

# An audit of referrals to a Psychiatry of Old Age Consultation Liaison Service in an acute general Dublin teaching hospital before and during the COVID-19 pandemic

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## Background

The COVID-19 pandemic has had a disproportionate impact on the elderly population with over 65s accounting for 90% of all COVID-19 deaths and suffering increased social isolation during the pandemic<sup>1</sup>. Associated increases in anxiety and depressive symptoms have been reported in this population group<sup>2</sup>.

## Objectives

Our specialist Psychiatry of Old Age consultation liaison service accepts referrals for patients over 65 admitted to a major acute general Dublin teaching hospital. We completed an audit cycle of referrals to our service before and during the pandemic and evaluated the impact of the implementation of a telephone triage service on assessment rates following referral.

## Methods

We performed a retrospective analysis of all referrals received by our service during an eight-month period starting in May 2019 and repeated this for the corresponding period in 2020, during the COVID-19 pandemic. At the beginning of the pandemic, we introduced a telephone triage service for all referrals.

## Results

138 referrals were accepted in 2019 compared to 127 in 2020. 15/138 (10.8%) were not seen in 2019 as the patient had been discharged prior to review. This was compared to 4/127 (3.2%) in 2020. 123 patients underwent psychiatric assessment in both cohorts. The primary diagnoses were: delirium (48.8% 2019, 51.2% 2020); major depressive disorder (13% 2019, 24.4% 2020); adjustment disorder (11.4% 2019, 0% 2020); behavioural and psychological symptoms of dementia (BPSD) (4.1% 2019, 11.4% 2020) and alcohol/substance misuse disorders (4.1% 2019, 6.5% 2020). The remainder did not meet criteria for a formal mental health diagnosis (18.7% 2019, 6.5% 2020). 11/123 (9%) patients in 2019 and 27/123 (22%) patients in 2020 were referred for further community psychiatric follow-up post-discharge (table 1).

Diagnosis	Delirium	Major depressive disorder	Adjustment Disorder	BPSD	Alcohol/substance misuse disorders	No mental health diagnosis	Referred for community psychiatric follow-up
Pre-pandemic (n=123)	60 (48.8%)	16 (13%)	14 (11.4%)	5 (4.1%)	5 (4.1%)	23 (18.7%)	11 (9%)
During pandemic (n=123)	63 (51.2%)	30 (24.4%)	0 (0%)	14 (11.4%)	8 (6.5%)	8 (6.5%)	27 (22%)

## Conclusions

There was a slight reduction in referrals to our service during the COVID-19 pandemic. The introduction of a telephone triage service corresponded with a 7.6% reduction in the number of patients discharged prior to review. There was an increase in the proportion of patients diagnosed with depressive disorders by 14.4%, consistent with increased rates of depressive symptoms reported in the literature<sup>3</sup>. The proportion of patients found to be suffering from a psychiatric disorder increased by 12.2% during the COVID-19 pandemic, while the proportion of patients requiring further psychiatric follow-up in the community increased by 13%. These results are consistent with reports of increased mental health burden in this patient population during the COVID-19 pandemic<sup>2,3</sup>, highlighting the importance of continued evaluation of our telephone triage system for improving assessment rates.

### References

1. Health Protection Surveillance Centre. Weekly report on COVID-19 deaths reported in Ireland, 02/02/2022
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3. Butler M, Delvi A, Mujic F, Broad S, Pauli L, Pollak TA, Gibbs S, Fai Lam CC, Calcia MA, Posporelis S. Reduced activity in an inpatient liaison psychiatry service during the first wave of the COVID-19 pandemic: comparison with 2019 data and characterization of the SARS-CoV-2 positive cohort. *Frontiers in Psychiatry*. 2021 Feb 2;12:54.

Consent was obtained for completion of this clinical audit.