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A PILOT STUDY OF PARASUICIDE IN WEST DUBLIN

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Parasuicide places a heavy burden on the psychiatric services. Forty-six percent of referrals to the liaison psychiatric services are for parasuicide and 36% of suicide victims were previous parasuicides. Most epidemiological data relating to parasuicide comes from Accident and Emergency units (A&E), however, the completeness of this data is uncertain. The aims of this pilot study therefore are: to ascertain the extent of parasuicide in the community and to establish what proportion of these cases reach an A&E unit.

The study was carried out in a geographically defined area over a 3 week period. The author collected data from the local A&E unit, general practitioners (GP), psychiatric services, public health nurses, social workers, gardai, clergy and voluntary agencies.

Twenty one parasuicide victims were identified. Of these, 18 were identified from A&E units. Two were seen by their GP before admission, and 5 were admitted to the psychiatric services from A&E. Of the 3 patients who did not attend A&E, 2 were dealt with by their GP and the other patient was seen directly by the psychiatric services. No parasuicide victims were identified from the other sources studied.

In conclusion, although this was a small pilot study, it would appear that most cases of parasuicide in a community attend A&E as opposed to any other service, hence incidence data on parasuicide could be reliably established using this source.

UTILIZATION OF HOSPITAL BEDS BY ELDERLY PATIENTS - A COHORT STUDY

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The use of hospital beds by 200 elderly patients admitted to a Dublin teaching hospital was examined. Using objective pre-determined criteria, each day of hospital stay was evaluated in terms of whether the services provided or the patient's condition justified hospitalisation on that particular day. For days where the pre-determined criteria were not met, an attempt was made to identify the principal causative factor. Of a total of 2724 days of care reviewed, 792 (29.1%) were considered inappropriate. Female sex, age over 75 years, single status, residence with another adult or visits by the public health nurse prior to admission, and medical card entitlement were associated with inappropriate days of care. Self-referral to hospital, admissions to medical wards, admissions for observation, social or multiple reasons and an admission diagnosis of cerebrovascular disease were also associated with misutilisation. Patients who remained in hospital longer than three weeks had twice the proportion of inappropriate days compared with those who were discharged within 10 days of admission ($p < 0.001$). A breakdown of the principal factors

(barriers) responsible for inappropriate bed days is presented (Table 1).

Table 1 - Barriers to Appropriate Care

Barriers	Inappropriate Bed Days	
	No.	%
Physician	162	(20.5%)
Hospital	220	(27.8%)
Patient/Family	74	(9.3%)
Paramedical	213	(26.9%)
Environmental	123	(15.5%)
Total	792	(100%)

In the light of these findings it is recommended that review of the structures and processes of care provided for elderly patients be undertaken.

SMOKING IN PREGNANCY: KNOWLEDGE, SOURCES OF INFORMATION AND IDEAS FOR QUITTING.

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A cross-sectional study was carried out on pregnant women attending the antenatal clinic of a Dublin maternity hospital to obtain information about factors relevant to the development of a health education programme for pregnant women. A self-administered questionnaire was returned by 1224 women. The prevalence of smoking in the current pregnancy was 58.7%.

Questions about knowledge of the effects of smoking in pregnancy evoked many unsure and incorrect responses, the rate of correct replies being significantly higher from non-smokers than from smokers. Magazines, books and leaflets were the most commonly perceived source of information about the hazards of smoking in pregnancy for both smokers and non-smokers. Only 46% of smokers had heard about the hazards of smoking in pregnancy from the general practitioner, 40% from the hospital doctor, and 2% from a hospital nurse. In response to suggested ideas for smoking cessation, the most favoured ideas for both smokers and non-smokers were the use of educational videos, banning smoking from more public places, more support from family and friends, and the partner quitting. Nonsmokers were more likely than smokers to think that each idea would help. These results will be used in making recommendations for setting up a programme aimed at reducing smoking in pregnancy.

AN EQUITABLE APPROACH TO CLINICAL RESOURCE ALLOCATION IN A PRISON DENTAL SERVICE

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Objective: To develop a computer model to utilise data on dental treatment need and clinic productivity in a prison, to

determine the clinical time implications of alternative dental service strategies.

Methodology: 1. Development of theoretical framework for the model. This was transferred to a spreadsheet format in an IBM compatible software programme, "Aseasyas".

2. Collection of primary input data for the model. The treatment need was assessed by a dental survey of a random sample (N=109) of the Wheatfield prison (capacity 320). The clinic productivity was determined retrospectively from the records of the previous year.

Results: The model categorises the prison population by sentence length. The operator can manipulate variables in each sentence category for – provision or restriction of the main treatment needs; the prison population; the population coverage; the service uptake and the clinic productivity. The output is an estimate of the number of sessions required by the service strategy determined by these variables. The model estimates that the current strategy of comprehensive dental care provided with two sessions per week requires seven sessions per week.

Conclusion: The model has a role to play in planning the dental service to make the best use of limited resources. The accuracy of the predictions should be assessed after implementation of an appropriate service strategy.

STUDY OF BAGGOT STREET HOSPITAL RESPITE CARE SERVICE.

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The aim of this study was to examine the operation of respite care in Baggot Street Hospital, describe its customers (carers and patients) and determine their satisfaction with the service. This service, primarily for carers of the elderly in the Eastern Health Board Community Care Areas 1, 2 and 3, has now been in operation for four years.

Retrospective and prospective studies were undertaken. The retrospective study, based on 12 months admissions, validated the prospective study which consisted of semistructured interviews with patients and carers who used the service over an eight week

period.

Both studies highlight that the major characteristics of the service users are similar to those of other respite care users in Ireland and abroad. It is a case of the young old caring for the old old. The majority of the carers and patients are female. Approximately 75% of carers live with their patient who is usually a close relative. About 75% of carers use the service to attend to their personal needs. Some 95% of both customer groups were satisfied with the service and no major issues were identified by the patients or carers for urgent action to improve the service. Overall, it is the author's opinion that the Baggot Street service is excellent and well run and will be a valuable role model for respite care in the future.

CHILDHOOD ACCIDENTS IN THE HOME — A CASE-CONTROL STUDY

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The study compares sociodemographic data on cases and controls, details injuries sustained, ascertains home safety awareness among parents and recommends where prevention strategies should be introduced or modified. Over a three month period, 174 cases were randomly selected from children attending an Accident and Emergency Department of a Dublin Children's Hospital, due to accidents at home. Cases and controls were pair matched for age and sex. 174 controls were randomly selected from Health Board Birth Registers. Using a structured questionnaire, parents of both groups were interviewed at home.

Regarding Cases: the majority (66.1%) were under 5 years and were boys, families were more likely to belong to social classes 4 - 6 ($P < 0.01$), parents were less likely to have completed second level education ($P < 0.01$) and mothers were less likely to be employed ($P < 0.01$). Falls accounted for 50% of injuries. Most accidents occurred in the kitchen (32%), 50% of children were unsupervised. The majority of injuries were minor, yet 42% required further care. Pre-school children, boys and lower social class groups are those towards which preventive strategies should be targeted.