

LO032

Use of pharmacological sleep aids among emergency medicine staff physicians in a Canadian tertiary-care setting: a web based survey
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Introduction: Emergency medicine by its nature requires shift-work that often follows an erratic and unpredictable pattern. Faced with this ongoing challenge we hypothesized that many ED physicians may have taken steps to minimize their personal sleep deprivation through the use of a pharmacological sleep aid (PSA). The extent and nature of PSA use in this population is not well studied. We sought to describe the use of PSAs amongst practicing ED physicians in a Canadian tertiary-care setting. We also hoped to determine the specific substances being used, their frequency and predictive factors contributing to their use. **Methods:** A cross-sectional descriptive web-based survey was sent via e-mail to all practicing staff emergency physicians within the Calgary zone of Alberta Health Services. Participation was entirely voluntary and all responses were anonymous. Descriptive statistics were used to assess frequencies and summary measures. Logistic regression was used to explore associations between key variables. **Results:** Of the 198 eligible ED physicians, 144 (73%) completed the survey. 132 (92%) felt that shift-work negatively affected their ability to sleep and 121(84%) had experienced insomnia at some point in their medical career. 96 (67%) ED physicians had used a PSA at some time in their career and 82(57%) were currently using a PSA with any frequency. The most frequent sleep aids currently being used were non-benzodiazepine hypnotics (65%), alcohol (31%) and melatonin (27%). 66(46%) respondents required a prescription for their PSA and 37(56%) of those had obtained a prescription from an ED physician colleague. Physician self-reporting of experience with insomnia was strongly associated with prior use of any PSA (OR 4.0; 95% CI 1.6-10.0) and prior use of non-benzodiazepine hypnotics (OR 14.4; 95% CI 3.2-64.2) There was no statistically significant association between current use of a PSA and physician age, physician gender, number of night shifts worked per month or co-habitation with children. None of the physicians who responded felt that their use of a PSA adversely affected their ability to provide quality patient care. **Conclusion:** Pharmacological sleep aid use among Canadian ED physicians may be more common than previously assumed. This could have implications for physician wellbeing and performance.

Keywords: sleep, shiftwork, wellbeing

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Attitudes of emergency physicians towards homeless and substance using patients
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Introduction: Patients who are homeless and/or using substances rely heavily on emergency departments (ED) for medical care, and present with complex medical and social needs. Negative physician attitudes towards this population undermine the therapeutic relationship, compromising the quality of medical care provided. The objective of this study was to determine the attitudes of emergency physicians towards homeless and substance-using patients. **Methods:** Using a Modified Total Design approach, we conducted a cross-sectional survey of emergency physicians at five different healthcare locations in Calgary, Alberta, Canada. Attitudes were assessed using two validated measures, the Health Care Providers Attitudes Towards the Homeless Inventory

(HPATHI), and the Short Understanding of Substance Use Scale (SUSS). Surveys were self-administered by respondents between March and December 2013. **Results:** A total of 117 physicians completed the survey (response rate 48%). 28% of respondents resented the amount of time it takes to see homeless patients, and 32% believed caring for homeless patients was not financially viable; 57% felt overwhelmed by the complexity of problems that homeless people have. Physicians with extra training in addiction medicine or health care for the homeless had more positive attitudes than physicians with no extra training; physician attitudes worsened over time towards both populations. **Conclusion:** Physicians feel overwhelmed when caring for patients who are homeless and/or substance using and negative attitudes worsened over time. Extra training in addiction medicine or healthcare for the homeless is associated with more positive attitudes. Possible strategies to improve attitudes should include a multifaceted approach addressing individual physician knowledge deficits, as well as expanded access to resources in the ED and community, designed to deal with the complex needs of these populations.

Keywords: substance use disorders, homeless persons, attitude of health personnel

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Does head injury matter? Comparison of functional outcomes in elderly who have sustained a minor trauma with or without head injury: a prospective multicenter cohort study

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Introduction: The older adult population is growing. The consequences of minor trauma involving a head injury (MT-HI) in independent older adults are largely unknown. This study assessed the impact of a MT-HI on the functional and cognitive outcomes six months post injury of older adults who sustained a minor trauma. **Methods:** This multicenter prospective cohort study in eight sites included patients who were: aged 65 years or older, presenting to the emergency department (ED) within two weeks of injury with a chief complaint of a minor trauma, discharged within 48 hours, and independent for their basic activities of daily living prior to the ED visit. Participants underwent a baseline evaluation and a follow-up evaluation at six months post-injury. The main outcome was the functional decline measured with the Older Americans' Resources and Services (OARS) scale six months after the trauma. **Results:** All 926 eligible patients were included in the analyses: 344 MT-HI patients and 582 without head injury. After six months, the functional decline was similar in both groups, 10.8% and 11.9% respectively (RR = 0.79 [95% CI: 0.55-1.14]). The proportion of participants with mild cognitive disabilities was also similar, 21.7% and 22.8% respectively (RR = 0.91 [95% CI: 0.71-1.18]). Furthermore, for the group of patients with a MT-HI, the functional outcome was not statistically different with or without the presence of a co-injury (RR = 1.35 [95% CI: 0.71-2.59]), or with or without the presence of a mTBI as defined by the WHO criteria (RR = 0.90 [95% CI: 0.59-1.13]). **Conclusion:** This study did not demonstrate that the occurrence of a MT-HI is associated with a worse functional or cognitive prognosis than other minor injuries without a head injury in an elderly population six months after injury.

Keywords: head injury, elderly, functional outcomes