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THE HIDDEN FACE OF EMERGENCIES: PSYCHIATRIC CONSULTATIONS IN THE EMERGENCY DEPARTMENT - PREDICTORS OF PSYCHIATRIC ADMISSION AND TREATMENT REFUSAL

Mehmet Rıdvan Varlı, Şule Bıçakcı Ay, Yasemin Koçyiğit, Kübra Özcan Çetin

Etlik City Hospital, Psychiatry Department, Ankara, Türkiye

BACKGROUND AND AIM: Psychiatric presentations to emergency departments (EDs) constitute a heterogeneous, high-risk group associated with prolonged waiting times compared to general medical presentations. Understanding their characteristics is essential for effective service planning. This study aimed to describe the profiles of patients referred for ED psychiatric consultation and identify factors associated with psychiatric inpatient admission and treatment refusal.

METHODS: This retrospective descriptive study included all patients aged 18 years and older referred for ED psychiatric consultation between 6 October 2022 and 1 March 2024 (n=2.146). Presentations on different days by the same patient were counted separately, whereas multiple visits for the same clinical episode were analyzed as a single presentation. Diagnoses were established via structured clinical interviews according to DSM-5 criteria. Data extracted from hospital records included sociodemographic variables, clinical characteristics, consultation reasons, and treatment outcomes. Descriptive statistics and multivariable logistic regression analyses were performed. The study was approved by the Ankara Etlik City Hospital Ethics Committee (AEŞH-BADEK-2024-838).

RESULTS: Women comprised 53.9% of the sample, and 70.7% of consultations occurred outside regular working hours. The most common consultation reason was suicide attempt (21.0%), predominantly via drug overdose (81.1%). Psychotic disorders (22.9%), depressive disorders (19.3%), and anxiety disorders (16.9%) were the most frequent diagnoses. Overall, 4.5% of patients were admitted to a psychiatric ward, while 5.6% were discharged following treatment refusal. Psychiatric admission was more likely among patients with psychotic disorders, bipolar disorder in manic or hypomanic episodes, and drug-related suicide attempts. Management without psychotropic medication predicted lower admission rates. Treatment refusal was significantly higher among patients with an unclear psychiatric history and lower among those with documented diagnoses.

CONCLUSIONS: Emergency psychiatric consultations involve a clinically complex population requiring rapid risk assessment and coordinated care. Strengthening communication-focused and person-centered interventions may be worth exploring and could be considered in future interventions to improve emergency psychiatric outcomes.

Keywords: Emergency departments, emergency psychiatric services, hospital admission, treatment refusal, suicide