



# Hospital liaison psychiatry and dementia

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# Older people in the general hospital

1/5 ED attenders are >65

2/3 of patients admitted to the general hospital are >65

50% of those over 65 admitted to hospital will have a mental disorder

- Delirium
- Dementia
- Depression
- SMI

**THE FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH**

A report from the independent Mental Health Taskforce to the NHS in England  
February 2016

**DH** Department of Health

**Case for change – mental health liaison service for dementia care in hospitals**

*Evidence*

**Treat as One**  
Bridging the gap between mental and physical healthcare in general hospitals

**NICE** Improving the quality of healthcare

**NAD** NATIONAL AUDIT OF DEMENTIA

**RCPSYCH** ROYAL COLLEGE OF PSYCHIATRISTS

**National Audit of Dementia Care in General Hospitals 2018–2019**  
Round Four Audit Report

# Local context



# Addenbrooke's Hospital

1000+ beds

Secondary  
and tertiary  
referral centre

73069 total  
inpatient  
admissions

102709 A&E  
attendances

8395 (7600  
FTE) staff

4/5 DME  
wards

# Liaison Psychiatry service for Older People

- 3 Consultant Psychiatrists (1.6WTE)
- 4 Clinical Nurse Specialists (3.8WTE)
- 1 ST trainee
- 1 FY2 (FT)
  
- 9-5 weekdays
  
- Anyone and everyone 65 and over
- Referrals from clinical teams
  
- ED, CDU and admitted patients
- No outpatient service

# The 3 Ds

<b>Diagnosis</b>	<b>Total number of patients 2017-2018</b>	<b>Total number of patients 2016-2017</b>	<b>Total number of patients 2015-2016</b>
<b>Dementia</b>	307	415	408
<b>Delirium</b>	326	428	365
<b>Depression</b>	209	271	298
<b>Nil active MH problem</b>	182	121	103
<b>Alcohol related problem</b>	19	33	34
<b>Bipolar affective disorder</b>	20	29	43
<b>Schizophrenia</b>	25	31	18

# What brings people with dementia to the general hospital?

Acute breakdown of living situation/care arrangements

Aggression/agitation

Incident or injury

Acute medical illness +/- delirium

Complication/feature of the dementia e.g. seizure, fluctuation

Deterioration-?possibly near the end of life



# Predictors of ED attendance in the last year of life in dementia

- $\frac{3}{4}$  of people with dementia attend ED in the last year of life
- $\frac{1}{4}$  of attendances in the last month of life (and increasing over time)
- Attendance more likely out of hours and BIBA (rather than GP referral)
  - Sleeman, *Alzheimers and Dementia*, 2017  
[http://www.alzheimersanddementia.com/article/S1552-5260\(17\)32520-7/pdf](http://www.alzheimersanddementia.com/article/S1552-5260(17)32520-7/pdf)

# Clinical activity

Advise on and support care on the ward

Management of BPSD

Complex discharge planning

Complex capacity assessments

Liaison with and referral to other mental health services

Making new dementia diagnoses where appropriate (and advising on medications)

Supporting families and carers

Mental Health Act

# Non Pharmacological interventions



# Diagnosing dementia

Delirium dementia interface

Local dementia pathways

Is the right time?

Does it add value to management?

- Does it put other difficulties into perspective?
- Does it improve patient care?
- Does it (potentially) change discharge plan/destination/care arrangements
- How does it impact on carers?
- Driving?

Linking in to community pathways

# Interfaces



# Teaching, training and governance

Teaching and training e.g. dementia champions

Induction: Barbara's story

Dementia strategy in the acute trust

Supporting delivery of dementia CQUIN and contributing to national dementia audit

Local audit and governance

Represent general hospital dementia care at local and regional fora e.g. STP

# Research

Supporting CRN portfolio studies e.g SYMBAD, Home

Promoting research with patients and families e.g. JDR

Clinical data for research data base e.g. Lewy/CRATE study

# Challenges

Old age liaison psychiatrists are a rare breed!

Highly skilled old age liaison CNSs are also a rare breed!

High demand

Aging population

'Ageless' or 'age inclusive' services?

Demonstrating value