

Survey of patients from 2018-2019 admitted to a functional inpatient older adult psychiatric ward with late onset psychosis (after the age of 65 years)

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Introduction

A retrospective study by Webster et al in 1998 showed nearly 10% of over 1,700 consecutive geriatric patients admitted to an acute inpatient psychogeriatric unit had late-life onset psychotic symptoms.

The increase in life expectancy with multiple medical comorbidities raises the possibility of an increase in the diagnosis of late onset psychosis in admissions to the psychogeriatric ward.

As psychotic symptoms arising in the elderly could present as mood disorders, schizophrenia, dementia, delirium or as complex combinations of disorders, there is the need for studies in inpatient settings which provide an avenue for a multidisciplinary team to interact with patients consistently over a period of time carrying out full assessments of patient's history, mental state examinations, appropriate medical workups thereby disentangling these complex presentations and rightly diagnosing late onset psychosis.

Beech ward is one of two functional inpatient older adult wards in the south of Essex. South of Essex has a total population of 731,417 based on the results of the 2011 census with 23.4% of the population aged 60 years and over.

Aim

1. To determine the incidence of late onset psychosis in patients with affective and non-affective disorders on an old age functional ward
2. To identify medical comorbidities in this group of patients

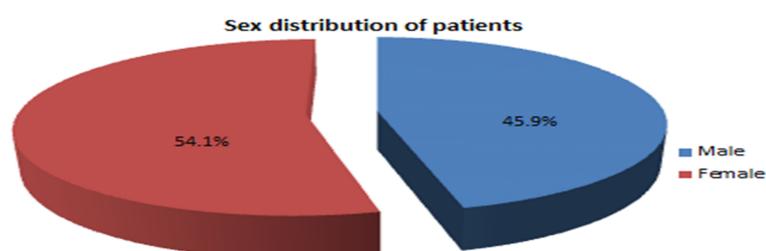
Methods

A review of case records of all patients admitted on Beech ward, Rochford hospital in 2018 and 2019. All records including admission assessment, discharge summaries, records from previous admissions and community records were reviewed. A diagnosis of psychosis was determined from the ICD-10 code and diagnosis written in the discharge summary, key words used in the ward round notes such as paraphrenia, schizophrenia, psychosis etc. and management with antipsychotics.

Information recorded for each patient was:

1. Year of admission and sociodemographic characteristics
2. Presence of psychosis in final diagnosis
3. Presence of first episode of psychosis only after 65 years of age
4. Presence of any other type of mental illness only after 65 years of age
5. Presence of any other type of mental illness before 65 years of age

Data was analysed using a Microsoft Excel spreadsheet.



Results

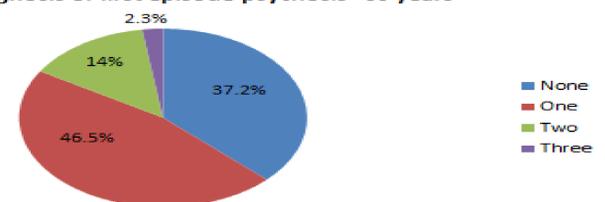
A total of 157 case records of patients with ages ranging from 53 years to 93 years with a mean age of 74.6.

Variable	N=157	n(%)
Psychosis in final diagnosis	Yes	64 (40.8)
	No	93 (59.2)
First episode psychosis >65 years	Yes	43 (27.4)
	No	114 (72.6)
Variable N = 43 n(%)		
Other forms of mental illness < 65 years	Yes	18 (41.9)
	No	25 (58.1)

Total incidence rate of first episode psychosis after 65 years was 27.4% with a slight increase in incidence in 2019 (15.3%) compared to 2018 (12.1%)

62.8% (27) of patients with a diagnosis of first episode psychosis had cardiovascular risk factors at the time of diagnosis

Number of subsequent inpatient admissions following diagnosis of first episode psychosis >65 years



Discussion and Conclusions

There was an overall higher incidence of first episode psychosis (27.3%) compared to the study by Webster et al in 1998.

62.8% of the patient who had first episode psychosis had cardiovascular risk factors which are risk factors for dementia

We also noted that the patients who had first episode psychosis are not routinely having radiological investigations or formal cognitive testing that would assist determining if any cognitive deficits might already be present. Clarifying the aetiology of the psychosis would help determine the prognosis of the psychotic illness.

References

(Late-Onset Schizophrenia and Very-Late-Onset Schizophrenia-Like Psychosis: An International Consensus Robert Howard, M.D., Peter V. Rabins, M.D., M.P.H., Mary V. Seeman, M.D., Dilip V. Jeste, M.D., and the International Late-Onset, Schizophrenia Group. The American journal of psychiatry

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