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The Demented Elderly admitted to a Psychogeriatric Assessment Unit

Changes in Disability and Outcome from 1977-1982

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Summary: Forty-one demented patients admitted to a psychogeriatric assessment unit in 1977-78 were matched by diagnosis, sex and living group prior to admission with forty-one patients admitted to the same Unit in 1981-82. While the two cohorts showed no significant difference in their overall levels of disability at the time of admission, the latter group were more disabled at the time of discharge and were more likely to be placed in long-stay hospital care. The 1981-82 cohort stayed significantly longer in the assessment unit. These differences suggest that health and social service resources are failing to keep pace with the rising numbers of demented elderly patients.

In 1978, Jolley and Arie described the elderly with mental disorders as constituting 'the biggest challenge to health services in all countries such as ours for the foreseeable future'. Of such patients, the elderly demented make up the largest and most problematic group.

As has been frequently pointed out, the elderly population is not only growing in numbers, but its mean age is also rising (Arie, 1971; Chief Scientist Organisation, 1980), and concomitant with this ageing of the elderly population comes a disproportionate increase in the numbers of the elderly with dementia (Bergmann, 1977).

Recent reports suggest that these demographic changes may be having an impact on the characteristics of the institutionalised demented elderly. Christie (1982) has shown that hospitalised demented patients are living longer, although this view has not gone unchallenged (Thompson and Eastwood, 1981). Wilkin *et al* (1978) and Gilleard *et al* (1980) have found that levels of disability are rising among the residents of local authority homes for the elderly. In Scotland, however, Masterton *et al* (1981) found no deterioration in the dependency levels of the occupants of local authority homes for the elderly between 1978 and 1980.

While Pullen (1980) found that admissions of the elderly to Scottish psychiatric units were increasing, Shulman and Arie (1978) had discovered a twenty-five per cent fall in the admission of demented elderly patients to hospitals in England and Wales between 1970 and 1974.

Rational planning of services must take account not only of the increasing numbers of demented elderly, but also of changes in their characteristics and in the way in which services are being used. In the case of the Psychogeriatric hospitals, it is not known whether the disability levels of patients being admitted is changing, nor whether there have been recent changes in the discharge placements of these patients. The present study attempts to examine recent changes that have occurred in the disability levels and outcome of the patients admitted to a Psychogeriatric Assessment Unit.

Method

The study was carried out at the Psychogeriatric Assessment Unit in the Royal Victoria Hospital, Edinburgh. This is a twenty-four bedded, mixed-sexed ward which provides an admission and assessment unit for the over 65's with mental illness in the north and northwestern areas of Edinburgh. It is situated adjacent to an acute geriatric medical unit with which there are close links.

In the course of a more detailed investigation, forty-one patients with a discharge diagnosis of dementia admitted in 1981-82 were identified. This sample constituted all such patients admitted between January 1981 and March 1982 who had an identifiable supporter in the community. These patients were matched for diagnosis, sex and living group prior to admission with forty-one patients admitted in 1977-78. As regards their living group, the patients were categorised as follows—alone, with spouse, with

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TABLE I

Mean Crichton Geriatric Rating Scale scores by year of admission

	1977-78	1981-82	
CGBRS (Admission)	28.24 (6.52)	30.49 (4.71)	N.S.
CGBRS (Discharge)	27.90 (6.72)	31.07 (5.18)	$t = 2.39$, df 80, $P < 0.02$

Standard deviations are shown in brackets

children, with sibling, with other friend/relative, or in hospital/other institution. All in-patients in the Unit are routinely assessed at regular intervals on the Crichton Geriatric Behavioural Rating Scale (CGBRS) as described by Robinson (1979). The two groups were compared with regard to their first total CGBRS score after admission and their final total prior to discharge. In addition to comparison of basic demographic data, the two groups were compared with regard to their length of stay in the Unit and their discharge placement on leaving it. These placements were grouped as follows:— own home, Local Authority/Nursing Home for the elderly, long-stay hospital care (geriatric), and long-stay hospital care (psychiatric).

Results

The two cohorts were found to be equivalent in terms of marital status, social class and age (1977-78 mean age 78.6, and 1981-82 mean age 79.0).

The mean CGBRS scores for the two groups at admission and at discharge are shown in Table I.

It will be seen that while there is a trend towards higher disability at the time of admission in the 1981-82 group ($P < 0.10$), only at the time of discharge does the increase in disability reach statistical significance.

The discharge placements for the two groups are shown in Table II.

It can be seen that the numbers entering long-stay hospital care has risen from twenty (49 per cent) in 1977-78 to thirty-one (76 per cent) in 1981-82, this difference being statistically significant (Chi-squared = 5.19, df 1, $P < 0.05$).

The median length of stay in 1977-78 was thirty-three days (range 6-154) while that in 1981-82 was forty-seven days (range 13-225). The length of stay in 1981-82 was significantly longer than in 1977-78 when compared by the Mann-Whitney U test ($U = 580$, $z = 2.42$, $P < 0.01$).

TABLE II

Discharge placement by year of admission

	1977-78	1981-82
Home	11	5
Local authority/Nursing home	10	5
Long stay (geriatric)	5	8
Long stay (psychiatric)	15	23

Discussion

The results from this relatively small number of demented old people admitted to a psychogeriatric assessment unit show that, while the overall level of disability on admission did not increase significantly between 1977-78 and 1981-82, the level of disability at the time of discharge did increase significantly. At the same time, in 1981-82 significantly higher numbers were discharged to long-stay psychiatric hospitals, the length of stay in the assessment unit during the later period being significantly longer. The apparent increasing likelihood that demented old people will be discharged to long-stay hospitals may explain why the disability levels in Scottish local authority homes for the elderly have not risen over recent years as they have done in England. In fact, the data suggest that the burden for care of the demented elderly may, if anything, be moving further towards the long-stay hospitals.

The escalation in length of stay and disability at the time of discharge (without a concominant increase at the time of admission) suggests that the rising numbers going to long-stay hospitals may result from increasing difficulties in placing the demented elderly either in residential homes or back in their own homes. As Isaacs, Livingstone and Neville (1972) have pointed out, supporters of elderly people are themselves becoming older and less able, in tandem with changes in the elderly population. The explanation as to why fewer patients are going home may not be so charitable, if, as Jolley and Arie (1978) put it "Better standards of living and expectation of the 'good life' do not accord well with caring for a persistently disturbed relative". The apparently increasing difficulty with which such patients are placed in old people's homes, may illustrate these institutions' fears of being 'swamped' with severely demented elderly patients.

As the demented elderly become more difficult to place, they remain longer in hospital. This in turn increases the likelihood of further deterioration, still

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further difficulties in placement, resulting in blocked beds and a lowering of admission rates. If the changes noted in this study accurately reflect national trends, there are major implications for hospital services catering for the elderly. It would be necessary, for example, to question the logic of admitting demented patients to a psychogeriatric assessment unit, if these units are to become virtual 'staging posts' on the road to long-stay hospital care.

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