

Introduction

- Background.** The COVID-19 pandemic presents novel mental health challenges, particularly for patients who use the ED as their primary resource for health care and psychiatric services. There is limited research on the topic of the trends in visits to the ED for psychiatric complaints during the pandemic.
- Purpose.** The goal of this project is to compare the number of visits to the Loyola University Medical Center Emergency Department (ED) for psychiatric complaints before and during the pandemic.

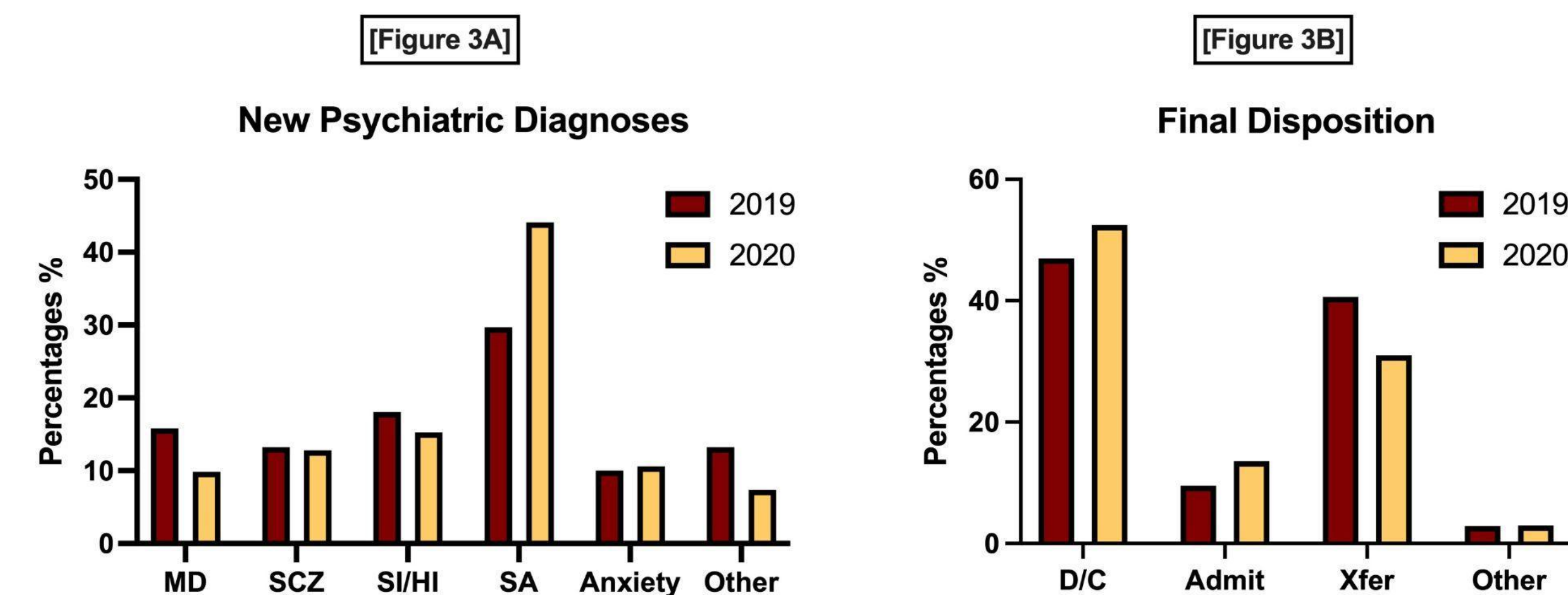
Methods

- This was a single-center, retrospective chart review of the Loyola University Medical Center ED visits between March 1st-April 30th, 2019 and March 1st-April 30th, 2020.
- Data was extracted from the medical record regarding each patient's visit, including: method of presentation, basic demographics, housing/insurance status, past medical history, prior and current psychiatric diagnoses, and final disposition.

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> Patients ≥ 18 years of age ED presentation Seen by a physician Documented ICD-10 code F01-F99 final dx code 	<ul style="list-style-type: none"> Transfer from outside hospital Patients who left without being seen by a provider Missing or incomplete data

Results

[Figure 3] Final Diagnosis & Disposition



Xfer = Transferred to a Psychiatric Facility
MD = Mood Disorders, SCZ = Schizophrenia/Schizoaffective, SI/HI = Suicidal/Homicidal Ideations, SA = Substance Abuse

Discussion

The results of this study shows a shift in how the ED is used as a point of care during a pandemic in 2020. There were overall **INCREASES** in all of the following:

- Number of patients who presented to the ED for psychiatric reasons
- Number of visits by patients experiencing homelessness
- Patients with a history of illicit drug use
- Patients with a final psychiatric diagnostic code for substance abuse

Conclusion

Understanding the intersection of socioeconomic and demographic factors that contribute to the exacerbation of mental health during a pandemic can determine the need for better mental health resources. This may alleviate the number of ED visits for routine psychiatric treatment and medication.

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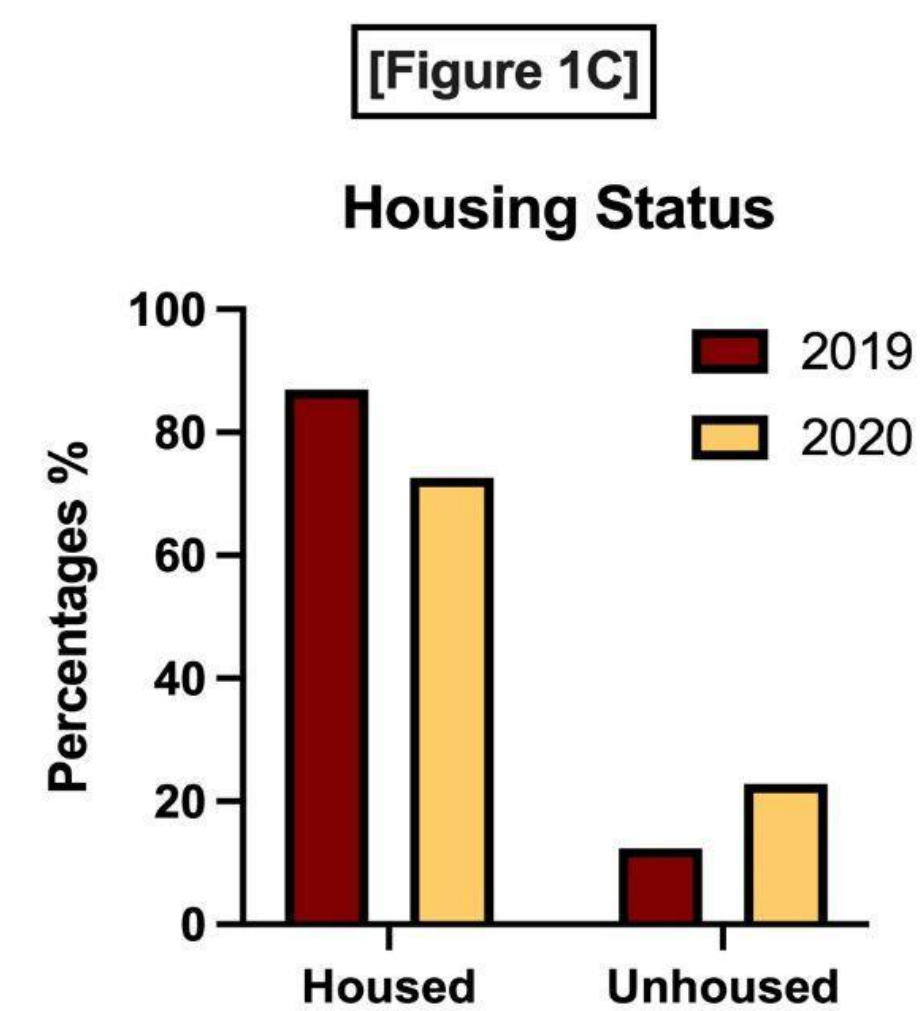
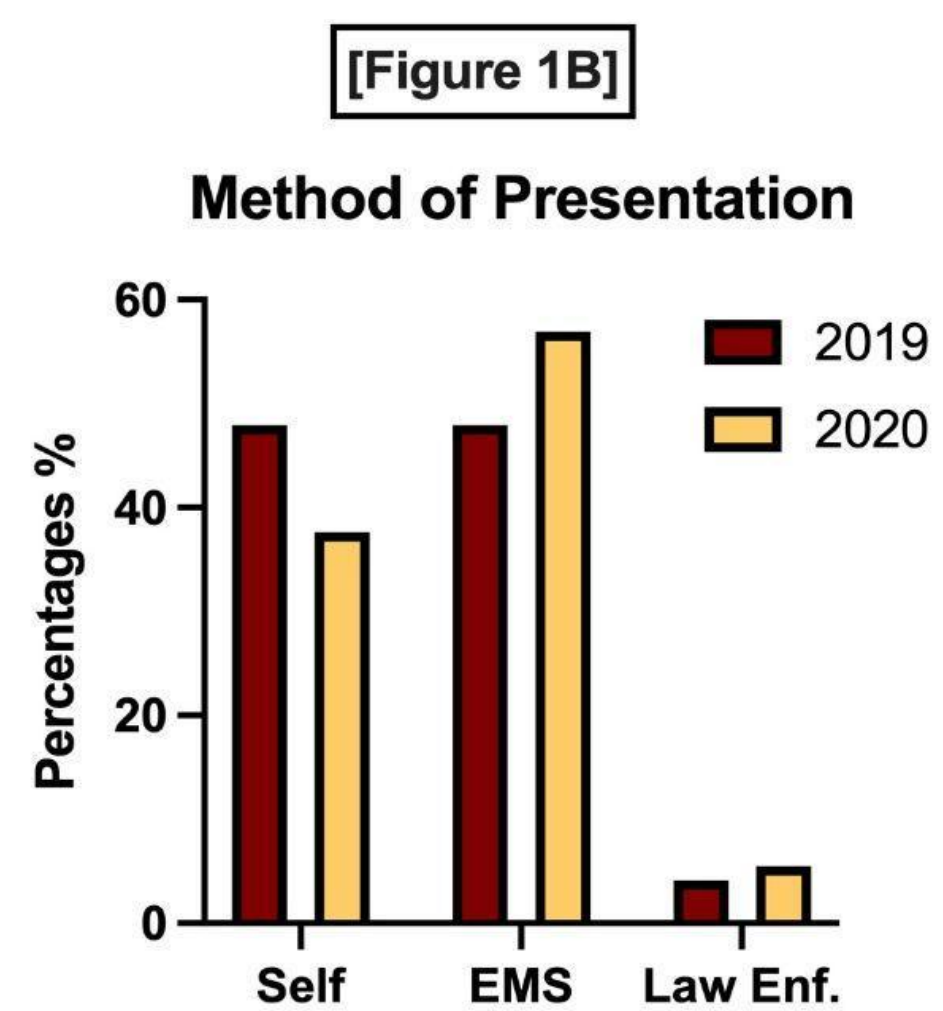
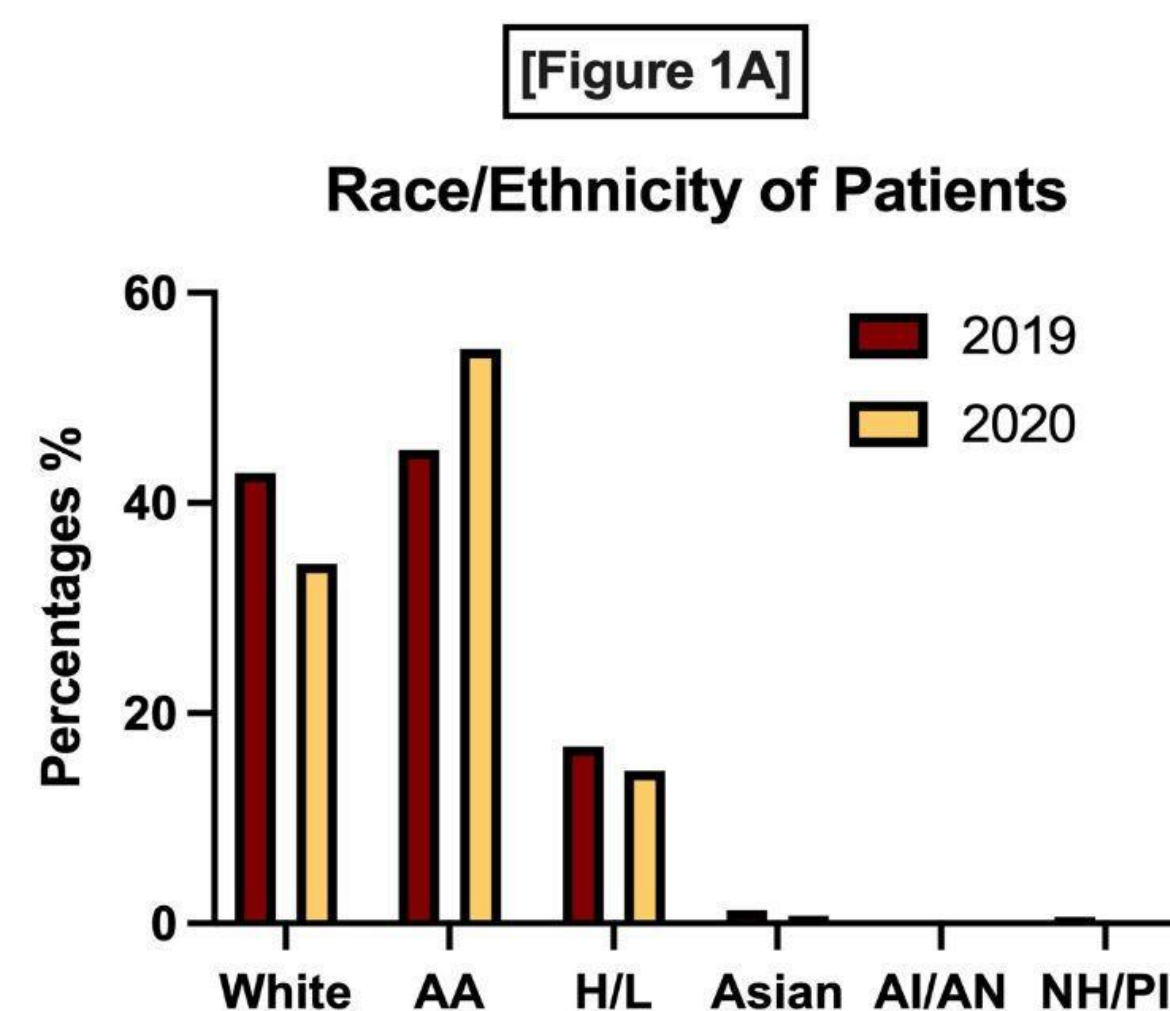
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Results

[Figure 1] Patient Demographics

NH/PI = Native Hawaiian/Pacific Islander
AI/AN = American Indian/Alaskan Native
AA = African-American
H/L = Hispanic/Latino



[Figure 2] Social History

