

## **OLD AGE LIAISON PSYCHIATRY WORKGROUP OF THE SPANISH PSYCHOGERIATRIC SOCIETY (SEPG) AND THE OLD-3 STUDY**

**Narvaiza Grau, Leire.** MD. Department of Psychiatry of Consorci Sanitari Integral, Barcelona, Spain.

**Pujol-Riera, Cristina.** MD. Department of Psychiatry of Consorci Corporació Sanitària Parc Taulí, Sabadell, Spain.

**Prat Galbany, Monica.** MD. Department of Psychiatry of Consorci Sanitari Integral, Barcelona, Spain

**Delgado Parada, Eduardo.** PhD, MD. Department of Psychiatry of Hospital Universitario de La Princesa. Madrid.

**Alonso Sánchez, Miguel.** MD. Department of Psychiatry of Hospital Universitario de La Princesa. Madrid.

**Iglesias González, Maria.** PhD, MD. Department of Psychiatry of Hospital Universitari Germans Trias i Pujol. Universitat Autònoma de Barcelona. CIBERESP.

**Etxandi Santolaya, Mikel.** PhD, MD. Department of Psychiatry of Hospital Universitari Germans Trias i Pujol. Universitat Autònoma de Barcelona. CIBERESP.

**Fuster Nácher, Eduardo.** MD. Department of Psychiatry of Hospital Universitario del Sureste. Arganda del Rey, Madrid.

**Pérez López, M<sup>a</sup> Desamparados.** MD. Department of Psychiatry of Hospital Universitario Ramón y Cajal. Madrid.

**Lázaro Archilla, Jorge.** MD Department of Psychiatry of Complejo Universitario Gran Canaria Dr.Negrin.

**Arbelo Cabrera, Néstor.** MD Department of Psychiatry of Hospital Clinic i Provincial Barcelona.

**Lakis Granell, Sara.** MD. Department of Psychiatry of Hospital Universitari Bellvitge, Barcelona.

**Villagrasa Blasco, Beatriz.** PhD, MD. Department of Psychiatry of Hospital de la Santa Creu i Sant Pau, Barcelona

**Crivillés Mas, Sara.** MD. Department of Psychiatry of Hospital de la Santa Creu i Sant Pau, Barcelona.

**Muñoz-Calero Franco, Paloma.** MD. Department of Psychiatry of Hospital Clínico San Carlos, Madrid

### **Key highlights:**

- 1. There is an increase in the number of older adults admitted to general hospitals. Old age liaison psychiatry units (LPU) can play an important role assessing these patients.**
- 2. There is a lack of studies and guidelines focused on hospitalized older adults, and with this purpose, have created a workgroup for old age liaison psychiatry recognized by the Spanish Psychogeriatric Society (SEPG).**
- 3. The workgroup is carrying out a multicenter cohort study in Spain (OLD-3 study), and preliminary results show high use of psychotropic medications in older adults and low access to mental health care. Delirium is the most frequent diagnose made by LPU in our sample.**
- 4. The workgroup aims to expand internationally, and welcomes colleagues worldwide to join for both research and educational goals.**

For the past few years there has been an increase in the number of older adults admitted in general hospitals (1, 2), and the presence of both medical and psychiatric comorbidity is highly prevalent. Liaison psychiatry units (LPU) are specialized in evaluating older adults with mental and medical pathologies, which can play a very important role and results in a greater number of LPU referrals [3].

The most prevalent psychiatric disorders among elderly hospitalized patients are delirium, depression, and dementia [4] which have been associated with an increase in mortality [5-7]. It has recently been observed that delirium continues to be underdiagnosed, and there is low diagnostic agreement between doctors of different specialties and LPU psychiatrists [1, 7].

The clinical profile of LPU users could be divided according to age groups (65-74 years and  $\geq 75$  years). Along these lines, older patients may present a greater use of psychotropic drugs (neuroleptics) and would be discharged more frequently to nursing homes than younger patients [1]. However, there are few publications focused on older adults, especially for the subgroup over 75 years of age. Likewise, there is no clear consensus in the clinical practice of LPU in relation to older patients. This led us to consider the creation of a workgroup for old age liaison psychiatry, which was established at the end of 2022 and has been recognized by the Spanish Psychogeriatric Society (SEPG). The group was born with a participatory, equitable and multidisciplinary philosophy.

The main objectives of the group are:

1. To create a research group evaluating the characteristics of LPU patients and assess efficiency of LPU activity through clinical and economic parameters.
2. To establish a communication network between psychogeriatric specialists in order to work toward establishing consensus on liaison psychiatry clinical practice.
3. To support education and tutoring for both specialist doctors and doctors training in the field.
4. To identify the mental health needs of older adults and develop new resources to ensure adequate access to mental health care for this population.
5. To establish and foster relationships with other scientific societies related to the discipline within a multidisciplinary approach.

Figure 1:



The activity carried out so far has been mainly research. In 2022, the Valladolid Multicenter Study was developed. It was a cross-sectional multicenter study executed in November-December 2022. Results

from this study were presented through an oral communication at the IPA Lisbon 2023 Congress and in several posters at the same congress. It has also been published as an article in the magazine *Psicogeriatría* December 2023. We are currently carrying out the OLD-3 study (Figure 2). This is a Spanish multicenter prospective, cohort study which includes 10 Spanish hospitals in the regions of Barcelona and Madrid. The main objective is to describe the characteristics of patients ages 65 years or older consulted in LPU. As secondary objectives, we propose to evaluate: the prescription/deprescription of psychotropic drugs carried out by LPU, mortality at discharge and at 1 and 3 months, readmissions, diagnostic agreement between non-psychiatrists and LPU psychiatrists, as well as additional outcome measures. This study consists of a 6-month recruitment phase followed by a clinical history review phase 1 and 3 months after discharge. During the recruitment phase, sociodemographic and clinical variables including baseline geriatric status and frailty are analysed. After 4 months of recruitment, we have a sample of 343 patients with the study planned to conclude at the end of 2024.



Preliminary results after 2 months of recruitment show:

- N= 175 (52% men; 48% women), mean age 76.98 years (7.77 SD)
- 46.20% had a 100 basal Barthel and 59.5% had autonomous walking
- Mean Lawton was 4.6 (SD 2.67) and Charlson was 5.54 (SD 2.29)
- 30% suffered falls in the last 6 months
- 46.55% were referred to LPU due to affective symptom
- 71% had a psychiatric history, but only 23% had prior follow-up in mental health with a majority followed by general practitioners
- LPU made a new diagnosis in 104 cases most frequently delirium (38.46%)
- 68% of patients had prescribed psychotropic drugs before admission, especially those with psychiatric history
- Benzodiazapines were the most prescribed drugs before admission in those without a psychiatric history
- Use of benzodiazepines was associated with falls in 84.5% cases, ( $p < 0.001$ ).
- After LPU 60% of cases were prescribed a psychotropic drug (especially antidepressants) and 53.14% had psychotropics were reduced/withdrawn (mostly benzodiazepines)
- Those over 75 years of age had a higher incidence of delirium (41%,  $p = 0.036$ ), psychiatric comorbidity ( $p = 0.0048$ ) and poorer follow up by mental health ambulatory resources ( $p = 0.003$ ) when compared to group 65-74 years of age.

As preliminary conclusions, our sample had high complexity with medical and psychiatric comorbidity. The use of psychotropic drugs in patients referred to LPU was common especially benzodiazepines. Despite this complexity, access to the mental health network is scarce, especially among the oldest patients.

We hope in the future to be able to share with you the complete results of the OLD-3 study. We also would love to expand the old age liaison psychiatry workgroup to an international level, both to be able to contribute to future research projects and to collaborate in establishing consensus on clinical practice. Therefore, we welcome other colleagues worldwide to join us.

Bibliography:

1. Barra B, Varela L, Maldonado JR, Calvo P, Bastidas A, Sánchez R, et al. Clinical profile and length of hospital stay in a simple if psychogeriatric patients referred to consultation liaison psychiatry unit. *Medicina (Kaunas)* 2021; 57: 256.
2. Sowa A, Tobiasz-Adamczyk B, Topor-Madry R, Poscia A, La Milia DI. Predictors of healthy ageing: public health policy targets. *BMC Health Serv Res* 2016; 16: 441-53.
3. Schellhorn SE, Barnhill JW, Raiteri V, Faso VL, Ferrando SJ. A comparison of psychiatric consultation between geriatric and non-geriatric medical inpatients. *Int J Geriatric Psychiatry* 2009; 24: 1054-61.
4. Tsai MC, Weng HH, Chou SY, Tsai CS, Hung TH, Su JA. One-year mortality of elderly inpatients with delirium, dementia, or depression seen by a consultation-liaison service. *Psychosomatics* 2012; 53: 433-8.
5. González M, Martínez G, Calderón J, Villarroel L, Yuri F, Rojas C, et al. Impact of delirium on short-term mortality in elderly inpatients: a prospective cohort study. *Psychosomatics* 2009; 50: 234-8.
6. Ballard C, Powell I, James I, Reichelt K, Myint P, Potkins D, et al. Can psychiatric liaison reduce neuroleptic use and reduce health service utilization for dementia patients residing in care facilities. *Int J Geriatric Psychiatry* 2002; 17: 140-5.
7. Barra BJ, Barahona M, Varela LF, Calvo P, Bastidas A, Carreño J, et al. A cross-sectional, retrospective, and comparative study between delirium and non-delirium psychiatric disorders in a psychogeriatric inpatient population referred to consultation-liaison psychiatry unit. *Medicina (Kaunas)* 2023; 59: 693

***Leire Narvaiza, MD, works in Department of Psychiatry of Consorci Sanitari Integral, Barcelona, Spain. She is both, geriatrician and a psychiatrist. She has worked for several years in old age psychiatry departments and in neuropsychiatry. She is a current member of the IPA, Spanish Psychogeriatric Society (SEPG) and Spanish Psychiatry Society and Mental Health (SEPSM). She co-leads the Old Age Liaison psychiatry workgroup of the SEPG.***

***Email: [lnarvaizag@csi.cat](mailto:lnarvaizag@csi.cat)***



***Cristina Pujol-Riera, MD, Associate Psychiatrist of the Consultation-Liaison Psychiatry and Geriatric Psychiatry Unit of the Mental Health Service in Consorci Corporació Sanitària Parc Taulí. Sabadell, Spain. She is a psychiatrist with a master's degree in psychogeriatrics and she has worked for several years in old age psychiatry departments. She is a current member of the Spanish Psychogeriatric Society (SEPG) and of the Spanish Psychiatry Society and Mental Health (SEPSM). She co-leads the Old Age Liaison psychiatry workgroup of the SEPG.***

***Email: [cpujolr@tauli.cat](mailto:cpujolr@tauli.cat)***

