

DEPRESSION, SUICIDAL IDEATION, AND SUICIDAL ATTEMPT PRESENTING TO THE EMERGENCY DEPARTMENT; DIFFERENCES BETWEEN THESE COHORTS

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Background The World Health Organisation reported approximately one million deaths by suicide every year. Few studies have looked at factors associated with admission in emergency department (ED) patients with chief complaints of depression, suicidal ideation (SI) and suicidal attempts (SA).

Objective To assess individual determinants associated with ED disposition and length of stay (LOS) in depressed patients presenting to the ED.

Methods We conducted a retrospective study using the National Hospital Ambulatory Medical Care Survey from 2006 to 2008. We used a logistical regression analysis to predict determinants associated with ED disposition and LOS. Factors included demographic information, vital signs, mode of arrival, insurance status, place of residence and concomitant psychiatric diagnosis.

Results Of the 93 030 subjects, 2314 met the inclusion criteria (1362 depression, 353 SI and 599 SA). The odds of ICU admission were 7.9 times higher in the SA group than in the depression group. SA (OR 3.37), SI (OR 8.31), mood disorder (OR 2.30) and psychotic disorder diagnosis (OR 2.27) were predictors for psychiatric admission. Being male and abnormal triage vital signs were associated with other admissions. Patients who arrived by ambulance were less likely to be discharged. Hispanic patients and patients 15 to 29 were likely to be discharged. No factor was associated with ED LOS.

Significance to the Field Other psychiatric diagnoses, triage vital signs and mode of arrival are important admission predictors. To optimise available resources, emergency physicians and hospital systems should be cognisant of this and consider early consultation for these patients.