

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

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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

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Introduction: Patients with hoarding disorder (HD) show difficulty discarding items due to the perceived need to save the items and to distress about discarding them, which causes domestic squalor (DS), especially in young people. In older people, dementia also causes DS. In this case series, we report five cases of older people with DS and compare DS due to HD with DS due to dementia.

Case presentation: Case 1 was an 82-year-old female who showed hoarding symptoms in her 60s. She was diagnosed with late-onset HD. Case 2 was a 73-year-old female who showed hoarding symptoms in her 10s. She was diagnosed with early-onset HD. Cases 1 and 2 showed difficulty discarding. Case 1 went to the dump site to collect items that had been discarded by her family. Case 2 strongly refused to throw away items that were considered unnecessary by her family. However, cases 1 and 2 could continue to live at home with nonpharmacological treatment, such as limiting shopping items and getting items from friends and discarding items with their family step by step. Case 3 was a 56-year-old male who showed hoarding symptoms in his 50s. Case 4 was a 72-year-old female who showed hoarding symptoms in her 60s. Cases 3 and 4 were diagnosed with behavioral variant frontotemporal dementia. Case 5 was a 67-year-old female who showed hoarding symptoms in her 60s. She was diagnosed with dementia with Lewy bodies. Case 3-5 did not feel distressed that their family discard their items in their absence. However, despite adjustments to their living environment, they could not continue to live at home and were admitted to a nursing home.

Conclusion: In this case series, although cases with DS due to HD showed difficulty discarding items, they could continue to live at home. However, in cases with DS due to dementia, although their house was easily cleaned, they could not continue to live at home due to impairment of their daily activities. Therefore, it is important not to miss HD in older people, and DS due to dementia may be a sign they have difficulty living at home.

P48: Underreporting of suicide in old age: accident or self-harm? Angela's scase

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Abstract: Deaths from suicide often incur a misclassification. Suicide is in fact subject to stigma and shame; in some countries it is even criminalized. Furthermore, there are situations in which the intentionality of the suicidal behavior is really equivocal or there was a desire to disguise the death by suicide, for example for insurance reasons. In many cases, it can be difficult to ascertain if death was due to a deliberate act (such as not taking life-saving medication or overdosing on them; an accident or a voluntary fall, etc.). Suicide deaths involving older adults are particularly prone to under-reporting. The advanced age of the deceased may imply less investigative interest than a death in childhood or from medical complications. In addition, there are cases in which it is really difficult to classify the type of death. The following story may underline such a difficulty.

Angela was 81 years old. A childless widow, sufficiently independent, was a guest in a nursing home for about a year; she was there - she said - mainly to fight her loneliness. However, in the nursing home she felt even lonelier than at home.

Her house was sold shortly before entering her residence. She felt very frightened by the pandemic, which she followed for long hours on television: she had begun to say aloud that she didn't want to be intubated, and that there was no more oxygen for anyone anyway. Everybody would have died soon. She was given sedatives to calm