

High Intensive Users Review – Frequent Attenders to Emergency Department

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Background

- Frequent Attenders (FAs) are a complex cohort group
- There is a research gap in regards to FA criteria and their clinical presentation
- **The aim** of this study is to:
 - Clarify the definition of a FA
 - Describe the FA clinical cohort

Methods

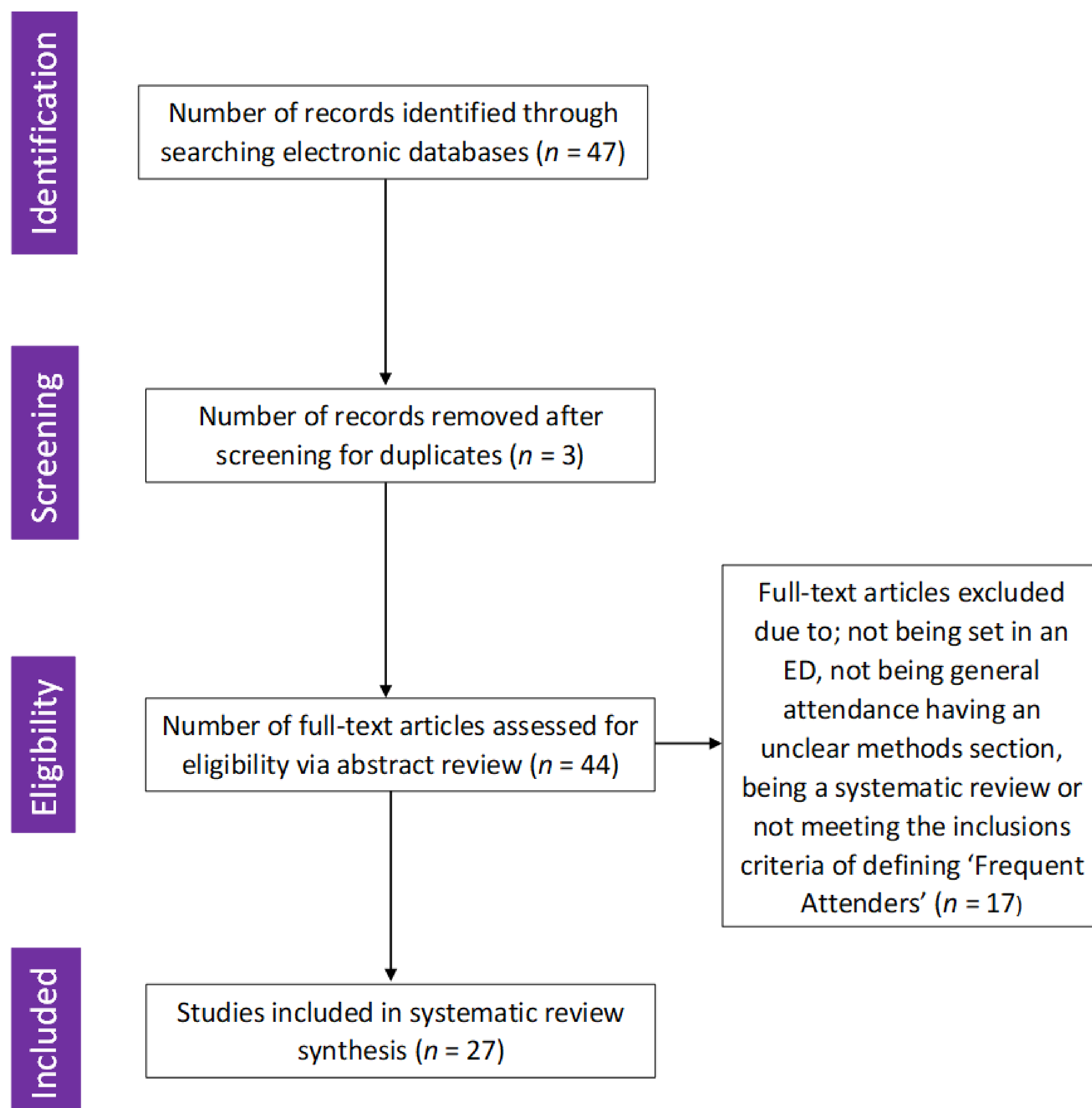


Figure 1. Flowchart representing the process of FA literature identification, screening, eligibility and inclusion

Results

- According to the Royal College of Emergency Medicine, Frequent Attendance is classified as > 5 attendances over 12 months
- The majority of studies classified Frequent Attendance as > 4 & 5 times over 12 months
- The main reasons for ED attendance were combined physical and mental health problems

- Qualitative analysis studies revealed patients associate ED with:
 - > A fast & easy way to seek out specialist care
 - > "Toughing it out" & symptoms overwhelming self-care measures
 - > Having nowhere else to go
 - > Convenience

- Asthma
- COPD
- Upper respiratory tract infection
- Pain
- Chronic disease
- Deterioration of physical illness
- MUS
- Mental health illness
- Acute psychiatric episodes
- Somatization syndromes
- Alcohol and drug misuse & related illnesses



Figure 2. Reasons for Frequent Attendance

Conclusions

- Patients with Physical Persistent Symptoms represented a high rate of attendance
- Frequent Attender support & rate reduction:
 - There is a strong evidence base (Royal College of Emergency Medicine, 2017) for a multidisciplinary team model involving primary and secondary care, social care and other emergency services and psychological interventions i.e., utilising ED care plans & case management
 - Therefore, there is a role for Liaison Psychiatry to provide a more comprehensive assessment and adequate treatment among this clinical cohort

References are available from the authors.