

Elderly people served in a Psychiatric Emergency and Urgency Service

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Objective: characterize the elderly treated in a Psychiatric Emergency and Urgency Service regarding their sociodemographic profile, psychiatric diagnosis, prescription of medication and medical conduct and evaluate their associations with sex. **Method:** a cross-sectional, quantitative study in which data was obtained from the medical records of patients seen in the referred service, between July/2015 and June/2016. The independent variable was gender and dependents were: age; origin; informant; previous psychiatric treatment; diagnosis; prescribed drugs and conduct. **Results:** in the 152 medical records analyzed, the prevailing age is between 60 and 69 years old, most of them women, coming from the local municipality and attending with a companion. The prevalent diagnoses are schizophrenia and mental and behavioral disorders resulting from the use of psychoactive substances. The most frequently prescribed medications are in the class of antipsychotics and antihistamines, followed by anxiolytics/sedatives. Beers' criteria consider the prescription of benzodiazepine, antipsychotic and antihistamine medications inappropriate for the elderly. The main conduct was discharge, without referral to another service. **Conclusion:** although there is encouragement from the Ministry of Health, with the creation of new mental health policies, many professionals maintain the model of care based on complaint and conduct, hindering the psychosocial rehabilitation of patients.

Descriptors: Elderly; Psychiatric Emergency Services; Medicines; Medical Records.

How to cite this article

Cordeiro MGS, Otani MAP, Goulart FC, Pinheiro OL, Marin MJS, Lazarini CA. Elderly people served in a Psychiatric Emergency and Urgency Service. SMAD, Rev Eletrônica Saúde Mental Álcool Drog. 2021 Jan.- Mar.; 17(1):39-47. doi: <https://dx.doi.org/10.11606/issn.1806-6976.smad.2021.158278>

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Idosos atendidos em um Serviço de Urgência e Emergência Psiquiátrica

Objetivo: caracterizar os idosos atendidos em um Serviço de Urgência e Emergência Psiquiátrica quanto ao perfil sociodemográfico, diagnóstico psiquiátrico, prescrição de medicamentos e conduta médica e avaliar suas associações com o sexo. **Método:** estudo transversal, quantitativo, em que os dados foram obtidos a partir dos prontuários de pacientes atendidos no referido serviço, entre julho/2015 e junho/2016. A variável independente foi o sexo e as dependentes foram: idade; procedência; informante; tratamento psiquiátrico anterior; diagnóstico; medicamentos prescritos e conduta. **Resultados:** nos 152 prontuários analisados, observam-se idade prevalente entre 60 a 69 anos, maioria de mulheres, procedência do município local e comparecimento com acompanhante. Os diagnósticos prevalentes são a esquizofrenia e os transtornos mentais e comportamentais decorrentes do uso de substâncias psicoativas. As medicações prescritas com maior frequência são da classe dos antipsicóticos e anti-histamínicos, seguidas dos ansiolíticos/sedativos. O critério de Beers considera a prescrição de medicamentos do grupo dos benzodiazepínicos, antipsicóticos e anti-histamínicos inapropriada para idosos. A principal conduta foi a alta, sem encaminhamento a outro serviço. **Conclusão:** embora haja incentivo do Ministério da Saúde, com a criação de novas políticas de saúde mental, muitos profissionais mantêm o modelo de atendimento baseado na queixa e conduta, dificultando a reabilitação psicossocial dos pacientes.

Descritores: Idosos; Serviços de Emergência Psiquiátrica; Medicamentos; Registros Médicos.

Asistencia de personas de edad avanzada en un servicio psiquiátrico de emergencia

Objetivo: caracterizar a los ancianos atendidos en un servicio psiquiátrico de emergencia y urgencia en relación con el perfil sociodemográfico, el diagnóstico psiquiátrico, la prescripción de medicamentos y la conducta médica; y evaluar sus asociaciones con el sexo. **Método:** un estudio cuantitativo y transversal en el que se obtuvieron datos de los registros médicos de los pacientes tratados en el citado servicio, del 2015 al 2016 de julio. La variable independiente era el sexo y los dependientes eran: edad, procedencia, informante, tratamiento psiquiátrico previo, diagnóstico, medicamentos recetados y conducta. **Resultados:** de los 152 registros médicos analizados, se observa que: la edad predominante es de 60 a 69 años, la mayoría de ellos son mujeres, desde el municipio local y atendido a la atención de un acompañante. Los diagnósticos prevalentes son la esquizofrenia y los trastornos mentales y conductuales resultantes del uso de sustancias psicoactivas. Los medicamentos recetados con mayor frecuencia son la clase antipsicótica y anti-histamina, seguida de ansiolíticos/sedantes. El criterio de Beers considera que la prescripción de fármacos del grupo de benzodiazepinas, antipsicóticos y antihistaminas, es inadecuada para los ancianos. La conducta principal era alta, sin remisión a otro servicio. **Conclusión:** aunque hay aliento del Ministerio de salud con la creación de nuevas políticas de salud mental, muchos profesionales mantienen el modelo de cuidado basado en la queja y la conducta, obstaculizando la rehabilitación psicossocial de los pacientes.

Descriptorios: Ancianos; Servicios Psiquiátricos de Emergencia; Medicamentos; Registros Médicos.

Introduction

The increase in life expectancy and the change in the epidemiological profile of the Brazilian population have increasingly aroused the interest of researchers about aging, leading to the need to use indicators that broaden the health evaluation for the elderly segment⁽¹⁾.

It is already known that aging contributes to trigger or aggravate the presence of mental disorders such as schizophrenia, depression, bipolar disorder, delusional, anxiety, and somatoform, among others⁽²⁾. A European study estimated that one in two elderly people had experienced a mental disorder during their lifetime and one in four was affected by mental illness at the time of the interview. These authors reaffirmed the need to provide good quality mental health services for this age group⁽³⁾.

The Ordinance of the Ministry of Health MS/GM No. 2528, of October 19, 2006, which approved the National Policy on Health of the Elderly Person, refers to the promotion of active and healthy aging. Among its guidelines, it describes the need to promote integrating and inclusive group actions, with evaluation, diagnosis and treatment of the mental health of the elderly person⁽⁴⁾. In this sense, the Brazilian Psychiatry Association has proposed guidelines for a model of comprehensive mental health care at the tertiary level for psychiatric emergencies⁽⁵⁾.

The Psychiatric Emergency and Urgency care aims to assist the elderly in acute situations, whether or not resulting from chronic and progressive diseases, which represent the greatest need for care for this age group⁽⁶⁾. This emergency service is used by the elderly population due to the presence of risk factors and the low resoluteness of the other health sectors in the care of this population⁽⁷⁾.

In view of the above, knowing the characteristics of elderly people who need assistance in Psychiatry Emergency Room may contribute with information to better understand this reality. This may trigger further reflections and proposals for interventions to improve the care for this specificity, given the existence of gaps in studies, especially epidemiological studies, on the subject.

The objective of this work was to characterize the elderly treated in a Psychiatric Emergency and Urgency Service in relation to the sociodemographic profile, psychiatric diagnosis, medication prescription and medical conduct and to evaluate their associations with the sex.

Method

This is a retrospective, analytical study based on secondary data of care provided to the elderly (60 years or more) in the Psychiatric Emergency and Urgency Service of a public hospital in a city in the interior of the State of

São Paulo, from 01/07/2015 to 30/06/2016. In relation to mental health care, the aforementioned municipality has a general hospital psychiatric hospitalization unit with 12 beds, two Psychosocial Care Centers (PSCC), one for the treatment of people with long-term mental disorders and the other for people with mental disorders due to the use of psychoactive substances, 39 Family Health Units, 12 Basic Health Units, a psychiatric hospital, therapeutic residences, a Mental Health Clinic and a therapeutic workshop.

The study site is an emergency and emergency care service of a hospital care and teaching unit that is part of the health care network of the Regional Department of Health (RDH), whose area of coverage includes 62 municipalities, grouped into five micro regions, totaling an estimated population of one million and 200 thousand inhabitants.

The hospital is a teaching and learning scenario for the Medicine and Nursing courses, besides making available an internship field for several other health courses at higher and technical levels, thus contributing with the training of professionals for the Unified Health System (UHS).

This health service, a reference for specialized attention in different levels of complexity, has, in its structure, an Urgency and Emergency Unit, constituting a gateway to clinical, surgical, psychiatric, and orthopedic and neurosurgical urgencies/emergencies, among others.

The sample size was calculated using the following statistical parameters: elderly population served in the urgency and emergency room between 01/07/15 and 30/06/16 = 258; sample error of 5%; 95% confidence level and maximum percentage of 50%, requiring 152 individuals. Their charts were included, respecting the monthly proportion of attendance, which ensured that every month of the year they were contemplated. Medical records with lack of information were excluded.

The data was collected from January to March 2017, obtained through the manual collection of data from the patients' medical records, all of which are users of UHS. These charts were provided by the Medical Records Sector of the Institution's Assistential Complex, in which it was possible to obtain the following information: age; sex; origin; companion or informant; previous psychiatric crisis or treatment; diagnostic hypothesis of mental disorder; prescribed drugs and conduct. Age-related data was grouped into age groups 60-69 years, 70-79, 80 years and over. The anatomical and therapeutic classification of the Anatomical Therapeutic Chemical (ATC) was used for the description of the categories of drugs⁽⁸⁾. Potentially inappropriate drugs (PID) for the elderly have been characterized according to the current review of Beers' criteria, which identify 53 drugs or classes unsuitable for use in the elderly, regardless of diagnoses and conditions⁽⁹⁾.

During the study period, some patient may have used the above-mentioned service more than once and, therefore, the number of attendances analyzed may exceed the number of patients attended. In this study, the number of attendances was considered, except for socio-demographic characteristics, diagnoses and psychiatric background.

Sex was defined as an independent variable. The others were treated as dependent variables. The statistical analyses were performed with the SPSS software, version 17.0. The inferential analyses were performed using Pearson's chi-square test and Fisher's exact test extension. In all conclusions obtained by the inferential analyses, the significance level α equal to 5% ($p \leq 0.05$) was used.

This research was initiated after approval by the Research Ethics Committee for Human Beings of the Faculty of Medicine under number CAAE 60175716.5.0000.5413, obtaining authorization from the hospital manager and waiving of the Free and Informed Consent Term (FICT).

Results

During the data collection period, the 152 medical records were obtained and there were 321 records of the last attendance recorded in the medical records.

Of the 152 medical records analyzed, it was possible to observe that 53.3% of the patients were female. The age group between 60 and 69 years old predominated in both sexes, as well as the place of origin. Statistical analysis shows a significant difference between sex and the source of information, with men providing the information themselves while women's information is provided by their companions. In addition, women presented a predominance of only one attendance in the analyzed period (Table 1).

Table 1 – Characterization of the elderly treated in a Psychiatric Emergency and Urgency Service of a public hospital according to sex. Marília, SP, Brazil, 2015-2016

Variables	Male (71)		Female (81)		P
	N	%	n	%	
Age (years)					
60 – 69	43	60.0	50	61.7	0.88
70 – 79	18	25.4	20	24.7	0.71
80 or +	10	14.1	11	13.6	0.93
Origin					
Marília	53	74.6	58	71.6	0.67
Other municipalities	18	25.4	23	28.4	
Informant					
Patient	40	56.3	32	39.5	0.04*
Companion	30	42.2	48	59.2	0.04*
Did not reply to the invitation	1	1.4	1	1.2	0.72
No. of consultations					
One	45	63.4	64	79.0	0.03*
Two	12	16.9	7	8.6	0.12
Three	7	9.9	3	3.7	0.11
Four	1	1.4	2	2.5	0.55
Five or more	6	8.5	5	6.2	0.41

* $p \leq 0.05$ = Pearson chi-square test

Regarding the number of diagnoses of mental disorder, regardless of gender, there is a predominance of a single diagnosis. It was also observed that the diagnosis of "Mental and behavioral disorders due to the use of psychoactive substances" was more frequent in men. The other mental disorder diagnoses showed no significant differences when compared to sex. Discharge was the most present conduct after the consultations, followed by hospitalization, in both sexes (Table 2).

Table 2 – Diagnosis of mental disorder and conduct following doctor's visits to elderly patients in a Psychiatric Emergency and Urgency Service of a public hospital according to sex. Marília, SP, Brazil, 2015-2016

Variables	Male		Female		p
	N	%	n	%	
No. of diagnoses in last consultation					
1 Diagnosis	62	87.3	70	86.4	0.80
2 diagnoses	2	2.8	3	3.7	0.56
3 diagnoses	0	0	1	1.2	0.53
No diagnosis	6	8.5	4	4.9	0.29
Did not reply to the invitation	1	1.4	3	3.7	0.28
Diagnoses					
Organic Mental Disorders	15	22.6	12	17.1	0.43
Mental and behavioural disorders arising from the use of psychoactive substances	24	37.1	5	7.1	0.001*
Schizophrenia, schizotypic and delusional disorder	11	17.7	22	31.4	0.07
Mood Disorders (Affective)	7	11.3	13	18.6	0.24
Neurotic, stress-related and somatoform disorders	6	9.7	13	18.6	0.15
Behavioral syndromes associated with physiological disorders and physical factors	0	0	2	2.9	0.28
Personality and behaviour disorders	1	1.6	3	4.3	0.36
Conduct					
Discharge	36	49.3	44	54.3	0.90
Hospitalization	25	35.2	20	24.7	0.16
Reveal	2	2.8	2	2.5	0.64
Discharge and referral – PSCC AD†	3	4.2	1	1.2	0.47
Discharge and referral o – MHC‡	4	5.6	9	11.1	0.25
Did not reply to the invitation	1	2.8	2	2.5	0.45
No information	0	0	3	3.7	0.08

* $p \leq 0.05$ = Fisher's Exact Test; †PSCC AD = Psychosocial Care Center for Alcohol and Drugs; ‡MHC = Mental Health Clinic

In Table 3, it is possible to observe that, of the 152 patients seen in the service, 30 men and

48 women were medicated and women received more medication than men ($p=0.04$). The data also showed the predominance of the use of a prescribed medication, regardless of the gender of the patient. Table 3 also shows the classes of drugs prescribed at the time of medical care. It is possible to observe that the association between an antipsychotic and an antihistamine prevails, predominating the use of haloperidol and promethazine. The second largest group of drugs in the prescriptions was anxiolytics/sedatives, with alprazolam predominating. When confronting the prescribed drugs with those contained in the Beers Criteria⁽⁹⁾, some benzodiazepines, an antipsychotic and an antihistamine are present. Statistical analysis showed that women received more alprazolam prescriptions when compared to men.

Table 3 – Usage profile and class of drugs prescribed for elderly seen in a hospital's Psychiatric Emergency and Urgency Service according to sex. Marília, SP, Brazil, 2015-2016

Variables	Male		Female		P
	n	%	n	%	
Received medication					
Yes	30	42.3	48	59.3	0.04*
No	37	52.1	29	35.8	0.04*
Did not reply to the invitation	4	5.6	4	4.9	0.56
Number of prescribed medications					
1 medication	13	4.3	28	58.3	0.20
2 medications	17	56.7	19	39.6	0.14
3 or more medications	0	0	1	2.1	0.61
Medication					
Typical antipsychotic	5	16.7	9	18.7	0.53
Atypical antipsychotic	1	3.3	2	4.2	0.67
Anxiolytic/sedative	6	20.0	17	35.4	0.15
Anticholinergic	1	3.3	0	0	0.38
Typical antipsychotic + anxiolytic	2	6.7	1	2.1	0.32
Typical antipsychotic + antihistamine	14	46.7	18	37.5	0.42
Atypical antipsychotic + antihistamine	1	3.3	0	0	0.38
2 typical antipsychotics + antihistamines	0	0	1	2.1	0.61
Potentially inappropriate drugs (Beers Criteria)					
Alprazolam	1	4.2	9	25.0	0.03†
Clonazepam	2	8.3	5	13.9	0.41
Diazepam	1	4.2	2	5.6	0.65

Variables	Male		Female		P
	n	%	n	%	
Lorazepam	2	8.3	0	0	0.16
Chlorpromazine	3	12.5	1	2.8	0.17
Prometazine	15	62.5	19	52.8	0.46

* $p \leq 0.05$ = Pearson chi-square test; † $p \leq 0.05$ = Fisher's exact test

Discussion

When comparing the data found in the medical records analyzed in this study with data from the literature, it can be seen that there is similarity in several aspects.

Regarding sex, the greater presence of women can be justified by the role historically played by women in society, who assume multiple obligations and responsibilities, such as childcare, associated with the insertion in the labor market, and may favor the emergence of mental illnesses, such as depression⁽¹⁰⁾.

In a study that established the sociodemographic profile of patients in a Psychosocial Care Center, it was pointed out that, in general, women seek health services more than men. Aspects such as self-care, which is more present in the female population, and men's fear of finding negative aspects in relation to their mental health are factors that can decrease men's demand for health services⁽¹¹⁾.

With regard to age, the highest prevalence of care was identified in the 60 to 69 age group. A study carried out in a center that exclusively treats mental disorders, it was verified a prevalence of 60.4% in the 60 to 69 age group⁽¹²⁾. No justification has been found in the literature for this age group being the most affected by mental disorders, but it can be understood that it is the beginning of old age, a phase of greater risk for various diseases, which may justify the greater demand in the Psychiatric Emergency and Urgency Service.

As for the origin of those assisted, 73% were from the municipality where the study was carried out, although the site is a reference for 62 municipalities. According to IBGE⁽¹³⁾, this municipality has an estimated population of 216,745 inhabitants, which may justify the higher number of elderly people coming from it.

As for the source of information in the act of service, men were more responsible than women for this. It is recognized that the need of the elderly man to remain independent and autonomous is sustained in the conception of masculinity. Such behaviour, on the one hand, can be beneficial when considering self-care and responsibility for one's own health and, on the other, can express the denial of health problems, becoming a risk of worsening health conditions. In contrast, older women stress the importance of family support and

protection and the maintenance of health⁽¹⁴⁾. Data from the literature show that the aspects previously presented are now central to the lives of the elderly, especially for women who identified, at this stage, losses related to family social ties⁽¹⁵⁾.

In this study, the pictures of mental and behavioral disorders resulting from the use of psychoactive substances (17.8%), followed by schizophrenia (15.8%) are highlighted. Data in the literature show that the diagnoses of higher incidence, in both sexes, were mood disorders - depressive episode, with 14.2%, followed by schizophrenia, with 11.8%, and mental and behavioral disorders resulting from alcohol use accounted for 9.3% of the cases⁽¹²⁾. The use of psychoactive substances such as alcohol is considered a social act and is present in different cultures in which individuals seek disinhibition, relaxation and even aphrodisiac effects⁽¹⁶⁾. The consumption of alcohol and other psychoactive elements by older people causes significant impacts on health conditions and major effects on well-being and quality of life. The use of these substances is often triggered by situations of experience by the elderly, such as losses, physical limitations and retirement itself. In addition, the relationships built throughout life by the elderly and the consumption of alcohol and other drugs represent a complex phenomenon⁽¹⁷⁾.

Schizophrenia is the diagnosis very much present in the medical records analyzed. This disease affects approximately 1% of the world's population, and between 2008 and 2014 in Brazil there were 51,640 hospitalizations of the elderly due to schizophrenia⁽¹⁸⁾. Compatible with the diagnosis of schizophrenia is the presence of prescription antipsychotics, both typical and atypical, in both sexes.

As for medical conduct in care, the most frequent in this study was 52%, followed by hospitalization, with 29.6%. The majority of the elderly treated in the Psychiatric Emergency Service of the Center for Integrated Mental Health Care (UEP-CAISM) were referred to the outpatient clinic⁽¹²⁾. In another study, conducted in an emergency service in Sobral-CE, 43.45% of patients were referred to local PSCC-ad⁽¹⁹⁾, that is, a significant proportion of patients have been referred to a service that integrates the new model of mental health care. This new model emerged as a proposal of the Psychosocial Care Network, which was instituted on December 23, 2011, by Ordinance No. 3,088, and aims to ensure the integrity of care, ensuring the articulation and integration of networks, qualifying the care. The services available within this network are: Primary Health Care (FHT, FHCN); Specialized Psychosocial Care (PSCC); Residential Care Transition; Emergency and Emergency; Hospital Care; De-institutionalization Strategy and Psychosocial Rehabilitation⁽²⁰⁾.

Of the 152 patient records analyzed, 51.3% received medication, and among these, 52.3% received only one medication. It is worth noting that, although statistical analysis did not show any significant difference, men showed a predominance of prescription of two drugs while women, of only one. By relating the number of drugs prescribed to the class of drugs, Table 3 shows the predominance of the prescription association of antipsychotic with antihistamine for men, which could justify the greater prescription of two drugs for men. In relation to women, both the prescription of anxiolytic/sedative and antipsychotic drugs associated with antihistamine are observed, not allowing to directly relate the quantity of drugs with the respective pharmacological classes.

Regarding the use of prescribed psychopharmaceuticals, the literature describes the main drugs recommended in the public network. According to the National Relation of Essential Medicines - RENAME⁽²¹⁾, medicines such as alprazolam, bromazepam and lorazepam, which have been prescribed, are not included in your list of essential medicines. RENAME was created as proposed by the World Health Organization (WHO) as a way of selecting essential medicines according to their affordability, quality and safety and also according to their effectiveness and relevance to the health of the population⁽²²⁾. The prescription of medicines by a public service not included in RENAME may imply the non-adherence to the treatment, since the user will have to purchase it in commercial pharmacies.

Also in relation to the drugs that were classified as potentially inappropriate for the elderly according to the Beers Criteria⁽⁹⁾, the majority are represented by the class of benzodiazepines. Data in the literature show that the consumption of drugs that act on the central nervous system, especially benzodiazepines, is very high⁽²³⁾. This group of drugs is indicated for the management of psychiatric diseases, such as anxiety, some types of seizures and as muscle relaxants, anticonvulsants, having its dosage prescribed for a short time, not to exceed three months^(9,24). These medications can cause symptoms such as daytime drowsiness, reduced motor coordination, altered memory, dizziness, tinnitus, delirium, falls and fractures, paradoxical reaction, intoxication, and risk of addiction. Long-term use in the elderly seems to be related to increased risk of dementia, particularly Alzheimer's disease^(9,23-24). In addition, its depressant action on the central nervous system, when associated with other medications, which is relatively common in the elderly, may have its sedative effect potentiated and even inhibit the respiratory bulbar center, leading to respiratory failure⁽²⁵⁾.

In this sense, although benzodiazepines are widely used in the elderly, their use is not recommended due to the fact that, with advancing age, there are qualitative and quantitative changes in the GABAergic complex, particularly in relation to GABA receptors, which are responsible for the increased sensitivity to benzodiazepines⁽²⁶⁾. Thus, for the use of benzodiazepines in the elderly, it is necessary to adjust the dose, reducing it, to reach the same level of sedation reached in young people. Still regarding the elderly, the prescription of benzodiazepines should only occur when extremely necessary, always giving preference to short and intermediate half-life drugs⁽²⁷⁾.

Despite the importance of this study, one must take into account its limitation, since it is not possible to extrapolate the data obtained for the entire elderly population, since the data came from a public health care service. However, despite the limitations, this study highlighted important characteristics about the prescription of medicines for the elderly in the Psychiatric Emergency and Urgency Service.

Conclusion

The characterization of the elderly attended at the study site showed that the most prevalent age is 60 to 69 years, the majority is composed of women, coming from the local municipality and who attended the care with a companion. Of the 152 elderly, 132 received only one diagnosis, the most prevalent being schizophrenia and mental and behavioral disorders due to the use of psychoactive substances. The main conduit was the discharge. When they were attended to, they received prescriptions for drugs, mostly only one, the class of anxiolytic/sedative being the most frequent. The Beers criteria identified the prescription of drugs from the benzodiazepine, antipsychotic and antihistamine group, which are considered inappropriate drugs for the elderly.

These results suggest that the care performed does not occur based on the model of extended clinic and the National Humanization Policy, since among the most frequent behaviors are discharge without referral and hospitalization, being possible to infer that, in the care, there was appreciation only of the patient's current complaint, without the concern of inserting it in other mental health services that make up the Psychosocial Care Network. This makes it difficult to implement a new model of mental health care that meets patients' various health needs and contributes to their psychosocial rehabilitation, offering them treatment options that allow them to return to their routines, including them in the job market and ensuring the necessary treatment.

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All authors approved the final version of the text.

Conflict of interest: the authors have declared that there is no conflict of interest.


Received: May 24th 2019

Accepted: May 11th 2020

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