The impact of geriatric post-discharge services on mental state

Cole M G

Authors' objectives
To determine the impact of geriatric post-discharge services on mental state.

Searching
MEDLINE and HealthSTAR were searched from January 1975 to May 2000, using the keywords 'home care services'(exploded) or 'patient readmission'(exploded) and 'aged' and 'clinical trials' (exploded). The Cochrane Database of Systematic Reviews was also searched. The bibliographies of retrieved articles were screened for additional references.

Study selection

Study designs of evaluations included in the review
Studies were included if they were controlled trials and original research, published in English or French. All the included trials were randomised.

Specific interventions included in the review
Any geriatric post-discharge service was included. Services included multi-disciplinary team follow-up, and regular visits from a nurse, home care aide, or a volunteer. The services lasted from 2 weeks to 12 months.

Participants included in the review
The majority of studies enrolled elderly people who were discharged from the hospital to home. The participants were generally aged 65 years and over, although the age ranged from at least 60 years to 75 years and over. Two studies had no age restriction: one enrolled people being discharged with chronic illness, whilst another enrolled those being discharged from a rehabilitation unit. Several studies excluded those with terminal illnesses or severe dementia, and those requiring intensive care. The majority of the studies were carried out in the USA and UK, with the remainder in Sweden, Australia and Germany.

Outcomes assessed in the review
Studies were included if they contained at least one measure of mental state. The measures included the Philadelphia morale scale, depression scales, assessment of mental state, contentment or satisfaction, and social and emotional functioning. The follow-up varied from 4 weeks to 12 months from discharge.

How were decisions on the relevance of primary studies made?
The author stated that the process of selecting the papers could have been conducted independently by at least one other reviewer to assess agreement, implying that only one reviewer was involved.

Assessment of study quality
The validity was assessed using the criteria of the Evidence-Based Medicine Working Group (see Other Publications of Related Interest). The six criteria used were: randomised study; no clinically significant differences between the groups at baseline; equal treatment of groups except for the intervention; blind rating of the outcomes; complete follow-up of all the patients enrolled; and intention to treat analysis. The results of the validity assessment were not reported, other than that most of the trials met most of the validity criteria. The author stated that the validity assessment could have been conducted independently by at least one other reviewer to assess agreement, implying that only one reviewer was involved.

Data extraction
The author does not state how the data were extracted for the review, or how many of the reviewers performed the data
Information was extracted on the following: study design, sample size, the length of follow-up, the selection criteria for the participants, the type of service, outcome measures, and results.

**Methods of synthesis**

How were the studies combined?
The studies were combined by means of a narrative discussion and a table summarising the individual study details.

How were differences between studies investigated?
Differences between the studies were not reported.

**Results of the review**

Eleven studies (n=3,814) were included.

It was stated that most trials met most of the validity criteria, but no further details were provided.

Three trials reported a small effect on some aspect of emotional state (morale, contentment, emotional function or life satisfaction) or on self-perceived health. Eight trials reported no effect. It was stated that there were no relationships across studies between the patient selection criteria, the type of service, the length of follow-up or outcome measures and positive effects.

**Authors' conclusions**

There was little evidence to suggest that geriatric post-discharge services have an impact on the mental state of elderly patients.

**CRD commentary**

The inclusion and validity criteria were appropriate. The author commented that there were methodological limitations to the review: the search was confined to publications in English or French, and the selection and validity assessment were performed by only one author. Consequently, it is possible that some studies might have been missed or misreported.

The author did not report the results of the validity assessment where criteria were not met. In addition, the actual outcome results were not reported in the details of the included trials, only whether or not there was deemed to be a statistically-significant difference in the outcome. It is therefore impossible to know whether positive differences were found that were not statistically significant, or to assess the magnitude of the differences in the cases where effects were found to be significant. These are limitations in the review's presentation. The author's choice of a narrative approach was appropriate given the heterogeneity of the studies. There was a useful discussion of possible reasons for the lack of effects.

The author's conclusions appear justified from the evidence presented in the review.

**Implications of the review for practice and research**

Practice: The author states that geriatric post-discharge services should assess and treat mental disorders as well as physical and functional disorders.

Research: The author states that future studies of services should be designed to address the issue of mental state, and include the timely completion of sensitive measures of cognition, depression and anxiety.

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Other publications of related interest
Guyatt GH, Sackett DL, Cook DJ. Users’ guides to the medical literature II. How to use an article about therapy or prevention. B. What were the results and will they help me in caring for my patients? J Am Med Assoc 1994;271:59-63.

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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.