

BEFORE AND AFTER ACCEDING TO A&E DEPARTMENTS BY MIGRANTS: DATA FROM A 1-YEAR OBSERVATION

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Introduction: Hospital A&E departments are the most frequent access to healthcare among migrants, often accounting for improper admissions. This also impacts massively on delivery of psychiatric care and prevention, making it hard to provide a health program, and not just solving an acute situation.

Objective: To analyze admissions to the A&E by migrants, focusing on previous medical/psychiatric history and health program after discharge.

Methods: Electronic databases were searched for all migrants accessing the A&E departments of the two general hospitals in Modena, Italy, during 2010.

Results: Of the patients evaluated in the A&E, 10.24% were migrants. For 5% of these, the reason for admission was psychiatric, for 36% non-psychiatric (mostly traumatic); for the remaining 56%, admission was due to mild somatic symptoms, possibly medically unexplained symptoms suggestive of somatization (i.e. 16.59% gastro-intestinal symptoms, 10.92% joint pains).

Only 32% of the migrants accessing because of explicit psychiatric reasons (attempted suicide, alcohol abuse, aggressiveness) were investigated by a psychiatrist. After the psychiatric consultation, 35% of patients were referred to community mental health centers, 20% to psychiatric wards, 22% to primary care, 6% to services for substance abuse.

Conclusions: Migrants in the A&E are referred to psychiatry only for severe psychopathology and disturbances, very rarely for symptoms suggestive of somatization, which are particularly difficult to recognize in the A&E: this may result in delay in diagnosis and chronicization.