

P41: Valladolid Multicenter Study: Factors related to time to referral and length of hospital stay in old psychiatry patients in seven general hospitals in Spain

Authors: Cristina Pujol Riera, Anna Barnés Andreu, Eduardo Fuster Nacher, M^a Desamparados Perez Lopez, Miguel Alonso Sánchez, Eduardo Delgado Parada, Leira Narvaiza Grau, Monica Prat Galbany, Andrea Santora, Maria Iglesias Gonzalez

Objective: Older patients (≥ 65 yo) admitted to general hospitals have increased in the past years. This resulted in an increase in hospitalization periods, health costs, and morbi-mortality rates in this group of patients. Previous evidence points that the reduced time to referral (TTR) to Consultation-Liaison Psychiatry Units (CLP) leads to a reduced length of stay (LOS) in GH improving long-term prognosis of medical conditions. This study aims to explore whether a prior disability in older patients leads to delay the search for psychiatric help. And to explore whether early referral to CLP is associated with reduced LOS in general hospitals.

Methodology: This is an observational, cross-sectional, multicentre study. We obtained a complete data set from a sample of 152 patients (≥ 65 years old) admitted to 7 general hospitals in Spain referred to CLP unit for 1,5 months.

Results: Mean age of the sample was 76.3 (± 6.4). TTR was 14.5 (± 18.0) days. LOS was 26.7 (± 22.4) days, and length of stay after consultation was 12.3 (± 10.3) days. Barthel Index before admission was 87.3 (± 18.0) and Lawton&Brody Index before admission was 5.3 (2.7). We found a significant positive association of Barthel Index ($r=0.17$, $p=0.042$) and Lawton&Brody Index ($r=0.20$, $p=0.014$) before admission with TTR, which indicates that patients with a worse clinical status were attended earlier. Similarly, antecedents of both falling episodes ($r=-0.2$, $p=0.013$) and walking difficulties ($r=-0.24$, $p=0.003$) were associated with shorter TTR. TTR in Medical Departments was 11.7 (± 15.0) days and in Surgical Departments was 24.0 (± 22.8) days ($t=-3.5$, $p=0.001$). TTR showed a highly significant positive correlation with LOS ($r=0.89$, $p<0.0001$) and a more discrete positive correlation with length of stay after consultation ($r=0.20$, $p=0.016$).

Conclusion: We confirm that a shorter TTR to CLP was related to a shorter LOS. Also, patients in medical wards had shorter TTR. In contrast to our hypothesis, we found that a higher disability prior to hospitalization led to earlier referral to CLP, meaning that these patients were assessed and treated earlier leading to better long-term prognosis and lower health costs.

P44: Case series: older people with domestic squalor due to hoarding disorder and dementia

Authors: Daiki Taomoto¹, Takashi Suehiro¹, Yuto Satake¹, Fuyuki Koizumi¹, Shunsuke Sato¹, Hideki Kanemoto¹, Tamiki Wada¹, Kenji Yoshiyama¹, Manabu Ikeda¹

¹ Department of Psychiatry, Osaka University Graduate School of Medicine, Suita, Osaka, Japan