

# The Psychological Impact of Hospital Discharge on the Older Person

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**Background**

- The number of older people at risk of health-related morbidity is growing at an unprecedented rate
- Older people often require hospitalisation but prolonged length of stay and deconditioning in the acute setting is associated with multiple adverse outcomes.
- On average, 35% of older people do not recover functionally after hospital discharge. Less is known on the psychological impact and coping mechanisms after hospital discharge for vulnerable older people.

**Objectives**

To explore factors signalling psychological vulnerability in older patients post-discharge to inform better discharge planning.

**Methods**

A systematic search for studies reporting poor discharge outcomes in older people were performed in the databases Medline, CINAHL, PsycInfo between 2010-2022

**The search terms were**

- 'older patients
- '>65 year'
- 'post-discharge'
- 'psychological distress'
- 'loneliness'
- 'anxiety'
- 'depression'
- 'length of hospital stay'.

**Exclusion criteria included:**

- COVID-19 disease
- dementia (+/- severe cognitive impairment)
- individuals aged <65
- Those under palliative care services

**Results**

1,666 records were identified of which 878 were excluded as they were outside of our date limits or were not in English Language

681 were excluded after application of exclusion criteria and 699 were excluded because of insufficient details

31 duplicates were removed leaving 38 articles that were assessed for eligibility

7 of these reports were found suitable, comprising of 1,131 patients

Three highly relevant themes identified relating to post-discharge outcomes across all studies were:

- *social isolation,*
- *lack of support*
- *depression, apathy and fear (see table 2)*

The identified themes led to further psychological distress

Older patients with tendency toward depressive symptoms had an increase likelihood of death

**Conclusions**

- It appears discharge processes fail to address psychological factors that permit successful transition from hospital
- Pre-discharge screening of psychological symptoms and coping ability may assist in identifying older patients who are at risk of mental as well as subsequent physical deterioration.
- Better knowledge of positive and negative predictors of a successful transition from hospital to home would enable more holistic, effective, and inclusive discharge planning processes for older people.

**Table 1: Participant characteristics**

Author(s)	Year of Publication	Study Location	Mean age	% Female
SR Greysen et al <sup>25</sup>	2014	Urban public safety-net teaching hospital	63 (range 55-84)	33%
Andreasan J et al <sup>26</sup>	2015	Danish health care sector	80.6 years (range 69-93)	N/A
Lee DA et al <sup>27</sup>	2017	Subacute or inpatient rehabilitation wards	N/A	N/A
Brown A et al <sup>28</sup>	2020	Number of hospitals and rehabilitation centres	78.38	57%
Olssen A et al <sup>29</sup>	2020	Swedish hospital environment	84 (range 70-93)	60%
Martisen et al <sup>30</sup>	2015	Intermediate care unit	79 (range 60-94)	75%
Reichardt et al <sup>31</sup>	2019	Acute hospital environment	79.6	49%

**Table 2: Identified themes increasing likelihood of death in the Older Person post discharge**

Theme	Examples of effect
1. Social Isolation	<ul style="list-style-type: none"> <li>Lack of participation in meaningful activities caused the older person to feel alone after discharge and that a "wish to die" had emerged</li> </ul>
2. Lack of support	<ul style="list-style-type: none"> <li>Needs not being met by standard packages of care</li> <li>Older persons not wanting to be a burden to families</li> <li>Home-help services found to be intrusive</li> </ul>
3. Depressive mood	<ul style="list-style-type: none"> <li>More than 45% of patients who reported hopelessness at admission had died between admission and 3 month post-discharge</li> </ul>