

Best Evidence Summaries of Topics in Mental Healthcare

BEST *in* **MH** *clinical question-answering service*

Question

In older adult psychiatric services, what factors or interventions contribute to reducing the average length of stay/admission?

Clarification of question using PICO structure

Patients: Older adults who are admitted to inpatient wards.

Intervention: Any

Comparator: Treatment as usual/normal practise.

Outcome: Reduction in average length of hospital stay.

Clinical and research implications

The studies included in this evidence summary do not provide sufficient evidence to support the effectiveness of any intervention in reducing the average length of hospital stay or admissions in older adult psychiatric services. None of the three systematic reviews identified directly addressed the question specified for this evidence summary; all three included only small numbers of studies, which were considered to be relevant, or partially relevant. There was no evidence on the effectiveness of discharge planning in reducing length of hospital stay and some evidence, from partially relevant populations, for small decrease in the number of re-admissions. Evidence on the effectiveness of care pathways for reducing length of hospital stay was sparse and contradictory. One small, poor quality randomised controlled trial indicated that home treatment of depression in elderly people who are living independently, may be associated with a reduction in the frequency and duration of in-patient admissions, compared with usual care, however, it should be noted that 90% of the participants in this study were female and 78% were living alone; results may not be generalisable to the all elderly depressed patients.

Further research is needed on interventions to reduce the number and duration of hospital admissions in setting specific to older adult psychiatric services.

What does the evidence say?

Number of included studies/reviews (number of participants)

We identified three systematic reviews^{1,2,3} and one randomised controlled trials (RCTs),⁴ which partially met the inclusion criteria for this evidence summary. One systematic review aimed to assess the effectiveness of acute hospital treatment in old age psychiatry.¹ This review included 46 studies, with a range of study designs and outcome measures.¹ Only one of the included studies reported length of hospital stay as an outcome; this study compared patients managed using a clinical path model with historical controls.¹ Two Cochrane reviews were identified which assessed the effects of care pathways,² and discharge planning³ on a variety of outcomes, including length of hospital stay. Both of these reviews included studies conducted in any hospital setting and neither review included any studies which exactly matched the PICOS criteria for this evidence summary; each review included two partially relevant studies.^{2,3} The RCT assessed the effectiveness of home treatment for depression in the elderly, compared with usual care, for reducing the number and duration of admissions.⁴

Main Findings

The first systematic review included one relevant study, which found that the clinical path model was associated with a 39% reduction in length of hospital stay, compared with a historical control, in elderly depressed patients, however, no further details of participants or the intervention or control conditions were reported.¹ The first Cochrane review also assessed the effects of care pathways.² This review did not include any studies which exactly matched the PICOS for this evidence summary.² The review included two partially relevant studies, one of which was conducted in adult psychiatric patients (not specifically elderly patients), with a mean age of 46.6 (s.d. 10.1) years and the second of which was conducted in older adults presenting to the emergency department with suspected delirium, who were admitted to general medical units; both of these studies found no significant difference in the length of hospital stay between the care pathway and usual care groups.² The second Cochrane review assessed the effects of discharge planning compared to usual care on multiple outcomes.³ This review did not include any studies which exactly matched the PICOS for this evidence summary.³ The review included two partially relevant studies, one of which included acute psychiatric admissions (not specifically elderly patients) and the second of which included participant discharged from a psychiatric hospital or a care of the elderly ward; neither study reported length of hospital stay as an outcome, but both studies reported a small, statistically significant reduction in re-admission rates associated with discharge planning.³ The RCT assessed the effectiveness of home treatment, compared with usual care, for the management of depression in elderly people who are living independently.⁴ This study found that home treatment was associated with fewer admissions to nursing homes (1 admission in the intervention versus 8 in the control group) and shorter durations of in-patient psychiatric care (mean difference 17.60 (95% CI: 3.68, 31.52) days).⁴

Authors Conclusions

None of the systematic reviews reported conclusions specific to the population of interest for this evidence summary. The randomised controlled trial concluded that home treatment appears to be an effective and cost-effective service model for elderly people with depression.

Reliability of conclusions/Strength of evidence

One systematic review of moderate quality¹ and two high quality Cochrane reviews^{2,3} included small numbers of studies, which were considered to be relevant, or partially relevant to this evidence summary. No systematic review was identified which directly addressed the question specified for this evidence summary. The included systematic reviews provided no strong evidence to support the effectiveness of any intervention in reducing the average length of hospital stay or admissions in older adult psychiatric services. One small, poor quality randomised controlled trial indicated that home treatment of depression in elderly people who are living independently, may be associated with a reduction in the frequency and duration of in-patient admissions, compared with usual care.⁴ It should be noted that 90% of the participants in this study were female and 78% were living alone; results may not be generalisable to the all elderly depressed patients.

What do guidelines say?

No guidelines were found to specifically address reducing length of stay.

Date question received: 18/03/2013

Date searches conducted: 20/03/2013

Date answer completed: 01/04/2013

References

Systematic Review

1. Draper B, Low L. What is the effectiveness of acute hospital treatment of older people with mental disorders? *International Psychogeriatrics* (2005), 17:4, 539–555 2005 International Psychogeriatric Association doi:10.1017/S1041610205001663
2. Rotter T, Kinsman L, James EL, Machotta A, Gothe H, Willis J, Snow P, Kugler J. Clinical pathways: effects on professional practice, patient outcomes, length of stay and hospital costs. *Cochrane Database of Systematic Reviews* 2010, Issue 3. Art.No.:CD006632. DOI: 10.1002/14651858.CD006632.pub2.
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006632.pub2/pdf>
3. Shepperd S, McClaran J, Phillips CO, Lannin NA, Clemson LM, McCluskey A, Cameron ID, Barras SL. Discharge planning from hospital to home. *Cochrane Database of Systematic Reviews* 2010, Issue 1. Art. No.: CD000313. DOI: 10.1002/14651858.CD000313.pub3.
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000313.pub4/pdf>

RCTs

4. Klug G, Hermann G, Fuchs-Neider B, Haider-Stipacek A, Zapotoczky H, Priebe S. Effectiveness of home treatment for elderly people with depression: randomised controlled trial. *The British Journal of Psychiatry* (2010) 197, 463–467. doi: 10.1192/bjp.bp.110.083121

Results

Systematic Reviews

Author (year)	Search Date	Inclusion criteria	Number of included studies	Summary of results	Risk of bias
Draper (2005)	May 2004	Articles were included in this review if the population were over 60 years of age and included quantitative data on outcomes. Studies were excluded if they were of purely pharmacologic or specific non-pharmacologic interventions.	46 studies were included in this review, of which only one was relevant to this evidence summary.	<p>This review aimed to assess the effectiveness of acute hospital treatment in old age psychiatry and to identify any gaps in the evidence base.</p> <p>The review included only one study which reported length of hospital stay as an outcome measure (Bultema, J. K., Mailliard, L., Getzfrid, M. K., Lerner, R. D. and Colone, M. (1996). Geriatric patients with depression. Improving outcomes using a multidisciplinary clinical pathmodel. <i>Journal of Nursing Administration</i>, 26, 31–38). Limited details of this study were reported:</p> <p>The study compared 58 depressed patients managed on a clinical path model with 153 patients managed beforehand. The clinical path model (no details reported) was associated with a mean 39% reduction in length of stay, 40% reduction in costs and “significant improvements on indicators of quality of care” (no numerical values or specific measures reported). The</p>	<p>The objective and inclusion criteria were broad, but were clearly defined.</p> <p>Searches included 5 bibliographic databases and a manual reference check.</p> <p>The methodological quality of included studies was assessed using a 24-item scale designed for pharmacological trials.</p>

				<p>methodological quality score for this study was 0.47.</p>	<p>Assessment results were transformed to produce a score from 0 to 1, with higher scores representing better quality.</p> <p>The quality assessment process included measures to minimise error/bias (involvement of two reviewers), but it was not clear whether these measures were applied throughout the review process.</p> <p>The use of a narrative synthesis was appropriate,</p>
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					given the variety of study designs, interventions, outcomes, etc. included.
Rotter (2010)	June 2009	<p>RCTs, CCTs, controlled before and after studies and interrupted time series analysis were included in this review. Included studies were required to compare care pathways (alone or as part of a multi-faceted intervention) with usual care.</p> <p>All hospital settings were considered relevant and length of stay was one of a number of outcome measures assessed.</p>	<p>27 studies were included in this review (n = 11,398). None of the included studies matched the PICOS for this evidence summary; 2 studies may be considered to have some relevance.</p>	<p>This review aimed to assess the effects of clinical pathways on professional practice, patient outcomes, length of stay and hospital costs.</p> <p>None of the studies included in this review exactly matched the PICOS for this evidence summary. Two studies may be considered to have some relevance:</p> <p>One study was conducted in adult psychiatric patients (mean age 46.4 ± 10.1 years). (Bauer MS, McBride L, Williford WO, Glick H, Kinosian B, Altshuler L, et al. Collaborative care for bipolar disorder: part I. Intervention and implementation in a randomized effectiveness trial. <i>Psychiatr Serv</i> 2006; Vol. 57, issue 7: 927–36). Results may have been considered applicable to older adults. This study found no significant difference in length of hospital stay between the care pathway and usual care groups (WMD -0.40 (95% CI: -1.79, 0.99) days).</p>	<p>The objective and inclusion criteria for the review were clearly stated.</p> <p>Searches included bibliographic databases, trial registries, reference checking, etc. There were no language restrictions.</p> <p>Two reviewers independently assessed studies for inclusion and appraised methodological quality using</p>

				<p>The second study was an RCT, conducted in 227 older adults presenting to the emergency department with suspected delirium, who were admitted to general medical units. (Cole MG, McCusker J, Bellavance F, Primeau FJ, Bailey RF, Bonnycastle MJ, et al. Systematic detection and multidisciplinary care of delirium in older medical inpatients: a randomized trial. CMAJ 2002; Vol. 167, issue 7:753–9). Participants were randomised to receive a complex, non-invasive care pathway intervention for the systematic detection and care of delirium in older medical patients (complex confusional assessment and a detailed care protocol) combined with case management, or “usual care” for older patients with suspected delirium and no confusional assessment. There was no significant difference in length of hospital stay between the care pathway and usual care groups (WMD 0.60 (95% CI: -3.81, 5.01) days).</p>	<p>the Cochrane risk of bias tool. The involvement of multiple reviewers reduces the risk of error/bias in the review process.</p> <p>The meta-analytic methods used were broadly appropriate, but are not relevant to this evidence summary as no pooled estimates were considered relevant.</p>
Sheppherd (2010)	March 2009	Studies were included in this review if they were RCTs that compared an individualised discharge plan with routine discharge	21 RCTs were included in this review (n = 7234)	<p>This review aimed to determine the effectiveness of planning the discharge of patients moving from hospital.</p> <p>None of the studies included in this review</p>	<p>The objective and inclusion criteria for the review were clearly stated.</p>

		<p>care that was not tailored to the individual patient.</p> <p>All hospital settings were considered relevant and length of stay was one of a number of outcome measures assessed.</p>	<p>None of the included studies matched the PICOS for this evidence summary; 2 studies may be considered to have some relevance.</p>	<p>exactly matched the PICOS for this evidence summary. Two studies may be considered to have some relevance:</p> <p>One study was conducted in acute psychiatric admissions, not specifically in elderly patients (Naji SA, Howie FL, Cameron IM, Walker SA, Andrew J, Eagles JM). Discharging psychiatric in patients back to primary care: a pragmatic randomized controlled trial of a novel discharge protocol. <i>Primary Care Psychiatry</i> 1999;5 (3):109–15). Results may have been considered applicable to older adults, however, this study did not assess length of hospital stay as an outcome measure. This study reported a lower re-admission rate at 6 months in the discharge planning group compared to the control group -7.4% (95% CI: -1.1%, -16.7%).</p> <p>The second study included patients discharged from a psychiatric hospital or a care of the elderly ward, mean age 47 ± 17 years (Shaw H, Mackie CA, Sharkie I. Evaluation of effect of pharmacy discharge planning on medication problems experienced by discharged acute admission mental health patients. <i>International Journal of Pharmacy Practice</i> 2000;8:144–53). As</p>	<p>Eight bibliographic databases were searched (including sources for unpublished studies). Searches were supplemented by reference checking and contact with study authors.</p> <p>Two reviewers independently assessed studies for inclusion, extracted data and appraised methodological quality using the Cochrane risk of bias tool. The involvement of multiple reviewers</p>
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				<p>with the first study, results may have been considered applicable to older adults in psychiatric units, however, this study did not assess length of hospital stay as an outcome measure. This study reported a reduction in un-scheduled re-admission rates within 3 months of discharge, associated with discharge planning (RR 0.38 (95% CI: 0.14, 0.99).</p> <p>The review reported a small reduction in length of hospital stay, associated with discharge planning, for older patients with a medical condition (WMD -0.91 (95% CI: -1.55, -0.27) days), based on data from ten studies with 1,765 participants.</p>	<p>reduces the risk of error/bias in the review process.</p> <p>The meta-analytic methods used were broadly appropriate, but are not relevant to this evidence summary as no pooled estimates were considered relevant.</p>
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RCTs/DTAs

Author (year)	Inclusion criteria	Number of participants	Summary of results	Risk of bias
Klug (2010)	<i>Participants</i> : participants were eligible for this study if they were over the age of 64, and had a primary diagnosis of major depression according to ICD-10 criteria, had moderately impaired global functioning (GAF score between 21 and 60), lived independently in Graz, Austria, and had capacity to provide informed	N = 60	<p>This study aimed to assess the effectiveness of home treatment for depression in elderly people who are living independently.</p> <p>41 Participants were referred by psychiatric hospital departments following an episode of in-patient treatment, 16 by psychiatrists and 3 from other community services. The mean age of participants was 74.9 ± 6.5 years and the mean</p>	Randomisation was done by a researcher who was otherwise not involved in the study using random







	<p>consent.</p> <p>Exclusion criteria were: dementia (MMSE score < 27); intention to give up independent living and move to a nursing home.</p> <p><i>Intervention</i> : Both the control and the experimental group received treatment as usual, routinely provided by the Austrian healthcare system. Participants in the experimental group additionally received geriatric home treatment over a 1 year period. This was delivered by a multi-disciplinary team and followed an individualised care plan.</p> <p><i>Comparison</i> : Treatment as usual</p> <p><i>Outcomes</i>: Levels of depression, self rated, on the 15 item Geriatric Depression Scale (GDS-15); levels of functioning (GAF scale); quality of life (SQOL and BELP-KF); admissions to nursing homes and days spent in in-patient psychiatric care; costs.</p>		<p>MMSE score was 29.3 ± 0.9, 54 were female, 47 were living alone at the time of referral, and 57 were receiving anti-depressant medication.</p> <p>The geriatric home treatment intervention comprised a mean of 78.2 activities (s.d.= 98.6), which included direct or telephone contacts with the individual and contacts with carers and other agencies, and a mean of 50.8 home visits (s.d.= 45.1). A mean of 3.67 visits (s.d.= 9.91) were crisis interventions. All participants in the geriatric home treatment group and 20 out of 23 participants in the control group were seen at least once by a psychiatrist in office practice.</p> <p>There was a statistically significant difference between the groups in the number of admissions to nursing homes during the study period ($p = 0.011$). In the geriatric home treatment group, one person was temporarily admitted to a nursing home, whereas in the control group eight people were admitted to a nursing home, seven of whom stayed until the end of the study. Participants in the intervention group a mean of 19.6 days (s.d.= 6.8) in psychiatric in-patient care, whereas participants in the control group spent a mean of 52.2 days (s.d.= 46.8) in psychiatric in-patient treatment; observed mean difference 17.60 (95% CI: 3.68, 31.52) days (statistically significant).</p>	<p>tables, no details of allocation concealment were reported.</p> <p>The nature of the intervention precluded blinding of participants and carers. The majority of outcome measures were self-report and it was unclear whether other outcomes were measured by blinded assessors.</p> <p>Two patients in the intervention</p>
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				<p>group and seven in the control group were lost to follow-up. It was not clear whether data were analysed ITT.</p> <p>Data were reported for all listed outcomes.</p>
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Risk of Bias: SRs

Author (year)	Risk of Bias				
	Inclusion criteria	Searches	Review Process	Quality assessment	Synthesis
Draper (2005)					
Rotter (2010)					
Sheppherd (2010)					

RCTs

Study	RISK OF BIAS					
	Random allocation	Allocation concealment	Blinding of participants and personnel	Blinding of outcome assessment	Incomplete outcome data	Selective Reporting
Klug (2010)						

 Low Risk
  High Risk
  Unclear Risk

Search Details

Source	Search Strategy	Number of hits	Relevant evidence identified
<i>SRs and Guidelines</i>			
NICE	Length of stay Admission duration Memory	643	0
DARE	(length ADJ3 of ADJ3 stay) IN DARE 1210 Delete 2 (admiss* ADJ3 length) IN DARE 27 Delete 3 MeSH DESCRIPTOR Length of Stay EXPLODE ALL TREES 1473 Delete 4 (older ADJ3 adult*) IN DARE 336 Delete 5 (older ADJ3 people*) IN DARE 297 Delete 6 (older ADJ3 person*) IN DARE 50 Delete 7 (elder*) IN DARE 736 Delete 8 (later* ADJ3 life) IN DARE 50 Delete 9 (L3) IN DARE 3 Delete 10 (dement*) IN DARE 456 Delete 11 (memor*) IN DARE 240 Delete 12 MeSH DESCRIPTOR Frail Elderly EXPLODE ALL TREES 58 Delete 13 MeSH DESCRIPTOR Alzheimer Disease EXPLODE ALL TREES 219 Delete 14 MeSH DESCRIPTOR Dementia EXPLODE ALL TREES 393 Delete 15 MeSH DESCRIPTOR Dementia, Vascular EXPLODE ALL TREES 16 Delete 16 MeSH DESCRIPTOR Frontotemporal Dementia EXPLODE ALL TREES 0 Delete	92	4

	<p>17 MeSH DESCRIPTOR Lewy Body Disease EXPLODE ALL TREES 2 Delete</p> <p>18 MeSH DESCRIPTOR Memory Disorders EXPLODE ALL TREES 26 Delete</p> <p>19 MeSH DESCRIPTOR Memory EXPLODE ALL TREES 41 Delete</p> <p>20 ((short* OR brief* OR length* OR duration*) ADJ3 (admission* OR hospital* OR stay*)) IN DARE 1536 Delete</p> <p>21 #1 OR #2 OR #3 OR #20 2672 Delete</p> <p>22 #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 1905 Delete</p> <p>23 #21 AND #22</p>		
Primary studies			
CENTRAL	<p>MeSH descriptor: [Hospitals, Psychiatric] explode all trees</p> <p>209</p> <p>#2 Enter terms for search</p> <p>mental hospitalsmental hospitals 5167</p> <p>#3 MeSH descriptor: [Aged] explode all trees</p> <p>621</p> <p>#4 Enter terms for search</p> <p>elderly or elderelderly or elder 14461</p> <p>#5 Enter terms for search</p> <p>older adult*older adult* 14253</p> <p>#6 Enter terms for search</p> <p>GeriatricGeriatric 5</p> <p>#7 MeSH descriptor: [Geriatric Psychiatry] explode all trees</p> <p>37</p>	101	

	<p>#8 Enter terms for search #1 or #2#1 or #2 5247</p> <p>#9 Enter terms for search #3 or #4 or #5 or #6 or #7#3 or #4 or #5 or #6 or #7 27083</p> <p>#10 MeSH descriptor: [Length of Stay] explode all trees 5683</p> <p>#11Enter terms for searchlength of hospitalization4498</p> <p>#12Enter terms for searchduration55378</p> <p>#13Enter terms for searchreduced119155</p> <p>#14Enter terms for search#10 or #11 or #12 or #13159116</p> <p>#15Enter terms for search#8 and #9 and #141030</p> <p>Central only 101</p>		
PsycINFO	<p>18. PsycINFO; MENTAL HEALTH UNIT/ OR MENTAL HOSPITAL/; 6513 results.</p> <p>19. PsycINFO; "psychiatric hospital*".ti,ab; 9606 results.</p> <p>20. PsycINFO; MENTAL PATIENT/; 0 results.</p> <p>21. PsycINFO; 18 OR 19 OR 20; 14019 results.</p> <p>22. PsycINFO; elderly.ti,ab; 42693 results.</p> <p>23. PsycINFO; exp AGED/; 1907 results.</p> <p>24. PsycINFO; "older adult*".ti,ab; 24110 results.</p> <p>25. PsycINFO; elder.ti,ab; 3009 results.</p> <p>26. PsycINFO; ("older person" OR "older people").ti,ab; 8304 results.</p> <p>27. PsycINFO; 22 OR 23 OR 24 OR 25 OR 26; 71704 results.</p> <p>28. PsycINFO; "length of stay".ti,ab; 3137 results.</p> <p>29. PsycINFO; ("length of hospitalization" OR "length of hospitalisation").ti,ab; 609 results.</p> <p>30. PsycINFO; reduced.ti,ab; 98692 results.</p>	6	

	<p>31. PsycINFO; (brief OR short).ti,ab; 166223 results. 32. PsycINFO; duration.ti,ab; 62092 results. 33. PsycINFO; 28 OR 29 OR 30 OR 31 OR 32; 310390 results. 34. PsycINFO; 21 AND 27 AND 33; 57 results. 35. PsycINFO; PSYCHIATRIC HOSPITALS/ OR PSYCHIATRIC UNITS/ OR PSYCHIATRIC PATIENTS/; 32502 results. 36. PsycINFO; exp PSYCHIATRIC HOSPITALIZATION/; 8676 results. 37. PsycINFO; 21 OR 35 OR 36; 42227 results. 38. PsycINFO; 27 AND 33 AND 37; 163 results. 39. PsycINFO; 38 [Limit to: (Methodology 0830 Systematic Review or 1200 Meta Analysis or 2000 Treatment Outcome/Clinical Trial)]; 6 results.</p>		
EMBASE	<p>1. EMBASE; MENTAL HEALTH UNIT/ OR MENTAL HOSPITAL/; 24418 results. 2. EMBASE; "psychiatric hospital*".ti,ab; 10642 results. 3. EMBASE; MENTAL PATIENT/; 16637 results. 4. EMBASE; 1 OR 2 OR 3; 44429 results. 5. EMBASE; elderly.ti,ab; 204840 results. 6. EMBASE; exp AGED/; 2107854 results. 7. EMBASE; "older adult*".ti,ab; 36264 results. 8. EMBASE; elder.ti,ab; 6603 results. 9. EMBASE; ("older person" OR "older people").ti,ab; 16335 results. 10. EMBASE; 5 OR 6 OR 7 OR 8 OR 9; 2173304 results. 11. EMBASE; "length of stay".ti,ab; 34905 results. 12. EMBASE; ("length of hospitalization" OR "length of hospitalisation").ti,ab; 3878 results. 13. EMBASE; reduced.ti,ab; 1163532 results. 14. EMBASE; (brief OR short).ti,ab; 30678 results. 15. EMBASE; duration.ti,ab; 464674 results.</p>	91	

	<p>16. EMBASE; 11 OR 12 OR 13 OR 14 OR 15; 2176146 results.</p> <p>17. EMBASE; 4 AND 10 AND 16; 724 results.</p> <p>18. EMBASE; random*.ti,ab; 789454 results.</p> <p>19. EMBASE; factorial*.ti,ab; 20391 results.</p> <p>20. EMBASE; (crossover* OR cross-over*).ti,ab; 64756 results.</p> <p>21. EMBASE; placebo*.ti,ab; 186095 results.</p> <p>22. EMBASE; (doubl* ADJ blind*).ti,ab; 134943 results.</p> <p>23. EMBASE; (singl* ADJ blind*).ti,ab; 13096 results.</p> <p>24. EMBASE; assign*.ti,ab; 217830 results.</p> <p>25. EMBASE; allocat*.ti,ab; 73861 results.</p> <p>26. EMBASE; volunteer*.ti,ab; 165317 results.</p> <p>27. EMBASE; CROSSOVER PROCEDURE/; 36448 results.</p> <p>28. EMBASE; DOUBLE BLIND PROCEDURE/; 113621 results.</p> <p>29. EMBASE; RANDOMIZED CONTROLLED TRIAL/; 338820 results.</p> <p>30. EMBASE; SINGLE BLIND PROCEDURE/; 17116 results.</p> <p>31. EMBASE; 18 OR 19 OR 20 OR 21 OR 22 OR 23 OR 24 OR 25 OR 26 OR 27 OR 28 OR 29 OR 30; 1288745 results.</p> <p>32. EMBASE; 17 AND 31; 91 results.</p>		
MEDLINE	<p>18. MEDLINE; MENTAL HEALTH UNIT/ OR MENTAL HOSPITAL/; 21748 results.</p> <p>19. MEDLINE; "psychiatric hospital*".ti,ab; 8473 results.</p> <p>20. MEDLINE; MENTAL PATIENT/; 3996 results.</p> <p>21. MEDLINE; 18 OR 19 OR 20; 29639 results.</p> <p>22. MEDLINE; elderly.ti,ab; 158063 results.</p> <p>23. MEDLINE; exp AGED/; 2174121 results.</p> <p>24. MEDLINE; "older adult*".ti,ab; 29943 results.</p>	20	

	<p>25. MEDLINE; elder.ti,ab; 4902 results.</p> <p>26. MEDLINE; ("older person" OR "older people").ti,ab; 13522 results.</p> <p>27. MEDLINE; 22 OR 23 OR 24 OR 25 OR 26; 2214622 results.</p> <p>28. MEDLINE; "length of stay".ti,ab; 24072 results.</p> <p>29. MEDLINE; ("length of hospitalization" OR "length of hospitalisation").ti,ab; 3032 results.</p> <p>30. MEDLINE; reduced.ti,ab; 989254 results.</p> <p>31. MEDLINE; (brief OR short).ti,ab; 567727 results.</p> <p>32. MEDLINE; duration.ti,ab; 369743 results.</p> <p>33. MEDLINE; 28 OR 29 OR 30 OR 31 OR 32; 1825376 results.</p> <p>34. MEDLINE; 21 AND 27 AND 33; 498 results.</p> <p>35. MEDLINE; 34 [Limit to: (Publication Types Meta Analysis or Randomized Controlled Trial or Review)]; 20 results.</p>		
Summary	NA	NA	

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