

CLASSIFICATION OF DEPENDENCY LEVEL OF PSYCHIATRIC PATIENTS IN THE EMERGENCY DEPARTMENT

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ABSTRACT

Objective: to assess the dependency level of patients with psychiatric disorders in an emergency department. **Method:** cross-sectional, analytical study, conducted from June 2015 to June 2016, at the Emergency Service. The sample consisted of 100 patients hospitalized for psychiatric disorder. The dependency level was assessed by the Psychiatric Nursing Dependency Level Classification Tool. To compare the total dependency score with categorical variables, we used the T-test and ANOVA and, with continuous variables, the Spearman correlation coefficient. The significance level considered was 5% (p-value <0.05). **Results:** most were men, single, catholic, with complete elementary school, unemployed, hypertensive and diabetic. The most frequent psychiatric diagnosis was unspecified nonorganic psychosis. The level of dependency was discreet in most cases, which was not associated with the variables of interest. **Conclusion:** the dependency of most patients was discreet. The identification of dependency can support the sizing of professionals to provide quality nursing care.

Keywords: Emergency Service, Hospital.Nursing. Psychiatry.

INTRODUCTION

Among the main problems found in public hospitals, especially large ones, is the overcrowding of Emergency Rooms (ER)⁽¹⁾. This may be related to erroneous referrals of patients to specific levels of health care and the population's lack of knowledge regarding the care network, as well as the difficulties of access to such services⁽¹⁾. The length of stay of patients in ER also contributes to aggravate overcrowding, which is associated with lack of beds for hospitalization, delays in diagnostic tests and, consequently, in treatment⁽²⁾.

One of the most significant demands for ER is psychiatric disorders, which has a high prevalence in the population⁽³⁾. This may be related to the epidemic of alcohol dependency and other disorders related to drug use, highlighting the need to cover the care of these cases in the health system⁽⁴⁾. In many countries, including Brazil, Emergency Services are often their first contact with the health system and/or the main source of referral for treatment^(5,6).

Psychiatric emergencies can be defined as

any situation of psychiatric origin in which there is a significant risk of death or serious injury to the patient or third parties, thus requiring immediate therapeutic intervention⁽⁷⁾. In this context, we have a scenario where nursing professionals face difficulties during the care of individuals without outbreak, due to the dimensioning that is not compatible with the dependency level of these people⁽⁸⁾, added to the high workload of the nursing staff in the Emergency Services due to the complexity of patients treated at these locations, resulting in physical, psychological overload and absenteeism⁽⁹⁾. Moreover, the relevance of training these professionals is highlighted, to ensure less fragmented care and focusing on the individual, not the disease.

From this perspective, assessing the dependency level of patients with psychiatric disorders can contribute to better adequacy of nursing staff, physical and material resources, reducing length of stay in the ER, and it allows the creation of an individualized care plan aimed at improving patient safety⁽⁸⁾.

Thus, the objective of the study was to

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evaluate the dependency level of patients with psychiatric disorders admitted to the ER.

METHOD

Cross-sectional, descriptive and quantitative study, conducted from June 2015 to June 2016, at the Emergency Department of a large public hospital located in the south of the state of São Paulo.

Patients older than 18 years old were included in this study, who were admitted to the emergency department for diagnosis of acute or chronic acute psychiatric disorder. Those diagnosed with psychiatric disorder whose hospitalization was motivated by another organic disease were excluded.

Data were collected five times a week during the study period in the morning, afternoon and night shifts. The possible participants were contacted by the researcher who observed if he/she was able to answer the questionnaire, and if so, after reading and signing the informed consent, the interview was conducted. In cases where participants were unable to respond, their respective companions and/or representatives were contacted. Data were collected through a single interview, with an average duration of 20 minutes, according to the availability of participants and/ or companions. When they did not understand the question, it was read again until they felt able to answer it.

The variables under study were: age, main reason for assessment, comorbidities, smoking history, current use of psychotropic drugs, use of other medications, history of alcohol and drug use, history of psychiatric treatment, referral status, marital status, level of education, occupation, religion, history of suicide attempt, diagnostic hypothesis and prescription of psychotropic drugs.

To evaluate the participants, we used the Psychiatric Nursing Dependency Level Classification Tool, which has 11 items: 1. Appearance and Hygiene Care; 2. Expression of Thought; 3. Humor and Affection; 4. Activities; 5. Social interaction; 6. Food/Hydration; 7. Sleep; 8. Medication; 9. Eliminations; 10. Vital Signs and other Controls and 11. Complaints and Somatic Problems. Each of the 11 items is subdivided into three levels of dependency:

mild, intermediate and total, which correspond to one, two and three points, respectively. The total score is obtained after the sum of the points of each item and considered as: Mild (between 11 and 18 points), Intermediate (between 19 and 26 points) and Total (between 27 and 33 points)⁽⁸⁾.

The variables were stored in Excel spreadsheets Microsoft Office Excel 2003. For numerical variables, mean, standard deviation, median, minimum and maximum, absolute numbers and percentages for categorical variables were used. To compare the total dependency score with categorical variables, the T-test and ANOVA were used and, to compare continuous variables, the Spearman correlation coefficient was used. The significance level considered in all analyzes was 5% (p-value <0.05).

The study was approved by the Ethics and Research Committee of the Federal University of São Paulo, under opinion n. 1,094,042 and was in accordance with the ethical precepts established by Resolution n. 466/2012.

RESULTS

The sample had 100 participants with a mean age of 36.1 ± 13.7 . Most were male (52.0%), single (65.2%), Catholic (32.8%), complete elementary school (37.3%) and unemployed (54.3%), according to Table 1.

The reported personal antecedents were: hypertension (13.0%), diabetes mellitus (8.0%), smoking (18.0%), previous smoking (21.0%), alcoholism (18.0%), previous alcoholism (19.0%), cardiovascular disease (0.2%) and dyslipidemia (3.0%). Regarding drug use, 19% were users, and the drugs used were: marijuana (63.2%), cocaine (15.8%) and 21.1% of patients used multiple drugs. In addition, 67.0% of participants had no psychiatric follow-up and 33.3% had attempted suicide.

When asked about the use of psychotropic drugs, 39.0% reported use, and 79.5% of them used antipsychotics, 33.3% benzodiazepines and 25.6% antidepressants. Regarding other medicines, 16.0% of the individuals used them, of which 37.5% used Captopril, 25.0% Losartan, 18.0% Simvastatin and 18.0% Insulin.

Table 1. Sociodemographic characteristics of the patients. SP, Brazil, 2016.

Variables	n	%
Gender (n=100)		
Male	52	52.0
Female	48	48.0
Education (n=75)		
Illiterate/IncompleteElementarySchool	15	20.0
Complete ElementarySchool	28	37.3
Complete High School	27	36.0
HigherEducation	5	6.7
Ocupation (n=70)		
Retired	5	7.1
Housewife	6	8.6
Student	10	14.3
Unemployed	38	54.3
Employed	11	17.7
Marital status (n=89)		
Single	58	58
Married	23	23
Separated/Divorced	07	7
Widow	01	1
Religion (n=67)		
Catholic	22	32,8
Evangelical	20	29,9
Spiritist	5	7,5
None	4	6,0
Other	16	23,9

Among the participants, the psychiatric medical diagnoses found were: unspecified nonorganic psychosis (43.0%), followed by affective disorder (14.0%), schizophrenia (12.0%), personality disorder (8.0%)), depression (8.0%), other psychoses (4.0%), delirium (3.0%), withdrawal syndrome (3.0%), posttraumatic stress state (1.0%), dissociative episode (1.0%), dissociative amnesia (1.0%), suicide attempt (1.0%), mental

disorders and behavior due to alcohol use (1.0%). The most prevalent level of dependency in the study participants was mild (60.0%), followed by intermediate (36.0%) and total (4.0%).

When the total dependency level score was associated with the participants' sociodemographic and clinical variables, there was no statistically significant difference (Table 2).

Table 2. Association of patients' dependency level with sociodemographic, clinical, psychotropic use and psychiatric follow-up. SP, Brazil, 2016.

Variables	Participant's total dependency level				p-value
	Mean(Standard Deviation)	Median	Minimum	maximum	
Gender					
Male	17.4(4.8)	17.0	11-27		0.9830*
Female	17.5(4.1)	17.0	11-28		
Education					
Illiterate/IncompleteElementarySchool	17.6(3.8)	19.0	11-24		0.8625**
Complete ElementarySchool	17.9(4.6)	17.0	11-28		
Complete High School	16.4(4.2)	15.0	11-27		
HigherEducation	17.2(7.0)	15.0	11-27		
Ocupation					
Retired	20.0(3.6)	20.0	15-24		0.6790**
Housewife	16.1(2.8)	16.5	12-20		
Autonomous	16.8(5.6)	17.0	11-27		
Unemployed	16.9(4.5)	16.5	11-27		
Student	18.1(4.7)	17.5	12-28		
Marital status					
Single	17.7(4.3)	17.0	11-28		0.4618*
Married	16.9(4.9)	18.0	11-27		
Psychotropic Use					
Yes	17.7(4.6)	17.0	11-28		0.6857*
No	17.3(4.3)	17.0	11-27		
Psychiatric Follow-up					
Yes	18.4(4.2)	18.0	11-28		0.1434*
No	17.0(4.5)	17.0	11-27		

*T. Test **ANOVA.

DISCUSSION

The average age of participants in this study was 32 years, ranging from 18 to 76 years and more than half were single. A similar result was found in another study conducted in two psychiatric inpatient units of a General Hospital (UPHG) in the city of Guarapuava, Paraná, where the average age of respondents was 41.5 years and ranged from 18 to 80 years and 42.9% were single⁽¹⁰⁾. It is known that it is in adulthood that most personal accomplishments occur such as marriage, raising kids and work activities, however, mental disorders often negatively influence the living because it disrupts the productivity of the person by its chronicity⁽¹⁰⁾.

Regarding sociodemographic characteristics, a slight predominance of men with psychiatric disorders was observed when compared to women. In a study conducted at two tertiary care hospitals in Montreal with adult individuals hospitalized in a psychiatric unit, more than half were male, with an average age of 45 years⁽¹¹⁾.

Schooling was analyzed in 75 participants, and most had completed Elementary School (37.3%) and completed High School (36.0%). In another study, which aimed to characterize the sociodemographic and clinical profile of participants with mental disorder, being treated in a psychiatric inpatient unit of a general hospital, different results were obtained; the respondents' education corresponded to incomplete Elementary School, with a history of dropping out⁽¹⁰⁾.

Regarding participants' occupation, most were unemployed, which may be the result of psychiatric disorder and its acute periods. In addition, being unemployed can also generate the disease, since the average age of the participants is of high productivity. In another research, conducted in two psychiatric inpatient units of a General Hospital (UPHG) in Paraná, most of the people studied reported working⁽¹⁰⁾.

The most frequent comorbidities in this population were systemic arterial hypertension and diabetes mellitus. There is an important association between mental disorders and clinical comorbidities. People with cardiovascular and endocrine problems may develop depressive, anxiety disorders, among others⁽¹⁰⁾.

When asked about drug use, 19.0% of participants in this study reported that they were users and mostly of multiple drugs. This drug dependency, associated with alcoholism and smoking, found in 18.0% of the participants, contributes to non-adherence to treatment and to the decompensation of psychiatric disorder. People with psychiatric disorders who are drug users tend to have a worse prognosis⁽¹²⁾.

Among the clinical diagnoses, the most prevalent were unspecified non-organic psychosis, dysfunction of thinking ability and information processing. A study conducted at a Psychosocial Care Center showed that the most frequent diagnosis of participants was psychotic disorders, and about 60% of them were unspecified non-organic psychosis⁽¹³⁾. The precise diagnosis of these people in ER is commonly, difficult due to the characteristics of the sector and because it requires further investigation, especially when it comes to the first episode of disease crisis⁽⁶⁾. However, the importance of these services in the care of psychiatric disorders is emphasized.

In this study, it was observed that 67.0% of participants did not have psychiatric follow-up, which may result in repeated hospitalizations because of decompensation due to lack of therapeutic and pharmacological measures⁽¹⁴⁾. Of the total participants in this study, 33.3% attempted suicide, arriving at the service with the desire for imminent death and, in some cases, required mechanical restraint, as they offered risks to themselves or others. The risk of suicide increases with the number of attempts and is also associated with shorter time intervals between attempts. Among participants treated in emergency departments for suicide attempts, it is estimated that 30% to 60% had previous attempts and 10% to 25% will try again within one year⁽¹⁵⁾.

After the Brazilian Psychiatric Reform, the treatment for people with mental disorders was changed, since there was a reduction in the number of psychiatric hospitals and a community health care network was created for these patients. Currently, for individuals with psychiatric disorders, hospitalization is mostly made in general hospitals that have increased the number of beds for this population, as recommended in the National Policy of Primary

Care. There was a change from the biomedical to the psychosocial paradigm, whose assistance is performed in the community, valuing the human being, their experiences, culture and values, in addition, family members were included in the therapeutic projects⁽¹⁶⁾. When there is no need of hospitalization, patients are treated in other health services, thus they remain inserted in society, which contributes to increase treatment adherence and reduce hospitalizations⁽¹⁷⁾. It is noteworthy that teamwork is characterized by interprofessionality and the use of different therapeutic resources, emphasizing the social reintegration of the individual, investing in work with the family, the community and the subject himself, thus encouraging the use of extra-hospital devices^(18,19).

Among the participants in this study, 39.0% reported use of psychotropic drugs, mainly antipsychotics, which corroborates the results of another research in which the drug treatment was frequent. Most participants reported using some psychotropic drug throughout life⁽¹¹⁾.

The dependency level of the participants in this study was mostly (60.0%) classified as mild. It is known that an important step towards the social reintegration of patients with psychiatric disorders is the reestablishment of functional capacity, such as self-care; however, the subject is limited to take self-care systematically and effectively, needing help from the nursing staff or third parties⁽²⁰⁾.

As the dependency level subsidizes the calculation for nursing sizing and emergency room studies, with other patient populations, an under dimensioning in these services is evidenced^(9,21). Thus, we believe that there is a need of studies that assess the dependency of psychiatric patients to begin a discussion about the needs of this population.

In this research, there was no statistically significant association between dependency level and sociodemographic, clinical, psychotropic use and psychiatric follow-up variables, which can be explained by the

heterogeneity of the participants. However, the literature shows that drug use can contribute to the onset of cardiovascular, pulmonary and hepatic diseases⁽¹⁰⁾.

The study has limitations, as it was conducted in a single center, which may not represent the reality of other health institutions. In addition, no studies on nursing care dependency classification aimed at psychiatric patients were found, thus making it impossible to compare the findings of this study. However, knowledge on dependency level of psychiatric patients treated at the Emergency Service of a university hospital can provide an initial overview of this situation and contribute to the adequacy of nursing sizing and workload for professionals, as well as the development training programs and development of specific skills of these professionals to improve the quality of care for users, with an individualized care plan according to the specific needs of each patient.

CONCLUSION

In this study, most participants had mild dependency followed by intermediate dependency. When the total dependency level score was associated with sociodemographic, clinical, psychotropic use and psychiatric follow-up, there was no statistically significant difference.

We emphasize the importance of the development of other studies on this subject, both for the evaluation of this instrument in the analysis of the dependency of psychiatric patients, as well as for a broader thinking on the needs of the psychiatric patient in a general hospital and the necessary training for the professionals who assist in these services.

FINANCING

Financed by the National Research Council (CNPq).

CLASSIFICAÇÃO DO NÍVEL DE DEPENDÊNCIA DOS PACIENTES PSIQUIÁTRICOS NO SERVIÇO DE EMERGÊNCIA

RESUMO

Objetivo: avaliar o nível de dependência de pacientes com transtornos psiquiátricos em um serviço de emergência.
Método: estudo transversal, analítico, que foi realizado no período de junho de 2015 a junho de 2016, no Serviço de

Emergência. A amostra foi composta por 100 pacientes internados por transtorno psiquiátrico. O nível de dependência foi avaliado por meio do Instrumento para Classificação do Nível de Dependência em Enfermagem Psiquiátrica. Para comparar o escore total de dependência com as variáveis categóricas utilizou-se o Teste T e ANOVA e, com as variáveis contínuas, o coeficiente de correlação de *Spearman*. O nível de significância considerado foi 5% (p-valor < 0,05). **Resultados:** a maioria eram homens, solteiros, católicos, com ensino fundamental completo, desempregados, hipertensos e diabéticos. O diagnóstico psiquiátrico mais frequente foi a psicose não orgânica não especificada. O nível de dependência foi discreto na maioria dos casos, sendo que esta não se associou às variáveis de interesse. **Conclusão:** a dependência, da maioria dos pacientes, foi discreta. A identificação da dependência pode subsidiar o dimensionamento de profissionais para a prestação de assistência de enfermagem de qualidade.

Palavras-chave: Serviço hospitalar de emergência. Enfermagem. Psiquiatria.

CLASIFICACIÓN DEL NIVEL DE DEPENDENCIA DE LOS PACIENTES PSIQUIÁTRICOS EN EL SERVICIO DE URGENCIAS

RESUMEN

Objetivo: evaluar el nivel de dependencia de pacientes con trastornos psiquiátricos en un servicio de urgencias. **Método:** estudio transversal, analítico, que fue realizado en el período de junio de 2015 a junio de 2016, en el Servicio de Urgencias. La muestra fue compuesta por 100 pacientes internados por trastorno psiquiátrico. El nivel de dependencia fue evaluado por medio del Instrumento para Clasificación del Nivel de Dependencia en Enfermería Psiquiátrica. Para comparar el puntaje total de dependencia con las variables categóricas se utilizaron la Prueba T y ANOVA y, con las variables continuas, el coeficiente de correlación de *Spearman*. El nivel de significancia considerado fue 5% (p-valor < 0,05). **Resultados:** la mayoría era hombres, solteros, católicos, con enseñanza primaria completa, en paro, hipertensos y diabéticos. El diagnóstico psiquiátrico más frecuente fue la psicosis no orgánica no especificada. El nivel de dependencia fue discreto en la mayoría de los casos, dado que esta no se asoció a las variables de interés. **Conclusión:** la dependencia, de la mayoría de los pacientes, fue discreta. La identificación de la dependencia puede fomentar el dimensionamiento de profesionales para proporcionar una atención de enfermería de calidad.

Palabras clave: Servicio hospitalario de urgencias. Enfermería. Psiquiatria.

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Submitted: 25/03/2018

Accepted: 15/07/2019