



**Service Priorities and Programmes**  
**Electronic Presentations**

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**What's better after 38-day in-patient treatment for psychogeriatric patients in Queen Mary Hospital?**

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Multi-disciplinary approach

Cognition and self-care

Neuropsychiatric problems

Mood and well-being

**Introduction**

The psychogeriatric team in QMH has been set up since 1994. We provided in-patient, day hospital, outpatient and outreaching services. There are 12 in-patient beds, average length of stay is 38 days and majority of our in-patients were directly discharged to community i.e. home or old aged home (OAH). This service review aimed to identify the patient factors that contribute to the successful discharge despite the short length of stay. A statistical analysis was done to evaluate possible aspects of change in patients, including cognition, self-care, neuropsychiatric problems, mood and wellness.

**Objectives**

To investigate the areas of improvement of patients after inpatient treatment in Psychogeriatrics of QMH

**Methodology**

Subjects were recruited from QMH psychogeriatric ward during the period May 2015 to April 2017. All subjects were directly discharged either home or OAH. During the in-patient stay, subjects had received multi-disciplinary (doctors, nurse, occupational therapy, social service etc.) treatment. Both individual assessment and treatment, and group treatment were provided. Early engagement and intervention was highly advocated. Weekly multi-disciplinary meeting was held for monitoring of treatment, setting the treatment goals and discharge plan. Since most of our patients were suffered with dementia with behavioural and psychological symptoms of dementia (BPSD) and mood problems, outcome data on these aspects were collected. Individual's cognitive function (Montreal Cognitive Assessment Hong Kong Version, HK-MoCA), self-care ability (Modified Barthel Index, MBI), neuropsychiatric problems (Neuropsychiatric Inventory, NPI), mood (Geriatric Depression Scale, GDS) and well-being (WHO-5 Wellbeing Index, WHO-5) were measured at the beginning and

one week before discharge.

### **Result**

A sample of 119 subjects was recruited. The mean age was 77.2. The average length of stay was 38.03 days. Paired sample t-tests was adopted and it showed significant improvement in patients' cognitive function ( $p=.000$ ), self-care ability ( $p= .000$ ), neuropsychiatric problems ( $p=.000$ ) (in particular subjects' delusion, hallucination, anxiety, agitation, depression, disinhibition, irritability and nighttime behaviour), mood ( $p = .000$ ), and well-being ( $p = .000$ ).

The results showed that patients' cognitive function, self-care ability; neuropsychiatric problems, mood and well-being were improved after 38-day inpatient treatment and it might also contribute to success of direct discharge to community. Further investigation of what contribute to these improvements (e.g. treatment program) was suggested.