

Erfahrungen aus Sicht der Krankenanstalten

Josef Marksteiner

Abteilung Psychiatrie und Psychotherapie A

LKH Hall

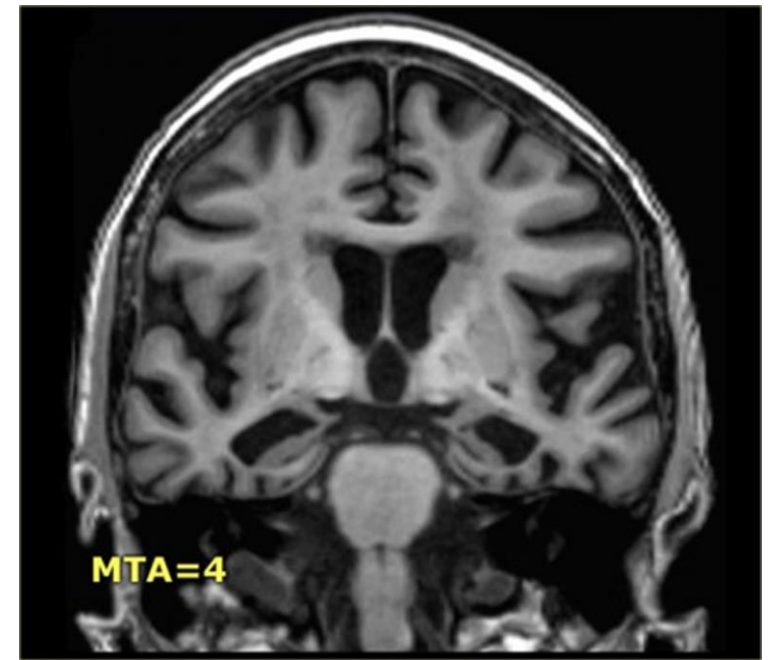
E-Mail: josef.marksteiner@tirol-kliniken.at

Darüber wollen wir sprechen

- Fallbeispiel
- Covid-Erkrankung führt zu kognitiver Beeinträchtigung
- Menschen mit Demenz stationär - Herausforderungen
- Datenlage in Österreich
- Anregungen für die Zukunft

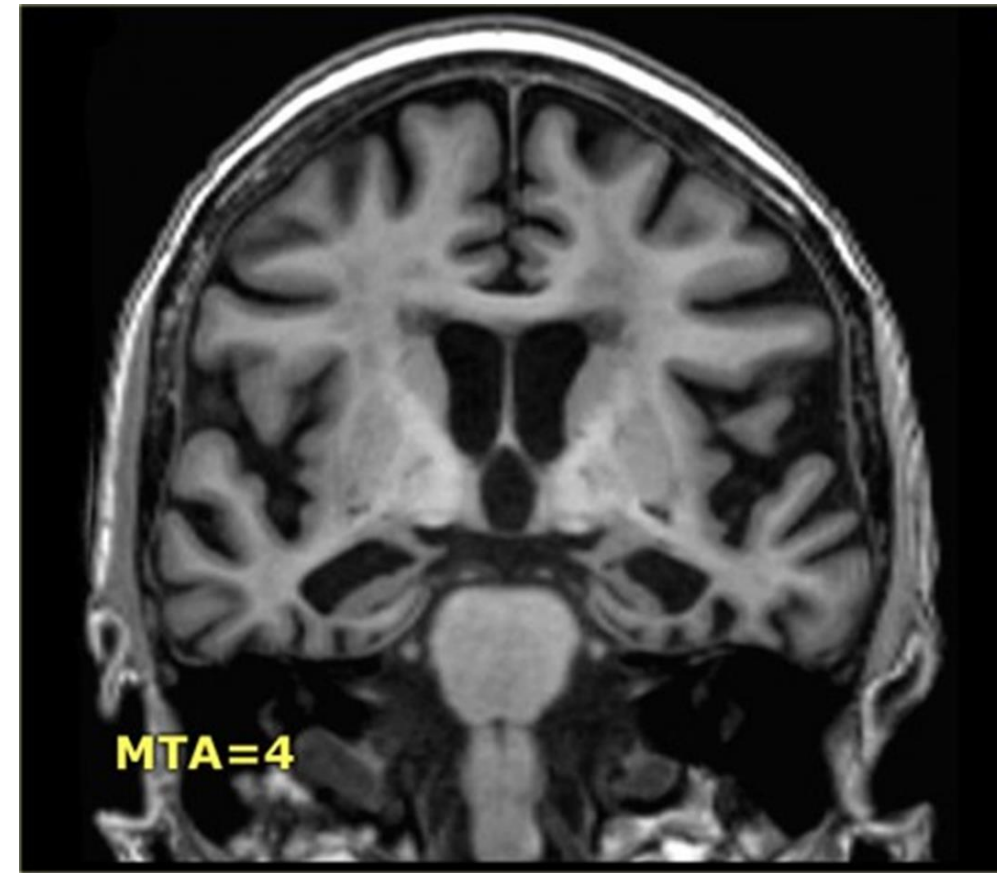
Fallbeispiel

- Herr M. 84a alt.
- Zuweisungsgrund: Fortgeschrittene Alzheimerkrankheit
starke Unruhe, Enthemmung;
- im Pflegeheim nicht „führbar“.
- Befunde: metabolische Dekompensation
Neuropsychiatrisches Inventar score: 43;

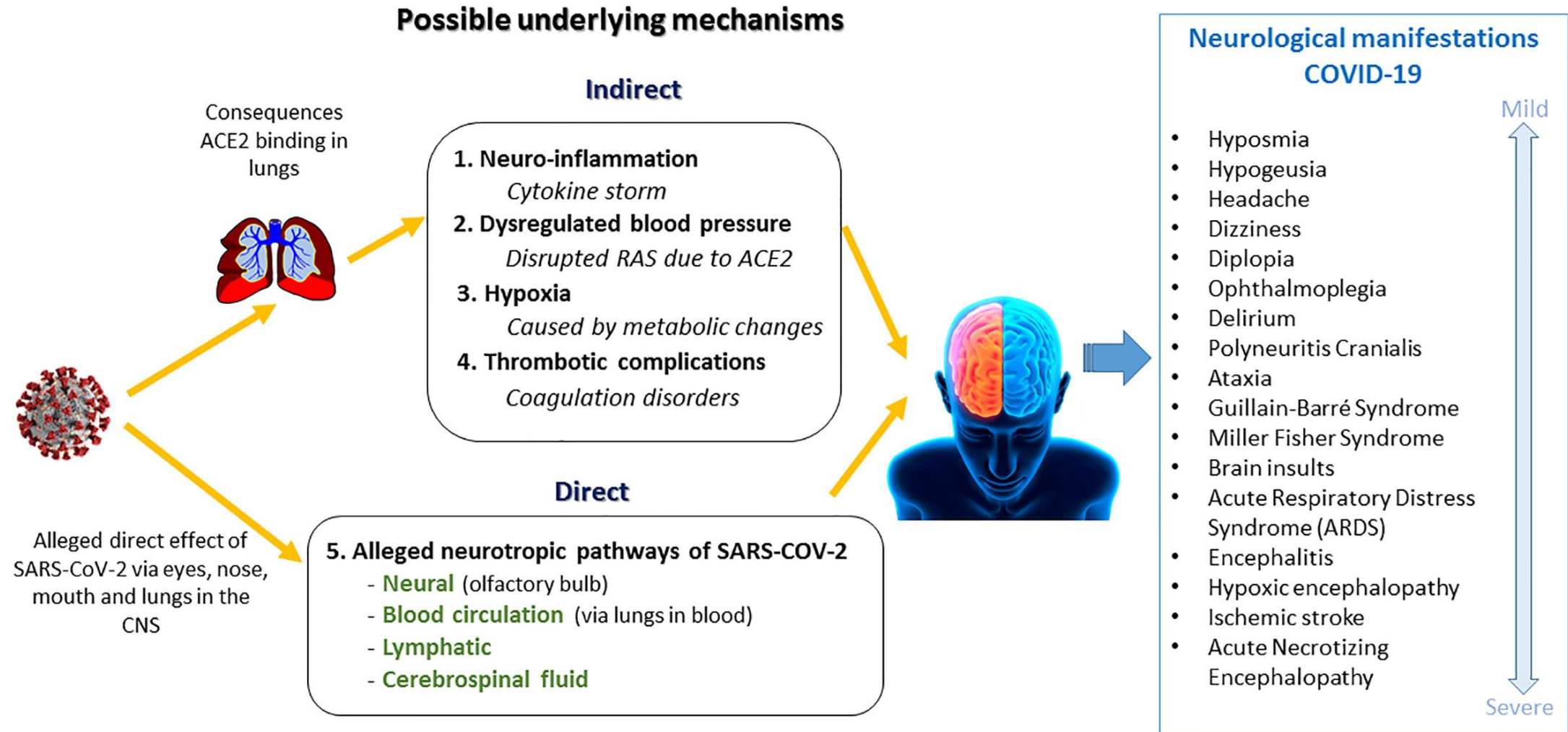


Fallbeispiel - stationär

- Patient mit Demenz
 - Probleme:
 - Mobil, Herausforderndes Verhalten,
 - nur im beschützten Bereich möglich;
 - nur mit anderen Covid - positiven Pat.
-
- Besuche



Covid-Erkrankung kann zu schwerer kognitiven Beeinträchtigung führen






Entscheidungsfindung – wer kommt unter welchen Bedingungen ins Krankenhaus



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COVID-19 EDITORIAL | VOLUME 21, ISSUE 5, P576-577, MAY 01, 2020




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COVID-19 in Italy: Ageism and Decision Making in a Pandemic

Matteo Cesari, MD, PhD • Marco Proietti, MD, PhD, FESC, FEHRA

DOI: <https://doi.org/10.1016/j.jamda.2020.03.025> •  Check for updates

 PlumX Metrics

References

Article Info

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The World Health Organization declared the COVID-19 situation as a pandemic on March 11, 2020.¹ To date, Italy is the country after China that has been most severely hit by this humanitarian and public health tsunami. Projections are even suggesting that the number of deaths due to SARS-CoV-2 in Italy will continue to increase in the near future, leaving us the sad world record of casualties.

What has happened in Italy during these last few weeks? On February 22, a “red zone” was defined by the government to quarantine a group of several towns in the Lombardy region, just a few hours after the diagnosis of the first case in Italy. This area, where about 50,000 persons live, included Codogno (where patient 1 was identified), Castiglione D’Adda, and Casalpusterlengo. On March 8, the red zone was extended to the entire region of Lombardy (about 10 million people) and several surrounding provinces in a new attempt to prevent the uncontrolled diffusion of the virus to the rest of the country. The following day, the entire country was transformed into a “red zone.” On March 21, a complete lockdown of Italy was ordered by the government as a drastic and unprecedented countermeasure against the coronavirus.

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Welche Personengruppen gelten als Risikogruppe?

- Laut Angaben der Bundeszentrale für gesundheitliche Aufklärung (BZgA) besteht ein erhöhtes Risiko für einen schweren Krankheitsverlauf bei Menschen mit:
 - Herzkreislauferkrankungen/Bluthochdruck
 - Diabetes mellitus (Zuckerkrankheit)
 - Chronischer Erkrankung der Atemwege, wie Asthma, chronische Bronchitis, COPD
 - Chronischen Erkrankungen der Leber, wie Leberzirrhose
 - Nierenerkrankungen, Dialysepflicht
 - Organtransplantation
 - Krebserkrankungen

Menschen mit Demenz nicht in der Risikogruppe

Definition of 'clinically extremely vulnerable'

Expert doctors in England have identified specific medical conditions that, based on what we know about the virus so far, place some people at greatest risk of severe illness from COVID-19. Disease severity, medical history or treatment levels will also affect who is in this group.

Clinically extremely vulnerable people may include:

- solid organ transplant recipients
- people with specific cancers:
 - people with cancer who are undergoing active chemotherapy
 - people with lung cancer who are undergoing radical radiotherapy
 - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - people having immunotherapy or other continuing antibody treatments for cancer
 - people having other targeted cancer treatments that can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - people who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs
- people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)

This 'clinically extremely vulnerable' group doesn't include people with dementia unless they have any of these conditions, including a kidney transplant, severe chronic obstructive pulmonary disease or certain cancers.

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Anticipating and Mitigating the Impact of the COVID-19 Pandemic on Alzheimer's Disease and Related Dementias

Eric E. Brown, M.D., M.Sc., F.R.C.P.C. [†] • Sanjeev Kumar, M.D., F.R.C.P.C. [†] •

Tarek K. Rajji, M.D., F.R.C.P.C. • Bruce G. Pollock, M.D., Ph.D., F.R.C.P.C. •

Benoit H. Mulsant, M.D., M.S., F.R.C.P.C. • [Show footnotes](#)Published: April 17, 2020 • DOI: <https://doi.org/10.1016/j.jagp.2020.04.010>

Highlights

Abstract

Key Words

INTRODUCTI
ONCONCLUSIO
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Contributions

References

Article Info

Highlights

- The COVID-19 pandemic is causing global morbidity and mortality, straining health systems, and disrupting society, putting individuals with Alzheimer's disease and related dementias (ADRD) at risk of significant harm.
- In this Special Article, we examine the current and expected impact of the pandemic on individuals with ADRD. We discuss and propose mitigation strategies for: the risk of COVID-19 infection and its associated morbidity and mortality for individuals with ADRD; the impact of COVID-19 on the diagnosis and clinical management of ADRD; consequences of societal responses to COVID-19 in different ADRD care settings; the effect of COVID-19 on caregivers and physicians of individuals with ADRD; mental hygiene, trauma, and stigma in the time of COVID-19; and the potential impact of COVID-19 on ADRD research.
- We conclude that despite considerable uncertainty, we may be able to prevent or reduce the harm of the COVID-19 pandemic and its consequences for individuals with ADRD and their caregivers.

Coronavirus Resources

Selected articles published by Elsevier on **Novel Coronavirus (2019-nCoV)** are now freely available on [ScienceDirect](#), with further resources available at the [Elsevier Novel Coronavirus Information Center](#)

[Discover Resources](#)

Menschen mit Demenz sind gefährdeter

- Hospitalized individuals with ADRD may be particularly affected because they are ***less able to monitor their care*** or advocate for themselves. Decreased nursing time has been shown to be associated with increased medical errors and adverse events in dementia.

Tjia J et al., Dementia and risk of adverse warfarin-related events in the nursing home setting. Am J Geriatr Pharmacother. 2012; 10: 323-330

Menschen mit Demenz – neuropsychiatrische Symptome/herausforderndes Verhalten

The need for hospitalization implies a more severe illness. Patients with severe BPSD may be at even higher risk for the behaviours discussed above that elevate transmission of infection. On a South Korean psychiatric ward, 101 of 103 inpatients were infected and 7 died during a COVID19 outbreak.

Kim MJ: 'It was a medical disaster': the psychiatric ward that saw 100 patients diagnosed with new coronavirus. The Independent. Available at:
<https://www.independent.co.uk/news/world/asia/coronavirus-south-korea-outbreak-hospital-patients-lockdown-a9367486.html>.

Clinical Presentation of COVID19 in Dementia Patients.

Bianchetti, A; Rozzini, R; Guerini, F; Boffelli, S; Ranieri, P; Minelli, G; Bianchetti, L; Trabucchi, M.

J Nutr Health Aging ; 24(6): 560-562, 2020.

RESULTS:

Dementia was diagnosed in 82 patients (13.1%). The mortality rate was 62.2% (51/82) among patients affected by dementia compared to 26.2% (143/545) in subjects without dementia ($p < 0.001$, Chi-Squared test). In a logistic regression model age, and the diagnosis of dementia resulted independently associated with a higher mortality, and patients diagnosed with dementia presented an OR of 1.84 (95% CI 1.09-3.13, $p < 0.05$). **Among patients diagnosed with dementia the most frequent symptoms of onset were delirium, especially in the hypoactive form, and worsening of the functional status.**

CONCLUSION:

The diagnosis of dementia, especially in the most advanced stages, represents an important risk factor for mortality in COVID-19 patients. The clinical presentation of COVID-19 in subjects with dementia is atypical, reducing early recognition of symptoms and hospitalization.

<https://pesquisa.bvsalud.org/global-literature-on-novel-coronavirus-2019-ncov/resource/en/covidwho-277003>

Dementia Care during the COVID-19 Outbreak in China



Professor Huali Wang's contact details are available at the end of the presentation for those that may have further questions.

As Executive Vice President of Alzheimer's Disease China, IPA's former Board Secretary Professor Huali Wang shares their experience with Dementia Care during the COVID-19 Outbreak in China in this presentation by Alzheimer's Disease International:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7500345/>

Elsevier Public Health Emergency Collection

Public Health Emergency COVID-19 Initiative

[Psychiatry Res.](#) 2020 Nov; 293: 113462.

PMCID: PMC7500345

Published online 2020 Sep 18. doi: [10.1016/j.psychres.2020.113462](https://doi.org/10.1016/j.psychres.2020.113462)

PMID: [32987222](https://pubmed.ncbi.nlm.nih.gov/32987222/)

Lockdown, quarantine measures, and social distancing: Associations with depression, anxiety and distress at the beginning of the COVID-19 pandemic among adults from Germany

[Christoph Benke](#),^{a,*} [Lara K. Autenrieth](#),^a [Eva Asselmann](#),^b and [Christiane A. Pané-Farré](#)^a

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In this study, we investigated the role of sociodemographic and COVID-19 related factors for immediate mental health consequences in a nationwide community sample of adults from Germany (N = 4335). Specifically, we examined the effects of different forms and levels of restriction resulting from public health measures (e.g. quarantine, stay-at-home order) on anxiety and depression symptomatology, health anxiety, loneliness, the occurrence of fearful spells, psychosocial distress and life-satisfaction. **We found that higher restrictions due to lockdown measures, a greater reduction of social contacts and greater perceived changes in life were associated with higher mental health impairments.**

Journal List > Int J Biol Sci > v.16(10); 2020 > PMC7098035



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Published online 2020 Mar 15. doi: [10.7150/ijbs.45072](https://doi.org/10.7150/ijbs.45072) PMID: [32226293](https://pubmed.ncbi.nlm.nih.gov/32226293/)

The COVID-19 outbreak and psychiatric hospitals in China: managing challenges through mental health service reform

Yu-Tao Xiang,^{1,2,✉} Yan-Jie Zhao,^{1,2,✉} Zi-Han Liu,^{1,2,✉} Xiao-Hong Li,^{4,✉} Na Zhao,^{1,2,✉} Teris Cheung,⁶ and Chee H. Ng⁷

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Recently, more than 300 Chinese patients with psychiatric disorders were diagnosed with the 2019 novel coronavirus disease (COVID-19). Possible reasons quoted in the report were the lack of caution regarding the COVID-19 outbreak in January and insufficient supplies of protective gear. We outlined major challenges for patients with psychiatric disorders and mental health professionals during the COVID-19 outbreak, and also discussed how to manage these challenges through further mental health service reform in China.

Keywords: COVID-19, psychiatric disorders

Issue 1:
Mental health services across psychiatric hospitals could be depleted because of the mental health emergency response

- Strategy 1: Reduce outpatient visits in psychiatric hospitals
- Strategy 2: Tighten admission criteria
- Strategy 3: Shorten length of hospitalization
- Strategy 4: Restrict access to hospital areas for newly admitted patients with psychiatric disorders

Issue 2:
Infection risk of the COVID-19 is higher in psychiatric hospitals than in general hospitals

- Strategy 1: Provide adequate medical supplies and protective equipment
- Strategy 2: Conduct public education on the risk of COVID-19 for hospital staff and patients
- Strategy 3: Reduce family visits to hospitals
- Strategy 4: Advise all people in the hospital about basic preventive measures such as hand-washing
- Strategy 5: Monitor body temperature of everyone in hospital regularly
- Strategy 6: Avoid group interaction activities

Issue 3:
Hospital-based maintenance treatment is not available due to limited public transportation

- Strategy 1: Reform the health insurance and development of community-based mental health services
- Strategy 2: Develop outreach psychiatric services for patients living in the community

Darüber wollen wir sprechen - Zusammenfassung

- Fallbeispiel
- Covid-Erkrankung führt zu kognitiver Beeinträchtigung
- Menschen mit Demenz stationär – Herausforderungen
- **To do`s**
 - Datenlage in Österreich
 - Erarbeiten welcher Patient zugewiesen werden soll.
 - Erarbeiten von Nutzen/Risiko einer stationären Behandlung
 - Bessere Datenlage unabhängig von Covid.

Vorschläge für die Zukunft

- Erarbeiten welcher Patient zugewiesen werden soll.
- Erarbeiten von Nutzen/Risiko einer stationären Behandlung
- Bessere Datenlage unabhängig von Covid.

**Vielen Dank für
Ihre Aufmerksamkeit!**

