

**CARE FRAGMENTATION AND PSYCHIATRIC ILLNESS IS ASSOCIATED
WITH INCREASED EMERGENCY DEPARTMENT USE
AMONG COMPLEX DIABETIC PATIENTS.**

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ABSTRACT

Background: Care of complex diabetic patients is often fragmented among multiple specialists. This investigation determines if psychiatric comorbidity among diabetic patients aggravates their fragmented care and is associated with increased use of the emergency department.

Methods: Socioeconomic characteristics, non-psychiatric comorbidities, and emergency department visits over a two-year period were identified for 623 diabetic patients with chronic kidney disease (estimated glomerular filtration rate, 20-60) from the electronic medical record of a large urban health care system. Fragmentation was defined as the number of separate non-psychiatric specialty clinics visited. A negative binomial model was used to estimate the effect of mood and anxiety disorders and fragmentation on the number of emergency department visits after adjusting for socioeconomic characteristics, non-psychiatric comorbidities, diabetes control (average A1c level over the study period), and adherence (proportion of “kept” primary care appointments).

Results: Of the 623 diabetic patients with chronic kidney disease, 241 (38.7%) had one or more psychiatric co-morbidities. On bivariate analysis, the 141 (22.6%) patients with mood and anxiety disorders were more likely than those without to have at least one emergency department visit (63.1% vs. 44.6%; OR 1.42, 95% CI, 1.21 to 1.66). After adjusting for covariates, the presence of a mood or anxiety disorder increased the predicted number of emergency department visits by a factor of 1.50 (95% CI: 1.14 to 1.98), while greater fragmentation increased the number of emergency department visits by a factor of 1.32 (95% CI: 1.19 to 1.47) for each additional clinic visited. Psychiatric diagnoses other than mood or anxiety disorders were not associated with increased number of emergency department visits.

Conclusions: Mood and anxiety disorders are prevalent among patients with complicated diabetes, and are associated with increased fragmentation of care and increased use of the emergency department. Better coordination of care among complex patients, especially those with chronic illnesses and co-existing mood and anxiety disorders, may result in better health outcomes and health care utilization.