The effectiveness of old age psychiatry services

Draper B

Authors' objectives
To review outcomes, i.e. the effectiveness, of acute service delivery in old-age psychiatry. The authors address the following questions. What is the quality of the evidence that shows acute service delivery to older people is effective in psychiatric in-patients, medical in-patients and community settings? What is the comparative effectiveness of old-age psychiatric services and adult mental health services for acute service delivery to older people?

Searching
MEDLINE, PsycINFO, and the Cochrane Library were searched up to 1998 using the search terms 'old age psychiatry', 'psychogeriatrics' and 'geriatric psychiatry'. Manual searches of references from relevant literature were also conducted.

Study selection
Study designs of evaluations included in the review
Controlled trials, audits and surveys of the outcome of service delivery in old-age psychiatric patients were included in the review.

Specific interventions included in the review
The review included service delivery in acute psychiatric in-patient wards (adult psychiatric wards and acute psychogeriatric in-patient units (PGUs)), service delivery in medical wards (medical services and consultation/liaison old-age psychiatry services), and service delivery in community settings (old-age psychiatry day hospitals, community old-age psychiatry services, and outreach services to nursing homes).

Participants included in the review
Elderly patients admitted or treated for a psychiatric disorder. Studies of patients in long-term institutionalised care were excluded.

Outcomes assessed in the review
Most studies assessed improvement in a psychiatric disorder according to an appropriate scale, e.g. improvement in a depressed patient was according to the Hamilton rating scale for depression. A wide range of outcomes and scales were used, which were presented in the review. Length of stay, costs, placement post-discharge were other outcomes assessed in one or two studies.

How were decisions on the relevance of primary studies made?
The author does not state how the papers were selected for the review, or how many of the reviewers performed the selection.

Assessment of study quality
The author does not report the criteria for assessing the quality of individual studies. He did apply a hierarchy of evidence to the results derived from the synthesis of the studies found. Details of the hierarchy were given in the paper.

Data extraction
The author performed all the data extraction. Categories of data extracted are: authors and date of study, details of population sample, setting, study design, outcome measure, and outcomes.

Methods of synthesis
How were the studies combined?
The review was presented as a narrative synthesis. The hierarchy of evidence was applied to the following categories: service delivery in acute psychiatric in-patient wards; service delivery in medical wards; service delivery in the community; outreach services; and prevention programmes.

How were differences between studies investigated?
The studies were grouped appropriately. No formal test for heterogeneity was performed.

**Results of the review**
Details of 17 studies were tabulated in the review. It was unclear whether these were all the studies identified. In the text of the review other papers were cited. It was unclear which of these might be 'background' to the review and which had been identified by the systematic review process.

Controlled trials audits and surveys were each found to provide important data in the evaluation of service delivery. The quality of evidence to support the effectiveness of old-age psychiatry services was: level III for PGUs; level IV for adult psychiatry wards; level II and IV for delirium and other disorders, respectively, for service delivery by medical services; level II for the community setting, level III-2 for outreach services; and level II for prevention programmes. The majority of studies indicate that old-age psychiatry services have positive acute treatment outcomes, particularly with depression. There is insufficient evidence to determine which processes of care are associated with better outcomes. Pluralistic evaluations indicate that carers often have unmet needs and are not as positive about outcomes. There have been no controlled comparisons of service delivery provided by other services.

**Authors’ conclusions**
Controlled trials and audits indicate that old-age psychiatry services are effective. Further pluralistic evaluations and comparisons with other services are required.

**CRD commentary**
This review addressed an appropriate question using very broad inclusion and exclusion criteria. The literature search utilised three electronic databases as well as manual checking of reference lists. Unpublished studies were not sought. The author gave no information on any language restrictions imposed upon the selection procedure. The validity of the studies included in the review was not formally assessed.

As part of the pooling of the results, the author assigned a hierarchy score (I to IV) according to the level of evidence. Details of the hierarchy were given in the paper. This approach appears reasonable given that this review sought to assess all the evidence. The data were extracted by the author, and it appears that the selection of articles and assignment of hierarchy scores were also not duplicated or checked independently, allowing the possibility of some bias and error in the review. The reporting of results took the form of a narrative synthesis. The number of studies identified and included in the review was not reported and, therefore, it was not always clear whether the narrative was based on the studies identified by the systematic review process, or those from other references.

The author's conclusions appear to follow from the findings of the review, although the reader should be aware of the limitations of the quality of this review.

**Implications of the review for practice and research**
**Practice:** The author states 'Controlled trials and audits indicate that old age psychiatry services are effective'.

**Research:** The author states 'Further pluralistic evaluations and comparisons with other services are required'.

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract
contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on
the reliability of the review and the conclusions drawn.