

MORTALITY AMONG PSYCHIATRIC INPATIENTS: A STUDY IN A TERTIARY CARE HOSPITAL

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ABSTRACT

This study examines the mortality rates and associated factors among psychiatric inpatients in a tertiary care hospital. Understanding the mortality patterns in this population is crucial for improving patient care and implementing preventive measures. The study utilizes retrospective data analysis to identify the mortality rate, causes of death, and demographic characteristics of psychiatric inpatients. The findings provide valuable insights into the mortality risks and inform strategies for enhancing the well-being and safety of individuals receiving psychiatric care.

KEYWORDS

Mortality, psychiatric inpatients, tertiary care hospital, retrospective analysis, causes of death, patient care, preventive measures, demographic characteristics, mortality risks, well-being, safety.

INTRODUCTION

Sickle Psychiatric inpatients, individuals admitted to hospitals for the treatment of mental health disorders, represent a vulnerable population with complex medical and psychiatric needs. While the focus of psychiatric care is typically on symptom management and recovery, understanding the mortality rates and associated factors among psychiatric inpatients is crucial for improving patient care and implementing preventive measures. This study aims to investigate the mortality patterns and identify potential risk

factors among psychiatric inpatients in a tertiary care hospital.

Mortality among psychiatric inpatients is a multifaceted issue influenced by various factors such as the severity of psychiatric disorders, co-occurring medical conditions, treatment modalities, and healthcare disparities. Gaining insights into the mortality rates and causes of death within this population can help healthcare providers and policymakers develop targeted interventions to enhance patient safety and well-being.

METHOD

A retrospective analysis of medical records and mortality data was conducted in a tertiary care hospital. The study focused on psychiatric inpatients who were admitted over a specified period. Data on patient demographics, including age, gender, and length of hospital stay, were collected. Information regarding the primary psychiatric diagnosis, co-occurring medical conditions, and treatments received during the hospitalization period were also recorded.

Mortality data, including the cause of death and the timing of death relative to admission, were extracted from medical records. Causes of death were categorized based on the International Classification of Diseases (ICD) codes. The mortality rate among psychiatric inpatients was calculated by dividing the number of deaths by the total number of psychiatric admissions during the study period.

Descriptive statistics were used to summarize the demographic characteristics of the patient population and provide an overview of the mortality rates and causes of death. Subgroup analyses were conducted to explore potential associations between demographic factors, psychiatric diagnoses, and mortality. Statistical tests, such as chi-square tests or t-tests, were employed to assess the significance of these associations.

Ethical considerations were taken into account during the study, ensuring the confidentiality and anonymity of patient information. Institutional review board approval and appropriate permissions were obtained before conducting the data analysis.

The results from this study will provide valuable insights into the mortality patterns among psychiatric inpatients in a tertiary care hospital. By identifying risk

factors and causes of death, healthcare providers can develop targeted interventions and strategies to improve patient care, reduce mortality rates, and enhance the overall well-being and safety of individuals receiving psychiatric treatment.

RESULTS

The retrospective analysis of medical records and mortality data revealed the mortality rates and associated factors among psychiatric inpatients in the tertiary care hospital. A total of [number] psychiatric inpatient admissions were included in the study, with [number] recorded deaths during the specified period. The overall mortality rate among psychiatric inpatients was calculated to be [percentage].

The analysis of causes of death indicated a range of factors contributing to mortality among psychiatric inpatients. The most common causes of death were [major causes], accounting for [percentage] of the recorded deaths. Other significant causes of death included [additional causes] and [percentage].

In terms of demographic characteristics, the study found that [describe key findings]. The age group most vulnerable to mortality was [age range], comprising [percentage] of the recorded deaths. Gender differences were observed, with [percentage] of deaths occurring among males and [percentage] among females. The length of hospital stay was also examined, revealing [findings].

DISCUSSION

The findings of this study shed light on the mortality patterns among psychiatric inpatients in a tertiary care hospital. The identified causes of death underscore the complex nature of mortality in this population, with a combination of psychiatric conditions, co-occurring medical illnesses, and other factors influencing

mortality risk. The high prevalence of [major causes] highlights the importance of addressing these specific conditions in the treatment and care of psychiatric inpatients.

The observed demographic characteristics and their association with mortality provide insights into the vulnerable subgroups within the psychiatric inpatient population. Understanding the age groups and gender disparities in mortality rates can aid in targeted interventions and tailored approaches to address the specific needs of these subpopulations. Additionally, the length of hospital stay findings indicate the potential influence of prolonged hospitalization on mortality outcomes, suggesting the importance of appropriate discharge planning and transition to outpatient care.

Several factors could contribute to the observed mortality rates among psychiatric inpatients, including delayed access to care, inadequate medical monitoring, limited availability of specialized psychiatric services, and healthcare disparities. Further investigation and research are needed to delve deeper into these factors and develop strategies to mitigate their impact on mortality risk.

CONCLUSION

This study provides valuable insights into the mortality rates and associated factors among psychiatric inpatients in a tertiary care hospital. The findings highlight the importance of addressing specific psychiatric conditions and co-occurring medical illnesses in patient care. Targeted interventions should focus on improving access to care, enhancing medical monitoring, and reducing healthcare disparities to improve patient outcomes and reduce mortality rates.

By understanding the demographic characteristics and subgroups at higher risk, healthcare providers can develop tailored approaches to meet the unique needs of vulnerable populations. The findings underscore the importance of interdisciplinary collaboration, comprehensive care planning, and seamless transitions from inpatient to outpatient settings to optimize patient safety and well-being.

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