PARALLEL SESSION 7 – SATURDAY JUNE 22ND 2019, 10h30 – 12h00
Combined symposium 6: Psychosomatic care in the General Hospital

- M. van Niekerk: The prevalence of common psychiatric disorders in general hospital inpatients: A meta-review of systematic reviews
- J. Jenewein: Implementation of a hospital-wide multi-professional delirium-management
- K. van Aken: Implementing an alcohol care pathway in a general hospital: Cash on the barrel needed
- R. Styra: Implications of pre-operative cognitive impairment on post-operative delirium and impact on cost in vascular surgery
- R. Styra: Toronto Aortic Stenosis Quality of Life Scale (TASQ): Development and Quality of Life in Aortic Stenosis and TAVI Patients
- L. Zerbinati: Demoralization in the General Hospital
The prevalence of common psychiatric disorders in general hospital inpatients: A meta-review of systematic reviews

Aim
Whilst we know clinically that psychiatric disorders such as depression, delirium, dementia, anxiety, and substance abuse, are common in general hospital inpatients, we lack summary data on their individual and relative prevalence. Published systematic reviews have reported on the prevalence of individual psychiatric disorders in the medically ill but most have focused on groups of patients defined by medical diagnosis rather than on clinical setting (e.g. general hospitals). Moreover, previous reviews have usually reported on the prevalence of only a single psychiatric disorder. We therefore lack a comprehensive overview of the prevalence of the most common psychiatric disorders in general hospitals. We therefore set out to summarise the existing literature in a meta-review.

Methods
A meta-review is a systematic review of systematic reviews. We followed the recommended procedures for doing a meta-review. We sought to identify all relevant published systematic reviews that reported on the prevalence of psychiatric disorders in adult general hospital inpatients. We searched Medline, Embase, PsycINFO, CINAHL, and Scopus (from 1946, 1974, and 1806 respectively) to June 2018.

Results
Of the 4,300 articles screened for inclusion, 13 systematic reviews met our inclusion criteria. Of these, nine reported on the prevalence of depression, three reported the prevalence of delirium, and one reported the prevalence of dementia. We found no reviews on the prevalence of anxiety and substance abuse disorders.

Conclusion
The process of data extraction and summarising is ongoing: the results of our metareview will be revealed for the first time at the 2019 European Association of Psychosomatic Medicine conference.

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Implementation of a hospital-wide multi-professional delirium-management

Aim
In 2012 a multi-professional delirium-management including early-detection and treatment of delirium was implemented at the University Hospital Zurich. In this symposium we will report on results regarding delirium prevalence in our large cohort of acute care patients and compare delirious with non-delirious patients regarding hospital mortality, ICU and hospital length of stay, nursing hours and cost per case.

Methods
After excluding patients aged < 18 years or with a length of stay (LOS) < 1 day, 29'278 of 39'432 patients hospitalized in the study hospital in 2014 were included. Delirium prevalence was calculated based on a Delirium Observation Scale (DOS) score ≥ 3 and/or Intensive Care Delirium Screening Checklist (ICDSC) scores ≥ 4.

Results
Of 10'906 patients admitted, delirium was found in 28.4%. Delirium was most prevalent (36.2-40.5%) in cardiac surgery, neurosurgery, trauma, radiation therapy and neurology patients. For the seven most common ICD-10 diagnoses, delirious patients had a significantly higher risk of inpatient mortality (3 – 11 times), stayed significantly longer in the ICU (1 – 9 times) and hospital (3 – 9 times), needed significantly more nursing hours (1.5 – 4 times) and generated significantly higher costs per case (1.5 – 3.5 times).

Conclusion
The results indicate a high delirium prevalence across all patient groups. Delirious patients showed significantly worse clinical outcomes and generated higher costs. Due to the high prevalence of delirium the implementation of a multi-professional delirium management is strongly recommended.

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Implementing an alcohol care pathway in a general hospital: Cash on the barrel needed

Aim
Alcohol abuse is a major health problem with a huge social cost. Screening and short term therapeutic intervention (SSTI) can reduce alcohol (ab)use. General hospitals patients are a very suitable population for SSTI, however implementation in routine practice has been proven difficult. The Belgian government set up a pilot to implement SSTI using the methodology of integrated care pathways (ICP).

Methods
Previous efforts by clinicians to improve care for patients with alcohol abuse have failed in our hospital. Therefore an expert collaborator was appointed who gradually introduced the ICP into different wards.

Results
Preliminary results show an improved screening and an increased awareness concerning alcohol in the hospital; collaboration between medical and mental health care professionals is facilitated, standardization of protocols is conducted and a more efficient horizontal follow-through throughout different departments is achieved. However due to a lack of sense of emergency, limited knowledge on the risks of alcohol (ab)use, high workload and resistance or discomfort to discuss alcohol use, a lot of persistence is necessary to succeed in the projects intentions. Therefore the expert collaborator is frequently present on the wards to support, educate and motivate the employees, to follow up and evaluate the integration process.

Conclusion
Integrating care for alcohol abuse into mainstream medical care in a general hospital is possible, but needs preparation, a plan, implementation, corrective measures, and a lot of persistence. Extra money and staff are necessary.

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Implications of pre-operative cognitive impairment on post-operative delirium and impact on cost in vascular surgery

Aim
To prospectively study preoperative risk factors for post-operative delirium (POD) to identify high risk patients and retrospective chart review to assess impact of delirium and dementia on cost related to sitter use

Methods
173 elective vascular surgery patients were assessed preoperatively for cognitive function using the Montreal Cognitive Assessment (MoCA). Potential risk factors such as demographics, medications, psychiatric disorders, and previous delirium were collected. An accompanying retrospective chart review of an additional 434 patients provided cost information related to sitter use and prolonged hospitalization.

Results
Prospective screening of 173 patients (73.4% male) identified that 119 (68.8%) had MoCA scores <24, indicating cognitive impairment, with 7.5% having severe impairment. Regression analysis identified predictors of delirium to be type of surgical procedure, including lower limb amputation (odds ratio [OR], 16.67; 95% confidence interval [CI], 3.41-71.54; P < .000) and open aortic repair (OR, 5.33; 95% CI, 1.91-14.89; P < .000); cognitive variables (dementia: OR, 5.63; 95% CI, 2.08-15.01; P < .001); MoCA scores ≤15, (OR, 6.13; 95% CI, 1.56-24.02; P = .02); and previous delirium (OR, 2.98; 95% CI, 1.11-7.96; P = .03). Retrospective review (N = 434) identified differences in sitter needs for patients with delirium and dementia (mean, 13.6 days), delirium alone (mean, 3.9 days), or dementia alone (mean, <1 day [17.7 hours]).

Conclusion
Pre-operative cognitive impairment, type of vascular surgery and previous delirium predicted POD. Costs related to delirium are greatest for those with impaired cognition suggesting proactive consultation would be helpful in identifying high risk patients for POD.

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Toronto Aortic Stenosis Quality of Life Scale (TASQ): Development and Quality of Life in Aortic Stenosis and TAVI Patients

Aim
Transcatheter aortic valve implantation (TAVI) is a therapeutic option for patients with severe aortic stenosis (AS). Quality of life (QoL) is an important consideration for patients. A QoL scale which incorporates the AS patients’ perspective was developed to determine patient reported outcomes. It was utilized in patients undergoing the TAVI procedure.

Methods
We conducted two studies: (i) to develop an AS-specific QoL assessment tool; and (ii) to examine its properties in measuring QoL. Data from interviews with AS patients being considered for TAVI (N=333) were used to identify patient-centered QoL domains. Items for the Toronto Aortic Stenosis QoL Scale (TASQ) were generated from a content analysis of patient perspectives. The properties of the TASQ were then evaluated in AS patients undergoing TAVI (N=62) pre-TAVI, at discharge, 1-month, and 3-month follow-ups.

Results
The TASQ is a 16-item self-administered questionnaire that assesses AS-specific QoL cross five domains: physical symptoms; physical limitations; emotional impact; social limitations, and health expectations. TASQ subscales are internally consistent (α=0.74-0.96) and showed significant improvements from baseline across assessments (p<0.001). Construct validity evidence was demonstrated by correlations consistent with theoretically derived hypotheses across time points.

Conclusion
The TASQ is a brief measure of AS-specific QoL that is sensitive to change in patients undergoing TAVI. Items on the TASQ capture QoL concerns reported by AS patients, suggesting this is a measure of relevant and meaningful outcomes for this patient population. Detection of early improvements in QoL by the TASQ is promising, with implications for the evaluation of TAVI outcomes.

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Demoralization in the General Hospital

Aim
The Demoralization Scale (DS) has been developed in the context of psycho-oncology, however, despite its potential utility, it has not been tested for use among patients with physical illnesses other than cancer. Thus, the aim of this study was to establish the properties and factor structure of the DS among medically ill patients. A secondary aim was to develop shorter versions for screening purposes.

Methods
473 participants were recruited from various wards of the University Hospital of Ferrara and assessed using the Demoralization Scale, 24 item version; they also underwent a semi-structured interview based on the Diagnostic Criteria for Psychosomatic Research- Demoralization module (DCPR/D) and were asked to complete the Patient Health Questionnaire-9 (PHQ-9) and EuroQol-5-D questionnaires.

Results
Confirmatory factor analyses revealed that none out of six factor structures from psychooncology studies adequately fitted data from the general hospital. Using analyses under the Item Response Theory (IRT), the DS yielded a four factor structure. Moreover we developed a 13 and 6-item versions which retained high levels of reliability with the DCPR/D (AUCROC=0.81), and divergent validity with depression defined by PHQ-9.

Conclusion
factor structure of Demoralization among general hospital patients displays different features compared with the oncology one; nonetheless, short versions of the DS scale may aid the clinician identifying demoralized patients and prompt future research.

Reference

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