

423 - Characteristics of specialized units for people with dementia and very severe challenging behavior in the Netherlands: a mixed method study

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Introduction: Little is known about the raising number of specialized units for patients with dementia and very severe challenging behavior in the Netherlands. This study describes organizational and treatment characteristics of a sample of these units.

Methods: The organizational and treatment characteristics were studied with digital questionnaires completed by the unit managers, interviews with the main physician(s) and observation of the physical environment. The questionnaire consisted of questions about general patient characteristics, unit characteristics and staff characteristics. Furthermore, an interview was held with the main/treating physician often together with another physician or psychologist. The interview guide consisted of questions about admission criteria, the role of staff involved and the treatment process.

Results: Thirteen units participated. Five units were part of a mental health (MH) institution, seven units were part of a nursing home (NH) organization and one unit was a cooperation of MH and NH. Unit sizes ranged from 10 to 28 places. Ten of thirteen units started in 2010 or later. The age of patients admitted was estimated at 75 years. The percentage of involuntary admitted patients was 53% at MH-units and 18% at NH-units. Unit managers mentioned that due to a difference in reimbursement between MH and NH units had difficulty providing the specialized care. Another problem managers faced was recruiting nursing staff. Units strived for expertise in general staffing from both MH and NH. The education level of the nursing staff was comparable between MH and NH. At every unit a physician with background in elderly care medicine or geriatrics and a psychiatrist was involved. Interviewees stressed the role of the nursing staff in the treatment. They were key in providing the care and treatment that, since the main goal of interventions is treatment of and coping with challenging behavior.

Conclusion: The main finding of this study is that units caring for patients with dementia and challenging behavior, despite barriers in regulations and staffing shortage, search for combining expertise from nursing home care and psychiatry in their treatment.

424 - Cardiac Healthcare Disparities in Schizophrenia at the End-of-Life

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Background: Schizophrenia is a serious mental illness associated an early mortality of 15 to 20 years. Eighty percent of deaths are due to cardiovascular disease, and the risk of sudden cardiac death is three-times greater than the general population. Both modifiable and non-modifiable risk factors like lifestyle, medication side-effects, genetics, and healthcare disparities have been identified, but this relationship is not fully understood.

Research Objective: To examine cardiac-related healthcare utilization of individuals with schizophrenia at the end-of-life.

Method: As a retrospective cohort study the Mayo Clinic Unified Data Platform (UDP) was used to identify a schizophrenia group (SG) (n = 610) 50 years or older with a death date between 1/1/1999 – 1/1/2019 and control group (n = 610) matched by gender (53% women) and age of death (72.8 ± 12.4 years). Measures of cardiovascular healthcare utilization were evaluated within a 12-month period prior