INTRODUCTION

- The aging of the population is an important factor contributing to the increased use of Emergency Departments (ED) by older individuals.

- Population aging is also associated with an increased number of older individuals with cognitive impairment. T

- 26-44% of older adults who visit the ED have cognitive impairments. T

- These individuals frequently represent complex challenges during their visit to the ED and make up a significant proportion of clients referred to occupational therapists (OTs). T

- The role of the multidisciplinary team in the ED is to deliver quickly and efficiently the orientation of the discharge from the ED. T

- OT’s role is to evaluate the individuals’ functional status.

- It is important to explore the extent to which the assessment of the functional status of older individuals with cognitive impairment by ORs in the ED might predict the orientation at discharge from the ED.

OBJECTIVE

- To describe the functional status and orientation (hospital admission or return to home) at discharge from the ED for older individuals with cognitive impairment.

- To explore the relationship between the functional status of these individuals and their orientation at discharge from the ED.

METHODS

- A convenience sample of 31 elderly individuals with cognitive impairment was recruited in the ED of an urban hospital.

- Cognitive impairment was confirmed with a score of less than 26 on the Mini Mental State Exam (MMSE), based on the NIH Consensus. T

- All participants were assessed by an occupational therapist using the Functional Status Assessment of Seniors in the Emergency Department (FSAS-ED).

- Information about the orientation at discharge from the ED was obtained from the medical record.

RESULTS

1 - Description of the participants (n=31)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>n (%)</th>
<th>Mean ± S.D. (range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>20 (64.5)</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>11 (35.5)</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td>90.03 ± 3.77 (71-97)</td>
</tr>
<tr>
<td>Comorbidities</td>
<td></td>
<td>6.80 ± 3.45 (2-17)</td>
</tr>
<tr>
<td>Number of medications</td>
<td></td>
<td>3.28 ± 0.47 (2-5)</td>
</tr>
<tr>
<td>Living situation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living alone</td>
<td>13 (41.9)</td>
<td></td>
</tr>
<tr>
<td>Living with somebody</td>
<td>18 (58.1)</td>
<td></td>
</tr>
<tr>
<td>Residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With services</td>
<td>16 (51.6)</td>
<td></td>
</tr>
<tr>
<td>Without services</td>
<td>15 (48.4)</td>
<td></td>
</tr>
</tbody>
</table>

- For the Body function subscales, cognitive factors were related to the activity of daily living (ADL) on the Barthel index (p<0.01) and the Functional Independence Measure (FIM) (p<0.05).

- For the Environmental factors subscales, cognitive factors were related to the activity of daily living (ADL) on the Barthel index (p<0.01) and the Functional Independence Measure (FIM) (p<0.05).

CONCLUSION

- These findings support the importance of including occupational therapists in multidisciplinary teams given their mandate to evaluate functional abilities.

- Future research with a larger sample, which takes into account the severity of cognitive impairment and the dwelling type of the individuals prior to their visit to the ED, should be conducted to confirm the possible relationships between the functional status and the orientation at discharge from the ED.

REFERENCES


ACKNOWLEDGEMENTS

- Many thanks to the aged individuals and professionals of the CHU Emergency Department who agreed to participate in the study.

- Thank you to the following organizations for their support (CHU de Québec-Centre Multidisciplinaire) and Université Laval (Association des chercheuses et chercheurs établies à la Faculté de médecine de l'Université Laval ACMEF and Association des étudiants et des étudiantes de Laval inscrits aux cycles supérieurs (ARJUELS))

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