

Original Research Article

Prevalence of elderly patients who refuse to get discharge from coronary intensive care unit in a tertiary care hospital of North India: a pilot study

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ABSTRACT

Background: The elderly population ≥ 60 years is increasing as the life span is increasing. So is the number of elderly patients who are refusing to get discharge from the hospital is also increasing. Authors are conducting this study in the elderly population who want to stay against medical advice. The aim to find the prevalence of elderly patients who refuse to get discharge from Coronary Care Unit (CCU) in a Tertiary care hospital of North India

Methods: A retrospective, observational study conducted in patients of age ≥ 60 years admitted to the coronary intensive care unit of a tertiary health care centre who refused discharge from the unit, were included in the study.

Results: Of the 575 patients 44(7.65%) were willing to stay against medical advice. Of these 24(54.5%) were males and 20(45.5%) females. 6(13.6%) patients were terminally ill suffering from malignancies. Among all the patients who were willing to stay against medical advice, 8(18.2%) were covered by some health insurance scheme of either State or Central Government. 3(6.8%) patients were discharged after 24 hours, 22(50%) patients after 48 hours, 14(31.9%) patients after 72 hours and 5(11.3%) patients after 96 hours of advising discharge from hospital.

Conclusions: As the intensive care beds at tertiary healthcare level are limited, the treatment of other salvageable sick patients who need the intensive care is affected by the unnecessary stay in hospital. Apart from the worsened nurse to patient ratio this increases the cost of treatment. This is need of hour to provide safe environment for the elderly outside the hospital settings and increase resources to provide better homecare.

Keywords: Coronary care unit, Elderly, Refused to get discharge, Stay against medical advice

INTRODUCTION

As the life span is increasing the elderly population ≥ 60 years is also increasing. The population of age greater than 60 years in India is around 8% as of 2016 and is going to be around 20% by 2050.¹ The demographic transition is attributed to the changing fertility and mortality rates due to the availability of better health care services. It has been observed that the reduction in mortality contributes more as compared with fertility.² The medical diseases these patients face are also increasing but the infrastructure is not increasing at that

pace. This is further worsened by stay of these patients against medical advice. The reason may be the family issues, psychiatric problems, are covered by governmental health schemes or are terminally ill and relatives are not willing to manage at home due to limited resources. These patients are fragile and get repeated admissions due to their illness. Usually nobody likes to stay in the hospital according to null hypothesis. Authors are conducting this study in the elderly population who want to stay against medical advice. As there is not much literature available on this issue so authors decided to conduct this study.

The aim of this study to find the prevalence of elderly patients who refuse to get discharge from Coronary Intensive Care Unit (CCU) in a Tertiary care hospital of North India.

METHODS

This is a retrospective, observational study conducted in a tertiary care centre from 1st Jan 2018 to 31st March 2019. After approval from the institutional research and Ethics committee the patients of age ≥ 60 years admitted to the coronary care unit of a tertiary health care institute of north India, who refused discharge from the coronary care unit by themselves or by the relatives of the patient, were included in the study. Patients who were admitted for day care procedures, data was missing and who were admitted for less than 24 hours, were excluded from the study. The patients had medical problems like Coronary artery disease, Cardiac arrhythmia, Chronic Obstructive airway disease, Cerebrovascular disease, Diabetes mellitus, Hypertension, Urinary tract infections, gastrointestinal symptoms, electrolyte imbalance, generalized weakness and other neurological problem like dementia, Parkinson's disease etc. Data was collected from the medical records, tabulated and statistically analyzed by descriptive statistical method.

RESULTS

The demographic data is shown in Table 1. Total 575 patients, 323(56.2%) males and 252(43.8%) females were included in the study. 195 (33.9%) patients were from urban area and 380(66.1%) from rural area. In the urban population 20% patients were of male sex and 13.9% of female sex. In rural population 115(36.2%) were of male and 80 (29.9%) of female sex. The result derived from the study are shown in Table 2. Among total patients, 44(7.65%) were willing to stay against medical advice. Of these, 24(54.5%) were males and 20(45.5%) females. 33(75%) patients were of age greater than 70 years and 11(25%) patients between age of 60-70 years. Maximum number of patients who refused discharge from unit was of age 70-75 years followed by age 80-85 years. After 80 years of age, 7(15%) of male and 9(21%) of female patients was willing to stay against advice. 30 patients belonged to rural area and 14 were from urban area. More number of rural patients of female sex was willing to stay against medical advice. Among the urban population more of male patients were willing to stay against medical advice. 6(13.6%) patients were terminally ill suffering from malignancy. Among all the patients who were willing to stay against medical advice, 8(18.2%) were covered by health insurance scheme of either State or Central Government. The remaining patients who stayed against medical advice were from good socioeconomic background and no insurance policy. 3(6.8%), 2 male and 1 female patients was discharged after 24 hours, 22(50%), 12 male and 10 female patients after 48 hours, 14(31.9%), 8 male and 6 female patients

after 72 hours and 5(11.3%), 2 male and 3 female patients after 96 hours of advising discharge from hospital.

Table 1: Demographic data.

Characteristic	Male N (%)	Female N (%)	Total N=575
Age(years)			
60-65	90(15.65)	70(12.17)	160(27.82)
65-70	78(13.56)	62(10.8)	140(24.35)
70-75	72(12.52)	46(8.0)	118(20.52)
75-80	54(9.39)	48(8.34)	102(17.73)
80-85	22(3.8)	16(2.8)	38(6.6)
>85	7(1.2)	10(1.75)	17(2.95)
Total patients	323(56.2)	252(43.8)	575(100)
Urban	115(20)	80(13.9)	195(33.9)
Rural	210(36.2)	170(29.9)	380(66.1)

Table 2: Results.

Characteristic	Male N (%)	Female N (%)	Total N=44(7.7%)
Refused discharge	24(4.2)	20(3.5)	44(7.7)
Age(years)			
60-65	1(2.27)	2(4.54)	3(6.81)
65-70	5(11.37)	3(6.81)	8(18.18)
70-75	6(13.63)	4(9.09)	10(22.72)
75-80	5(11.36)	2(4.54)	7(15.90)
80-85	3(6.81)	6(13.63)	9(20.44)
>85	4(9.09)	3(6.81)	7(15.90)
Rural	14(31.81)	16(36.36)	30(68.18)
Urban	10(22.73)	4(9.09)	14(31.82)
Insured	4(9.1)	4(9.1)	8(18.2)
Discharged after			
24 hours	2(4.54)	1(2.27)	3(6.8)
48 hours	12(27.3)	10(22.7)	22(50.0)
72 hours	8(18.2)	6(13.7)	14(31.9)
96 hours	2(4.5)	3(6.8)	5(11.3)

DISCUSSION

Elderly people generally want to live independently as long as possible, so that they are able to engage in self-care and other activities of daily living. Elderly people suffer from cognitive dysfunction, dementia and the organ system reserve decreases with age; this may make them dependent on the near ones when they get additional illnesses. The present day busy life leaves the elderly lonely that increases the insecurity at home that is one of the reasons to stay against medical advice. The resources which are limited are not utilized efficiently for the more salvageable younger and needy patients. As the elderly population is likely to increase in the future and there is a definite shift in the disease pattern from communicable to non-communicable, it is need of time that the healthcare system be developed according to the

healthcare requirement of the elderly. Effort should be taken to make them Active and their ageing to be Healthy. This needs to be promoted among the elderly. Other aspects of health includes preventive, promotive, curative and rehabilitative.²

This is right time to highlight the problems like medical and socio-economic that elderly people face and strategies to bring improvement in their quality of life. Among the population above 70 years of age, more than half suffer from one or more chronic morbid conditions.³ Hearing and visual impairment is the most common chronic morbidity seen in the elderly.⁴ Elderly people are highly prone to mental morbidities due to ageing of the brain, problems due to physical health, cerebral pathology, socio-economic factors such as decrease in economic independence and disturbed family support systems. The mental disorders that are frequently encountered include dementia and mood disorders, neurotic and personality disorders, drug and alcohol abuse, delirium, and mental psychosis.⁵ The rapid urbanization and modernization of society has led to economic insecurity, breakdown in family values, the framework of family support, social isolation and abuse of elderly leading to a host of psychological illnesses. The socio-economic problems of the elderly are aggravated by factors such as the lack of social security and inadequate facilities for health care, rehabilitation and recreation. In most of the developing countries, only those who have worked in the public sector or the organized sector of industry are eligible for pension and social security.⁶ Many surveys have shown that retired elderly people are living with the problems of financial insecurity and loneliness.^{7,8} At present, most of the geriatric outpatient department (OPD) services are available at tertiary care hospitals. Most of the government facilities such as, old age residential homes, medical facilities, counseling and recreational facilities are limited. A study conducted to assess the needs of the geriatric population in rural area observed that as many as 46.3% of the study participants were not aware of any the geriatric services available near them and 96% had never used any geriatric welfare service.⁸ Since 75% of the elderly reside in rural areas, it is mandatory that primary health care services should be strengthened to provide geriatric health care services. This calls for specialized training of Medical Officers in geriatric medicine. If primary health care ensures good quality geriatric health care services, this will greatly help in improving the utilization rates of the available health services. [9 However, very little effort has been taken to develop a healthcare model and social care in tune with the changing needs of these patients.¹⁰ The developed world has evolved many models for care of elderly e.g., nursing home care, health insurance and old age homes etc. As no such model for older people exists in India, as well as most other societies with similar socio-economic situation, it may be an opportunity to improve the development of healthcare system, though it is a major challenge.¹¹ India still has family as the primary care

giver to the elderly. As the stay in hospital increases, the chances of healthcare associated infections, delirium and adverse outcomes also increases which these patients don't understand. The limitation of this study is that it was conducted in a smaller elderly population; a larger prospective study is needed to find the challenges of this population.

CONCLUSION

As the intensive care beds at tertiary healthcare level are limited, the treatment of other salvageable sick patients who need the intensive care is affected by the unnecessary stay in hospital. Apart from the worsened nurse to patient ratio and stress of nursing staff this increases the cost of treatment. This is need of hour to provide safe environment for the elderly outside the hospital settings and increase resources to provide better homecare.

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