

## BARRIERS TO SOMATIC HEALTH CARE IN PSYCHIATRIC INPATIENT WARDS

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**Introduction:** Cardiometabolic diseases are under-diagnosed and under-treated in psychiatric inpatients. A common solution is implementation of screening guidelines. However, we often forget to ask the essential question: Why were our patients under-diagnosed in the first place?

**Objective:** To identify causes of under-diagnosing and under-treatment in the context of local clinical practices.

**Method:** All consecutive admissions (n=63) over 93 days were screened for hypertension, diabetes, dyslipidemias and abdominal obesity. Patients identified with both (a) undiagnosed and untreated disease and (b) admission on a separate occasion within the previous two years to the ward in question, were selected for a retrospective patient file review. These patients (n=32) had their medical records scrutinized for information on how each cardiometabolic measure was assessed at previous admission.

**Results:** Relevant examination were performed in 38% of cases and test results were abnormal for 54% of these. Abnormal test results were evaluated in 14% of cases and none of the evaluated results were acted upon.

**Conclusion:** Rigorous examination and testing of patients is only of value if clinicians have the essential knowledge to interpret the results and feel responsibility to do so. These barriers must be broken down before implementing screening guidelines in routine clinical practice.