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Full search strategy
Results 24 of 24 results on EMBASE - (((exp DEMENTIA/ OR (dement*).jn,ti) AND ((inpatient* OR in?patient*).ti,ab OR (ward*).ti,ab OR exp HOSPITAL PATIENT/)) NOT (conference abstract).pt) [Since 10-May-2019]

1. Gastrostomy Tube Use in the Critically Ill, 1994-2014
Authors Law A.C.; Stevens J.P.; Walkey A.J.
Source Annals of the American Thoracic Society; May 2019
Publication Date May 2019
Publication Type(s) Article
PubMedID 31104470
Database EMBASE
Abstract
RATIONALE: While gastrostomy tubes have shown to be of limited benefit in patients with advanced dementia, they continue to be used to deliver nutritional support in critically ill patients. The epidemiology and short-term outcomes are unclear.
OBJECTIVE(S): To quantify national practice patterns and short-term outcomes of gastrostomy tube placement among the critically ill over the last two decades in the United States.
METHOD(S): Using the US Agency for Healthcare and Research Quality's Healthcare Cost and Utilization Project's National Inpatient Sample, we evaluated trends in annual population-standardized rates of gastrostomy tube placement among critically ill adults from 1994-2014; we also quantified trends length of stay, in-hospital mortality, and discharge location. Because coding practices for critical illness-defining diagnoses changed over time, we conducted a sensitivity analysis among mechanically ventilated patients.
RESULT(S): From 1994-2014, population-based rates of gastrostomy tube use in critically ill patients increased from 11.9 to 28.8 gastrostomies per 100,000 US adults (peak in incidence in 2010), an increase of 142% (31,392 to 91,990 gastrostomy tubes in critically ill patients, p <0.001). Patients receiving gastrostomy tubes during critical illness occupied a growing proportion of all gastrostomy tube placements, accounting for 19.6% of all gastrostomy tubes placed in 1994 and 50.8% in 2014. The rate of gastrostomies in critically ill patients remained roughly stable, from 2.5% of critically ill patients in 1994 to a peak of 3.7% in 2002 before declining again to 2.4% in 2014. Hospital length of stay and in-hospital mortality decreased among gastrostomy tube recipients (28.7 days to 20.5 days, p<0.001; 25.9% to 11.3%, P <0.001; respectively), while discharges to long term facilities increased significantly (49.6% to 70.6%, p <0.001). Sensitivity analyses among mechanically ventilated patients revealed similar increases in population-based estimates of gastrostomy tube placement.
CONCLUSION(S): The incidence of gastrostomy tube placement among critically ill patients more than doubled between 1994-2014, with most patients being discharged to long-term care facilities. Critically ill patients are now the primary utilizer of gastrostomy tubes placed in the United States. Additional research is needed to better characterize the long-term risk and benefits of gastrostomy tube use in critically ill patients.

2. Clinical predictors of postoperative delirium, functional status, and mortality in geriatric patients undergoing non-elective surgery for hip fracture
Authors Harris M.J.; Brovman E.Y.; Urman R.D.
Source Journal of Clinical Anesthesia; Dec 2019; vol. 58 ; p. 61-71
Publication Date Dec 2019
Publication Type(s) Article
PubMedID 31100691
Database EMBASE
Abstract
Available at Journal of clinical anesthesia from ClinicalKey
Study objective: To identify modifiable preoperative factors that might influence the morbidity and mortality associated with non-elective, inpatient hip fracture surgeries in the geriatric surgical population.

Design(s): Retrospective database analysis from the American College of Surgeons National Surgical Quality Improvement Program Geriatric Surgery Pilot Project.

Setting(s): Inpatient, perioperative.

Patient(s): Geriatric patients undergoing surgery.

Intervention(s): Non-elective hip repair surgery. Measurements: Preoperative demographic, medical, surgical, and anesthetic variables; post-operative rates of delirium, decline in functional status, and 30-day mortality.

Main Result(s): The 1261 patients in this study were predominantly female (74%), white (89%), and non-Hispanic (92%). Ages were distributed across groups from 65 to over 90 years. Most patients were categorized as American Society of Anesthesiologists Physical Status class 3 (64%). General anesthesia (57%) was the most common anesthetic, followed by spinal (38%). Preoperative functional status was recorded in 79% as independent in activities of daily living (ADLs). About one third of patients had baseline dementia. Post-operatively, 42% experienced delirium, and most patients required partial or total assistance with ADLs (72% and 12%, respectively). Reoperation was required in 2.8% of cases. Mortality at 30 days was 5.0%. In the multivariable analysis, risk factors associated with post-operative delirium included dementia and lack of competency to sign consent. In the analysis for postoperative decline in functional status, the major risk factor was a history of falls, while emergently performed surgery was protective. The analysis for mortality at thirty days was under-powered.

Conclusion(s): Hip fractures remain a major source of morbidity in geriatric patients. Baseline dementia and inability to sign surgical consent are significant risk factors for adverse outcomes after hip fractures and should be considered in the informed consent process. Data from this study and currently ongoing randomized trials will help guide reductions in morbidity and mortality in this population.

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3. Practical strategies to help develop dementia-friendly hospital wards

Authors: Fitzpatrick L.
Source: Nursing older people; Feb 2018; vol. 30 (no. 2); p. 30-34
Publication Date: Feb 2018
Publication Type(s): Article
PubMedID: 29480657
Database: EMBASE

Abstract: Hospital stays can have significant negative effects for people with dementia. This article explores methods of improving dementia care in general hospital wards. Taking its starting point as the importance of person-centred care, it explores ways of improving the ward environment, meaningful activities, personal history work, involving carers, and identifying and treating delirium. Practical strategies are suggested in each of these areas. The article acknowledges that implementing change can be challenging in NHS settings where wards are understaffed, and time is precious. However, it encourages all nurses working in these settings to recognise the importance of person-centred care for people with dementia and to make even small changes that can have a significant effect.

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4. Patient safety and quality outcomes for ED patients admitted to alternative care area inpatient beds

Authors: Lee M.O.; Kohn M.A.; Niknam K.; Shen S.; Arthofer R.; Callagy P.; Camargo C.A.
Source: American Journal of Emergency Medicine; 2019
Publication Date: 2019
Publication Type(s): Article
PubMedID: 31085010
Database: EMBASE
Available at American Journal of Emergency Medicine from ClinicalKey
Background: Inpatient hallway beds are one solution to mitigate emergency department (ED) crowding due to boarding of admitted patients. Alternative Care Areas (AltCA) beds are located in inpatient hallways, cardiac catheterization lab, and endoscopy. We examined whether AltCA beds were associated with increased risk of patient safety and quality outcomes: transfer to Intensive Care Unit (ICU), mortality, hospital-acquired infections (HAI), falls, and 72-hour hospital readmission.

Method(s): Retrospective cohort study of patients age >18 years admitted from the ED to non-ICU beds at an urban, academic hospital. AltCA bed exclusion criteria: dementia, frequent respiratory interventions, contact or airborne isolation, psychiatric admission, and inability to ambulate. The study periods were: pre-intervention 9/1/2014-3/31/2015, transition 9/1/2015-3/31/2016, and post-intervention 9/1/2016-3/31/2017. Data analysis used unadjusted and multivariable analyses which controlled for age, sex, race, ethnicity, insurance, ED triage Emergency Service Index (ESI) level, and telemetry order.

Result(s): The study included 16,801 patients, with 622 (3.7%) patients in AltCA beds. AltCA beds had younger patients than standard inpatient beds, 57.7 years and 61.7 years; fewer telemetry order, 48.4% and 59.3%; and fewer ESI level 2, 16.1% and 26.2%. AltCA beds had shorter hospital LOS than standard inpatient beds, 2.7 days and 3.4 days. AltCA beds had decreased risk of transfer to ICU -10.6 (95%CI: -18.3, -2.8) and HAI -13.4 (95%CI: -20.3, -6.5) compared to standard inpatient beds.

Conclusion(s): Patients in AltCA beds did not have increased risk of patient safety and quality outcomes but rather decreased risk of transfer to ICU and HAI than standard inpatient beds.

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5. Mortality-specific comorbidity among inpatients with ischemic stroke in West China

Authors
Si Y.; Xiao X.; Guo J.; Yu N.; Guo F.; Sun H.; Mo Q.; Xiang S.

Source
Acta Neurologica Scandinavica; 2019

Publication Date
2019

Publication Type(s)
Article

PubMedID
31032888

Database
EMBASE

Abstract
Objective: This study aimed to investigate the current condition of mortality-specific comorbidity among hospitalized patients with ischemic stroke.

Method(s): Five-year data of inpatients with ischemic stroke (IS) were extracted from the hospital medical database. A retrospective review of eighteen mortality-specific comorbidities in extensively validated Charlson Comorbidity Index (CCI) was carried out for each patient. In addition, the distribution of the CCI-based prognostic score was calculated.

Result(s): A total of 10,331 (male 57.6%) cases with IS were recruited in the present study. The most prevalent mortality-specific comorbidities from high to low were as follows: peripheral vascular disease (35.1%), diabetes uncomplicated (25.2%), mild liver disease (18.3%), chronic pulmonary disease (14.7%), congestive heart failure (10.8%), atrial fibrillation or flutter (10.3%), diabetes complicated (9.1%), moderate or severe renal disease (7.5%), and dementia (7.1%). High prevalence of comorbidities in the elderly was also noted (31.1% patients with score >=3). Spearman correlation analysis with a rho of 0.25 (P < 0.001) showed a mild correlation between the age- and the CCI-based prognostic score.

Conclusion(s): High prevalence of peripheral vascular disease, diabetes, liver disease, chronic pulmonary disease, congestive heart failure, atrial fibrillation, or other major contributors to mortality was presented in in-hospital patients with IS in our area. One-third of old patients with IS expose high mortality risk with the CCI score >=3. Early prevention and management of the potential comorbidities are necessary to reduce the mortality.

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6. Dementia Care Across a Tertiary Care Health System: What Exists Now and What Needs to Change

Authors
Leggett A.; Maust D.T.; Kales H.C.; Connell C.; Roberts J.S.; Dubin L.; Dunkle R.; Spencer B.; Langa K.M.

Source
Journal of the American Medical Directors Association; 2019

Publication Date
2019

Publication Type(s)
Article

Database
EMBASE

Available at Journal of the American Medical Directors Association from ClinicalKey
Abstract

Objectives: This study explored the process of care for persons living with dementia (PLWDs) in various care settings across a tertiary care system and considers challenges and opportunities for change.

Design(s): Aimed at quality improvement, qualitative interviews were conducted with key stakeholders in dementia care across geriatric outpatient clinics, medical and psychiatric emergency departments, and the main hospital in 2016. Setting and participants: Forty-nine interactive interviews were conducted with a purposive and snowball sampling of health care professionals (physicians, nurses, social workers, administrators) and families in a large, academic health care system. Measures: Qualitative interview guides were developed by the study team to assess the process of care for PLWDs and strengths and challenges to delivering that care.

Result(s): Key themes emerging from the interviews in each care setting are presented. The outpatient setting offers expertise, a multidisciplinary clinic, and research opportunities, but needs to respond to long waitlists, space limitations, and lack of consensus about who owns dementia care. The emergency department offers a low nurse/patient ratio and expertise in acute medical problems, but experiences competing demands and staff turnover; additionally, dementia does not appear on medical records, which can impede care. The hospital offers consultative services and resources, yet the physical space is confined and chaotic; sitters and antipsychotics can be overused, and placement outside of the hospital for PLWDs can be a challenge.

Conclusions and implications: Five key recommendations are provided to help health systems proactively prepare for the coming boom of PLWD and their caregivers, including outpatient education, a dementia care management program to link services, Internet-based training for providers, and repurposing sitters as Elder Life specialists.

Copyright © 2019 AMDA - The Society for Post-Acute and Long-Term Care Medicine
Abstract

Background: Dementia constitutes a public health hazard in developing countries. The aim of this study was to evaluate the prevalence of dementia and its associated factors in older hospitalized patients.

Method(s): The participants of this cross-sectional study consisted of older patients admitted to medical wards in Rasoul-e Akram hospital in Tehran, Iran. Mini-Mental State Examination, Mini-Cog test, Geriatric Depression Scale, Activities of Daily Living-Instrumental Activities of Daily Living (ADL-IADL) scale, and socioeconomic questionnaires were used.

Result(s): A total of 205 elderly inpatients were included. The mean age was 71.33 +/- 7.35 years; 63.4% of the participants had normal cognitive function, while 36.6% had some degree of cognitive impairment. There was a statistically significant relationship between gender, age, number of children, and occupation and the prevalence of dementia.

Conclusion(s): Appropriate cognitive screening of older patients upon admission to hospitals could help identify potential adverse events and enhance the quality of care for patients with comorbid dementia.

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9. Importance of personal and professional experience for hospital staff in person-centred dementia care: A cross-sectional interview study using freelisting in a UK hospital ward

Authors
Petty S.; Dening T.; Griffiths A.; Coleston D.M.

Source
BMJ Open; Apr 2019; vol. 9 (no. 4)

Publication Date
Apr 2019

Publication Type(s)
Article

PubMedID
31048438

Database
EMBASE

Abstract

Objective To detail how hospital staff with differing personal and professional caregiving experiences approach the care of patients with dementia, in order to make practical recommendations for practice. Design Cross-sectional qualitative interviews. Setting A UK hospital ward providing dementia care. Participants A complete hospital ward staff team, constituting 47 hospital staff from 10 professions. Methods Hospital staff were asked to list their approaches to emotion-focused care in individual, ethnographic freelisting interviews. Cultural consensus analysis was used to detail variations in approaches to dementia care between staff subgroups. Main outcome measures The most salient listed descriptions of care emphasised by staff members with personal experience of dementia caregiving when compared with staff members without such experience, and descriptions from staff newer to the profession compared with staff with more years of professional dementia caregiving experience. Results Subgroups of hospital staff showed different patterns of responses both in how they noticed the emotional distress of patients with dementia, and in prioritised responses that they deemed to work. Hospital staff with professional experience of dementia caregiving and staff with fewer years of professional experience prioritised mutual communication and getting to know each patient. Conclusions Subgroups of hospital staff with personal caregiving experiences and fewer years of professional care experience were more likely to describe person-centred care as their routine ways of working with patients with dementia. It is recommended that personal experience and the novice curiosity of hospital staff be considered as valuable resources that exist within multidisciplinary staff teams that could enhance staff training to improve the hospital care for patients with dementia.

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10. Towards integrated medical and mental healthcare in the inpatient setting: what is the role of psychology?

Authors
Pudalov L.R.; Swogger M.T.; Wittink M.

Source
International Review of Psychiatry; Nov 2018; vol. 30 (no. 6); p. 210-223

Publication Date
Nov 2018

Publication Type(s)
Review

PubMedID
30821187

Database
EMBASE
Abstract Integrated medical and psychiatric hospital units hold great promise for improving the value and quality of care for patients with severe mental illness and concomitant acute medical needs. It is important to explore the utility of providing a range of multidisciplinary inpatient services to meet patients’ complex needs. Within this context, services typically provided by psychologists have received little research attention. To address this gap in the literature, this study assessed inpatient clinicians’ perceptions of the need for specific behavioural services on a medical psychiatric unit, exploring their overlap with established psychological services. Results indicate the potential utility of specific psychological services, including psychological assessments, direct psychosocial interventions, and psychoeducational training. While reimbursement and billing barriers still exist for psychologists to be routinely incorporated into hospital settings, the movement towards value-based care could provide the opportunity to think about the value added. Embedding evidence-based psychological services has the potential to promote high quality, well-rounded care that aligns with the established mission of multidisciplinary teamwork on integrated medical and psychiatric inpatient units.

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11. How collaboration is improving acute hospital admission for people with dementia

Authors Wood N.; Cairns Y.; Sharp B.
Source Nursing older people; Oct 2017; vol. 29 (no. 9); p. 21-25
Publication Date Oct 2017
Publication Type(s) Article
PubMedID 29124916
Database EMBASE
Abstract In November 2015 it became apparent that a person with dementia’s journey through the acute hospital was not always as streamlined as it should have been. There was evidence of late and multiple inter-ward transfers for this patient group that could potentially have a detrimental effect on individuals’ and carers’ well-being. The aim of this project was to examine current processes around patient flow and decision-making, explore any themes arising and identify opportunities for improving transitions of care. Collaborative working among various specialties has resulted in increased transfers before 8pm, a reduction in transfers after midnight and a reduction in inter-ward transfers.

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12. Experiences of using simulation in dementia education

Authors Leah V.; Combes J.; McMillan M.; Russell L.; McCune K.
Source Nursing older people; Sep 2017; vol. 29 (no. 8); p. 27-34
Publication Date Sep 2017
Publication Type(s) Article
PubMedID 29124914
Database EMBASE
Abstract This article describes the development of a simulation training day for multidisciplinary teams (MDTs) working on acute adult wards with the aim of improving their confidence in supporting people with dementia who are distressed. Recommendations are made for those who may be interested in delivering simulation training in their area of practice. Registered nurses, non-registered support workers and occupational therapists experienced in dementia care took part in a one-day simulation training pilot session that included three ‘skill stations’ with three patient simulation scenarios. A session at the end of the day was used to generate qualitative feedback and develop a strategy to advance this style of teaching. Feedback highlighted the need for further development of the skill stations and scenarios. The pilot showed that simulation training works well from an MDT perspective, but the content requires careful consideration in terms of stretching participants’ abilities without causing high levels of anxiety.

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Authors Sinvani L.; Shah S.; Patel V.; Mulvany C.; Kozikowski A.; Pekmezaris R.; Strunk A.; Boltz M.; Wolf-Klein G.
Source American Journal of Alzheimer’s Disease and other Dementias; Jun 2019; vol. 34 (no. 4); p. 223-230
Publication Date Jun 2019
Publication Type(s) Article
PubMedID 30704268
Database EMBASE
Abstract
Despite substantial staffing and cost implications, the use of constant observation (CO) has been poorly described in the acute care setting. The purpose of this cross-sectional, multicenter, survey study was to assess hospital provider practices regarding the use of CO. Of the 543 surveys distributed, 231 were completed across 5 sites. Most respondents worked on medical units (67.5%), as nurses (49.1%); 44.8% were white; and 75.6% were female. The majority (84.2%) reported at least 1 patient/wk requiring CO. Most frequent indication for CO was dementia with agitation (60.7%), in patients older than 70 (62.3%) and predominantly by nurse assistants (93.9%). Almost half (47.3%) stated they felt pressured to discontinue CO, despite a strong perceived benefit (76%). Enhanced observation (92.6%) was most frequently used to decrease CO. Finally, 77.9% perceived that those performing CO lacked training. Our study highlights the widespread use of CO for hospitalized older adults with dementia.

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14. A systematic review of specialist inpatient dementia care services versus standard inpatient dementia care in acute hospitals

Authors
McCausland B.M.S.; Amin J.; Baldwin D.S.; Loughran K.; Osman-Hicks V.C.; Patel H.P.

Source
Aging Clinical and Experimental Research; May 2019; vol. 31 (no. 5); p. 595-610

Publication Date
May 2019

Publication Type(s)
Review

PubMedID
30259497

Database
EMBASE

Abstract
Background: Specialist inpatient dementia units (SIDU) have been developed to address adverse outcomes often experienced by people living with dementia admitted to acute hospitals. However, the evidence base of their effectiveness remains limited.

Aim(s): To review the current literature to establish the comparative effectiveness of acute hospital SIDU vs. standard ward care (SWC).

Method(s): We did an online search of 12 biomedical databases from inception to 31st October 2017. Studies of inpatients with any form of dementia in acute hospitals, published in English language peer-reviewed journals, using experimental, observational or qualitative study designs, comparing SIDU with SWC and which measured any qualitative or quantitative outcome of the patient or carer experience were included in the search criteria. We used a standardised data extraction and appraisal form.

Result(s): Three of 46 full-text studies evaluated were suitable for analysis. Due to study heterogeneity, pooled odds ratios were only possible for mortality [OR 1.06 (CI 1.0-1.4)]. Otherwise, a narrative synthesis was performed. Although quantitative measures of length of stay, mortality and behavioural and psychiatric symptoms of dementia are not significantly lower, SIDU are associated with greater patient and carer satisfaction, reduced readmission rates, more accurate and comprehensive assessment processes, documentation of resuscitation decisions, and increased rates of discharge to the patient’s own home.

Conclusion(s): Although SIDU may be associated with improved care outcomes, the current evidence of their effectiveness is markedly limited. Further research and service evaluation of SIDU as a method for providing high-quality dementia care in acute NHS Trusts is needed. PROSPERO: CRD42017078364.

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15. Delirium motor subtypes and prognosis in hospitalized geriatric patients - A prospective observational study

Authors
Evensen S.; Saltvedt I.; Sletvold O.; Taraldsen K.; Lydersen S.; Wyller T.B.

Source
Journal of Psychosomatic Research; Jul 2019; vol. 122 ; p. 24-28

Publication Date
Jul 2019

Publication Type(s)
Article

Database
EMBASE

Abstract
Background: Delirium is a common reversible syndrome in hospitalized geriatric patients, characterized by changes in mental status and in the ability to process information. The motor subtype of delirium is particularly challenging for clinicians because of its association with increased mortality and hospital stay.

Aim(s): To evaluate the motor subtype of delirium and its association with prognosis in hospitalized geriatric patients.

Method(s): This was a prospective observational study conducted in a geriatric ward of a university hospital. Delirium was diagnosed using the DSM-IV criteria. The motor subtype of delirium was assessed using the Delirium Rating Scale-Revised-98. The primary outcome was 30-day mortality.

Result(s): A total of 100 patients were included in the study. The motor subtype of delirium was present in 45% of the patients. Patients with the motor subtype had a significantly higher mortality rate (25%) compared to those without the motor subtype (9%).

Conclusion(s): The motor subtype of delirium is associated with increased mortality in hospitalized geriatric patients. Early identification and appropriate management are crucial to improve outcomes.

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Abstract

Objective: Delirium is common and associated with poor outcomes. Hypoactive motor subtype may predict worse outcome than no-subtype, hyperactive and mixed delirium, but uncertainty remains due to heterogeneity of results and subtyping tools. Other prognostic aspects across delirium motor subtypes are understudied. We investigated differences in one-year mortality, length of stay and institutionalization at discharge and after one year, across delirium motor subtypes in geriatric patients.

Method(s): We conducted a prospective observational study, included 311 patients >=75 years acutely admitted to a geriatric ward, diagnosed delirium using Diagnostic and Statistical Manual of Mental Disorder (5th ed.) criteria and used the Delirium Motor Subtype Scale for subtyping. Differences in mortality across subtypes were investigated using Cox proportional-hazard regression analyses, unadjusted and adjusted for age, comorbidity and delirium severity. We investigated differences in length of stay and institutionalization using the Kruskal-Wallis test and Pearson's chi-squared test with subsequent Hommel-adjusted pairwise comparisons.

Result(s): Ninety-three patients (30%) had delirium; 12 (13%) had no-subtype, 27 (29%) hyperactive, 30 (32%) hypoactive and 24 (26%) mixed delirium. There were no group differences regarding mortality (p = .61) or length of stay (p = .32). Analyses indicated group differences regarding discharge to an institution (p = .028), but pairwise comparisons showed no differences (smallest p = .071, no-subtype 45% vs hypoactive 85%). There were no group differences in institutionalization after one year (p = .26).

Conclusion(s): There were no significant differences in one-year mortality, length of stay or institutionalization across delirium motor subtypes in geriatric patients, although the study may indicate better prognosis in the no-subtype group.

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16. Factors associated with the use and longer duration of seclusion and restraint in psychiatric inpatient settings: a retrospective chart review

Authors

Narita Z.; Inagawa T.; Yokoi Y.; Yamada Y.; Stickley A.; Maruo K.; Sugawara N.

Source

International Journal of Psychiatry in Clinical Practice; 2019

Publication Date

2019

Publication Type(s)

Article

PubMedID

31035799

Database

EMBASE

Abstract

Objectives: To examine factors that may affect the use and duration of seclusion and restraint (SR) in psychiatric inpatient settings.

Method(s): First, multivariable logistic regression analysis was used to examine factors associated with the use of SR in an unmatched case-control study, comparing SR cases and controls. Second, for patients that underwent SR, multivariable linear regression analysis was used to determine factors contributing to the duration of SR.

Result(s): Out of 213 patients, 58 underwent SR. An F00 diagnosis, a history of epilepsy, antipsychotics usage and antidepressants usage were significantly associated with the use of SR (odds ratio = 7.98; 95% CI = 1.11-57.50, odds ratio = 4.89; 95% CI = 1.12-21.36, odds ratio = 4.59; 95% CI = 1.54-13.68 and odds ratio = 0.29; 95% CI = 0.10-0.86, respectively). An F00 and F32 diagnosis significantly extended the duration of SR (coefficient = 13.10; 95% CI = 2.11-24.11 and coefficient = 20.52; 95% CI = 9.68-31.37, respectively).

Conclusion(s): A variety of factors are associated with the use and longer duration of SR. Given the potentially harmful effects of these practices, further studies with larger samples and a wider range of quantitative outcome measures are warranted. Key points An F00 diagnosis, a history of epilepsy and antipsychotics usage may increase the use of SR. Antidepressants may decrease the use of SR. An F00 and F32 diagnosis may extend the duration of SR.

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Abstract

THEORY: Patients falls have a multifactorial character and typically have multiple causalities. GOAL: The goal of the study was to identify risk factors for falls of hospitalized patients. METHODOLOGY: This was a case-control study. The study included 222 patients who experienced a fall during their hospitalization (cases) and 1,076 patients who did not fall during their hospitalization (controls). The study involved four hospitals in the South Bohemian Region of the Czech Republic. The study took place during the 2017 calendar year.

RESULT(S): The average age of patients who experienced a fall was 77.9 years. The group of cases included 5-times more patients with a history of falls than the controls. Patients who fell were in higher risk of falls than patients in the control group at hospital admission. The group of cases also had a higher prevalence of confused and restless patients; however, the group did not include a statistically significantly higher number of incontinent patients, patients with eating and drinking disorders, or patients with intravenous therapy than the control group.

CONCLUSION(S): Interventions aimed at prevention of falls should be included in care plans, especially for older patients, patients who have fallen in the past, patients who have movement restriction, patients with cognitive dysfunction, and patients with increased need of assistance with basic daily activities.

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18. PCSK9 is Increased in Cerebrospinal Fluid of Individuals With Alcohol Use Disorder

Authors
Lee J.S.; Rosoff D.; Luo A.; Longley M.; Phillips M.; Charlet K.; Muench C.; Jung J.; Lohoff F.W.
Source
Alcoholism: Clinical and Experimental Research; 2019
Publication Date
2019
Publication Type(s)
Article
PubMedID
30933362
Database
EMBASE

Abstract
Background: Recent studies have shown that alcohol use affects the regulation and expression of proprotein convertase subtilisin/kexin 9 (PCSK9). While a major role of PCSK9 in hepatic function and lipid regulation has been clearly established, other pleiotropic effects remain poorly understood. Existing research suggests a positive association between PCSK9 expression in the brain and psychopathology, with increased levels of PCSK9 in the cerebrospinal fluid (CSF) of individuals with dementia and epigenetic modifications of PCSK9 associated with alcohol use disorder (AUD). In this study, we hypothesized that chronic alcohol use would increase PCSK9 expression in CSF.

Method(s): PCSK9 levels in CSF were measured in individuals with AUD (n = 42) admitted to an inpatient rehabilitation program and controls (n = 25). CSF samples in AUD were assessed at 2 time points, at day 5 and day 21 after admission. Furthermore, plasma samples were collected and measured from the individuals with AUD.

Result(s): PCSK9 in CSF was significantly increased in the AUD group at day 5 and day 21 compared to the controls (p < 0.0001). Plasma PCSK9 levels were correlated positively with CSF PCSK9 levels in AUD (p = 0.0493).

Conclusion(s): Our data suggest that PCSK9 is elevated in the CSF of individuals with AUD, which may indicate a potential role of PCSK9 in AUD. Additional studies are necessary to further elucidate the functions of PCSK9 in the brain.

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19. How complete is the information on preadmission psychotropic medications in inpatients with dementia? A comparison of hospital medical records with dispensing data

Authors
Pisa F.E.; Riedel O.; Palese F.; Romanese F.; Barbone F.; Logroscino G.
Source
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Article
PubMedID
29869820
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EMBASE
OBJECTIVES: Reliable information on preadmission medications is essential for inpatients with dementia, but its quality has hardly been evaluated. We assessed the completeness of information and factors associated with incomplete recording.

METHOD(S): We compared preadmission medications recorded in hospital electronic medical records (EMRs) with community-pharmacy dispensations in hospitalizations with discharge code for dementia at the University Hospital of Udine, Italy, 2012-2014. We calculated: (a) prevalence of omissions (dispensed medication not recorded in EMRs), additions (medication recorded in EMRs not dispensed), and discrepancies (any omission or addition); (b) multivariable logistic regression odds ratio, with 95% confidence interval (95% CI), of >=1 omission.

RESULT(S): Among 2,777 hospitalizations, 86.1% had >=1 discrepancy for any medication (Kappa 0.10) and 33.4% for psychotropics. When psychotropics were recorded in EMR, antipsychotics were added in 71.9% (antidepressants: 29.2%, antidementia agents: 48.2%); when dispensed, antipsychotics were omitted in 54.4% (antidepressants: 52.7%, antidementia agents: 41.5%). Omissions were 92% and twice more likely in patients taking 5 to 9 and >=10 medications (vs. 0 to 4), 17% in patients with psychiatric disturbances (vs. none), and 41% with emergency admission (vs. planned).

CONCLUSION(S): Psychotropics, commonly used in dementia, were often incompletely recorded. To enhance information completeness, both EMRs and dispensations should be used.

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20. Implementing advance care planning in nursing homes - study protocol of a cluster-randomized clinical trial

Authors Saevareid T.J.L.; Lillemoen L.; Forde R.; Gjerberg E.; Pedersen R.; Thoresen L.
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PubMedID 30103692
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BACKGROUND: Close to half of all deaths in Norway occur in nursing homes, which signals a need for good communication on end-of-life care. Advance care planning (ACP) is one means to that end, but in Norwegian nursing homes, ACP is not common. This paper describes the protocol of a project evaluating an ACP-intervention in Norwegian nursing homes. The aims of this research project were to promote the possibility for conversations about the end of life with patients and relatives; promote patient autonomy; create a better foundation for important decisions in the case of medical emergencies and at the end of life; and gain experiences in order to find out what characterizes good ACP and good implementation strategies.

METHODS/DESIGN: This study was a mixed method study including a cluster-randomized clinical trial. Eight nursing home wards or “clusters” were pair-matched, and one ward from each pair was randomly selected for a 12-month intervention. The intervention consisted of implementing an ACP-guideline. Implementation strategies were training and supervision of project teams and staff in using the guideline, written information to patients and next of kin, and information meetings with nursing home staff. The project was evaluated using both quantitative and qualitative data, and both outcome and process evaluation. Quantitative data included patient chart reviews of ACP, diagnoses, patient preferences for decision-making and treatment, values and wishes that are more general, documented life-prolonging treatment and hospitalizations, and concordance between patient wishes and treatment. The primary outcome was documented ACP. Qualitative data included observations of conversations, interviews with patients, next of kin and health care personnel, logs from project coordinators and conversations, and transcripts from meetings with project teams in the intervention group.

DISCUSSION: This project attempted to increase the quality and use of ACP in Norwegian nursing homes (NH). A mixed methods approach, inclusion of patients with dementia, attempts to involve, as many patients as possible, and a sustainable implementation plan adapted to real life in nursing homes were strengths of the project.

21. Structured interdisciplinary bedside rounds do not reduce length of hospital stay and 28-day re-admission rate among older people hospitalised with acute illness: an Australian study

Authors Huynh E.; Basic D.; Gonzales R.; Shanley C.
Source Australian health review : a publication of the Australian Hospital Association; Dec 2017; vol. 41 (no. 6); p. 599-605
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Publication Type(s) Article
PubMedID 27883874
Database EMBASE
Abstract

Objective Structured interdisciplinary bedside rounds (SIBR) are being implemented across many hospitals in Australia despite limited evidence of their effectiveness. This study evaluated the effect of SIBR on two interconnected outcomes, namely length of stay (LOS) and 28-day re-admission. Methods In the present before-after study of 3644 patients, twice-weekly SIBR were implemented on two aged care wards. Although weekly case conferences were shortened during SIBR, all other practices remained unchanged. Demographic, medical and frailty measures were considered in appropriate analyses. Results There was no significant difference in median (interquartile range) LOS before and during SIBR (8 (5-15) vs 8 (4-15) days respectively; P=0.51). In an adjusted analysis, SIBR had no effect on LOS (hazard ratio 0.97; 95% confidence interval 0.90-1.05). The presence of dementia or delirium, or the ability to speak English, did not modify the effect of SIBR (P>0.05 for all). Similarly, SIBR had no effect on 28-day re-admission rates (20.3% vs 19.0% before and during SIBR respectively; P=0.36). Conclusions Although ineffective interdisciplinary communication is associated with negative outcomes for patients and healthcare services, models of care that aim to improve communication are not necessarily effective in reducing LOS or early re-admission. Clinical services implementing SIBR are encouraged to independently evaluate their effects. What is known about the topic? Ineffective interdisciplinary communication may harm patients and increase LOS. Only two publications have evaluated the implementation of SIBR, a new model of care that aims to improve interdisciplinary communication and collaboration. One paper reported that SIBR reduced unadjusted LOS and in-hospital mortality, whereas the other found that SIBR improved teamwork, communication and staff efficiency. What does this paper add? The effect of SIBR among acutely unwell older people on aged care wards is unknown. The present study is the first to evaluate the effects of SIBR in this population. It shows that the implementation of SIBR did not reduce LOS or early re-admission, and suggests that existing communication strategies may have weakened the effects of SIBR. What are the implications for practitioners? Policies and practice that promote the addition of communication strategies, such as SIBR, may not be effective in all patient populations. More research is needed to determine whether SIBR reduce these and other outcomes, particularly for services with weaker communication frameworks and protocols.

22. Dementia-a major public health problem: the role of in-patient psychiatric facilities

Authors Daly A.; Walsh D.
Source Irish Journal of Medical Science; May 2019; vol. 188 (no. 2); p. 641-647
Publication Date May 2019
PubMedID 29987493
Abstract This paper reviews data on admissions to Irish psychiatric units and hospitals for those suffering from organic mental disorders, in particular dementia, over the course of the last half century. Admission and census data from the National Psychiatric In-patient Reporting System (NPIRS) from 1963 to 2016 are examined and discussed in light of Ireland’s ageing population. The NPIRS database was established in the 1960s to record admission and discharge activity in Irish psychiatric units and hospitals. Admission data from the database are presented in 5-yearly intervals from 1965 to 2015, while census data are presented for 1963 and 2016. Copyright © 2018, Royal Academy of Medicine in Ireland.

23. Delirium in the elderly hospitalized: A literature review

Authors De Macedo G.P.R.; Diogenes A.E.F.; Remigio D.A.; Correia M.C.P.; Pinheiro F.I.; Rego A.C.M.; Filho I.A.
Source Research Journal of Pharmaceutical, Biological and Chemical Sciences; Jan 2019; vol. 10 (no. 1); p. 30-36
Abstract This paper reviews data on admissions to Irish psychiatric units and hospitals for those suffering from organic mental disorders, in particular dementia, over the course of the last half century. Admission and census data from the National Psychiatric In-patient Reporting System (NPIRS) from 1963 to 2016 are examined and discussed in light of Ireland’s ageing population. The NPIRS database was established in the 1960s to record admission and discharge activity in Irish psychiatric units and hospitals. Admission data from the database are presented in 5-yearly intervals from 1965 to 2015, while census data are presented for 1963 and 2016. Copyright © 2018, Royal Academy of Medicine in Ireland.
Abstract
Delirium is a condition described for over 2500 years, characterized as a disorder of attention and cognition, floating and acute character. Is a pathology of high prevalence in the elderly and difficult to diagnose. It happens due to the small need of precipitating factors to trigger delirium in the elderly when compared to a young adult. The risk factors to develop delirium are the modifiable factors, non-modifiable and persistence-related. Modifiable Factors include drugs, surgical procedures, and anesthesia, severe pain, anemia, and infections. Old age, dementia (not recognized clinically), functional disability and associated Comorbidities are common non-modifiable factors. Male, visual and auditory impairment, depressive symptoms, cognitive impairment mild, alcohol abuse and laboratory abnormalities are factors associated with persistence of delirium. The prevention of delirium is possible by pharmacological means. Pharmacological treatment is not well defined, but some studies point to the benefit of the use of atypical antipsychotics always associated with non-pharmacological measures. The present study is a review of the literature on the subject, to demonstrate new advances in prevention, diagnosis, and treatment of this pathology of high prevalence among elderly inmates in hospitals.

24. Hospital admission for neurologic disorders among 5-year survivors of noncentral nervous system tumors in childhood: A cohort study within the Adult Life after Childhood Cancer in Scandinavia study
Authors
Source
International Journal of Cancer; 2019
Publication Date
2019
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Abstract
Large, comprehensive studies of the risk for neurologic disorders among long-term survivors of noncentral nervous system (CNS) childhood cancers are lacking. Thus, the aim of our study was to assess the lifetime risk of Nordic non-CNS childhood cancer survivors for neurologic disorders. We identified 15,967 5-year survivors of non-CNS childhood cancer diagnosed in Denmark, Iceland, Finland and Sweden in 1943-2008, and 151,118 matched population comparison subjects. In-patient discharge diagnoses of neurologic disorders were used to calculate relative risks (RRs) and absolute excess risks (AERs). A neurologic disorder was diagnosed in 755 of the survivors while 370 were expected, yielding a RR of 2.0 (95% confidence interval (CI) 1.9-2.2). The highest risks were found among survivors of neuroblastoma (4.1; 95% CI 3.2-5.3) and leukemia (2.8; 95% CI 2.4-3.2). The AER decreased from 331 (278-383) excess neurologic disorders per 100,000 person-years 5-9 years after diagnosis to 82 (46-118) >= 20 years after diagnosis. Epilepsy was the most common diagnosis (n = 229, 1.4% of all survivors), and significantly increased risks were seen among survivors of eight out of 12 types of childhood cancer. Survivors of neuroblastoma had remarkably high risks (RR >= 10) for hospitalization for paralytic syndromes and hydrocephalus, while survivors of leukemia had additional high risks for dementia and encephalopathy. In conclusion, survivors of non-CNS childhood cancer are at high risk for neurologic disorders, especially within the first decade after diagnosis. Therefore, intensive follow-up to identify those who require close management is needed.

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