was effective and acceptable.

Methods: We performed a retrospective cohort evaluation on the impact of a liaison geriatrician, using routinely collected data, and assessed acceptability among medical staff by semi-structured interview.

Intervention: Our service introduced regular sessions from consultant community geriatricians across older adults psychiatric wards including a mixture of video conference and face to face input.

Results: There was no significant decrease in emergency transfers but there was a significant reduction in length of stay with the introduction of a liaison geriatrician. There was a significant increase in geriatrician consultations and a decrease in specialty consultations to other specialists, however, there was no change in discharge prescriptions or destination. Geriatricians gave confidence to psychiatrists of all grades to treat physical health care issues, particularly chronic issues.

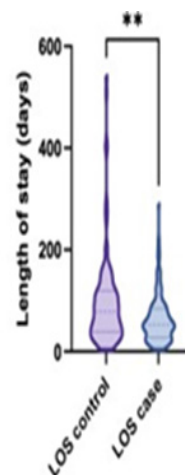
Conclusions: A liaison geriatrician service leads to a reduction in length of stay and an improved continuity of care, although it confers no impact on emergency transfers. The intervention brings extensive benefits to clinicians including confidence in managing complex cases and increased training.

Overview

- There were no significant differences in baseline characteristics between control and intervention groups.
- Reasons for consultation with a geriatrician were predominantly cardiovascular, infection and electrolyte disturbances. The main reasons for emergency transfers were falls followed by suspected infection

In the intervention patients who had geriatrician input

- There was no significant difference in emergency transfers (U = 6384, p = 0.499) which was the primary outcome
- There was a significant increase in geriatrician consultations (U = 5016, p = 0.03, r = 0.21)
- There was a significant decrease in specialty consultations (U = 774.5, p = <0.01, r = -0.26)
- There was a significant reduction in length of stay (median 79 vs 52, U = 4664.6, p=0.02, r = -0.20)
- There was no significant difference in non psychiatry drug changes or change in discharge destination



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Biography

Daniel Zahedi is a Junior Doctor at Addenbrookes Hospital in Cambridge. He is currently studying to become an Academic Neuro-psychiatrist with a particular interest in the health needs of an ageing population.

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