

## FC6: The Valladolid Multicenter Study: ¿Is there ageism in liaison psychiatry? Referrals of patients over 65 years to 7 Liaison Psychiatric Units (LPU) in Spain

**Authors:** Miguel Alonso Sanchez<sup>1</sup>, Eduardo Delgado Parada<sup>1</sup>, Leire Narvaiza Grau<sup>2</sup>, Monica Prat Galbany<sup>2</sup>, Andrea Santoro<sup>3</sup>, Maria Iglesias Gonzalez<sup>4</sup>, Cristina Pujol Riera<sup>5</sup>, Eduardo Fuster Nacher<sup>6</sup>, M<sup>a</sup> Desamparados Perez Lopez<sup>7</sup>

1-Hospital Universitario de La Princesa, Madrid, Spain. 2- Consorci Sanitari Integral, Barcelona, Spain. 3-Hospital Universitario Vall d'Hebron, Barcelona, Spain. 4- Hospital Universitari Germans Trias i Pujol., Barcelona, Spain. 5- Corporació Sanitària Parc Taulí, Barcelona, Spain. 6- Hospital Universitario del Sureste, Madrid, Spain. 7- Hospital Universitario Ramón y Cajal., Madrid, Spain,

**Introduction and objective:** Ageism is defined by the World Health Organization as stereotypes, prejudice, and discrimination towards others or oneself based on age. Ageism is thought to pose a risk to the physical and mental health of older adults, but little is known about how to measure it in LPUs. We propose that a form of ageism can be detected by comparing the referrals made by liaison psychiatry services among patients over age 65 at discharge with functional status and medical comorbidity. Our hypothesis is that the worse the functional index and medical comorbidity, the fewer referrals to psychiatric services and the more referrals to primary care physicians.

**Methods:** This is an observational, cross-sectional, multicenter study. We obtained data from a sample of 165 patients ( $\geq 65$  years) admitted to seven general hospitals in Spain referred from different departments to each LPU. Data was collected over a period of one and a half months. Psychiatric evaluations were performed while the patients were in the wards. Sociodemographic, clinical, and care variables were collected. Functional status was measured with the Barthel and Lawton index and comorbidity with the Charlson index.

**Results:** We obtained a sample of 165 patients with a mean age of 76,03 years old. The mean Barthel index was 87,18 previous admission and 61,15 at the time of our first visit. The mean Lawton index was 5,266667 and the Charlson index was 6,03. The different options for referral were primary care physician, psychiatric facilities, nursing homes, substance use centers, or exitus. Statistical analysis was performed using the nonparametric Kruskal-Wallis test to determine if there were significant differences ( $p < 0,05$ ) between the indices and referrals. Contrary to our hypothesis, statistical significance was observed only for the Lawton index, but with more referrals to psychiatric facilities among patients with the worst functional scores. No other statistical significance was observed. **Conclusions:** Functional status and medical comorbidity did not play a role in the referral of inpatients managed by LPUs. Further studies are needed to clarify whether there is any form of ageism in the referral of elderly inpatients attended by Psychiatric Liaison Units.