

D3-292

Clinical manifestation of depression after stroke: different from depression in other patients?

JM de Man-van Ginkel, TB Hafsteindóttir, E Lindeman, M Geerlings, D Grobbee and MJ Schuurmans

University Medical Center Utrecht, Utrecht, the Netherlands

Background: Despite ample research on depression after stroke, the debate continues regarding whether symptoms such as sleep disturbances, loss of energy, changes in appetite and diminished concentration should be considered to be consequences of stroke or general symptoms of depression. By comparing symptoms in depressed and non-depressed stroke patients with patients in general practice and patients with symptomatic atherosclerotic diseases, we aim to further clarify similarities and distinctions of depression after stroke and depression in other patient populations. Based on this it is possible to determine if somatic symptoms should be evaluated in stroke patients in diagnosing depression after stroke.

Materials and Methods: An observational multicenter study is conducted in three hospitals and seven general practices including 382 stroke patients admitted to hospital with a clinical diagnosis of intracerebral hemorrhage or ischemic infarction, 1160 patients in general practice (PREDICT-NL), and 530 patients with symptomatic atherosclerotic diseases (SMART-Medea). Major depressive disorder was assessed according to the DSM-IV-TR criteria using the Composite International Diagnostic Interview (CIDI). The severity of depressive symptoms was measured with the 9-item Patient Health Questionnaire (PHQ-9), including the 9 symptoms of depression according to the DSM-IV-TR [32]. Patients rated how often they had been bothered by any of the symptoms during the previous 2 weeks.

Results: The prevalence of major depressive disorder according to DSM-IV criteria was 14.1% (95% CI 11.0–18.0%) in the stroke cohort, 5.4% (95% CI 3.8–7.9%) in the symptomatic atherosclerotic diseases cohort and 12.9% (95% CI 11.1–15.0%) in the general practice cohorts. Comparing depressed patients of the three cohorts demonstrated broadly similar symptom profiles, as well as comparable levels of individual symptom prevalence, indicating that depression after stroke does not differ from depression in other patient populations. However, the stroke patients suffered more severely from these symptoms than patients depression following other symptomatic atherosclerotic diseases or patients in general practice.

Conclusions: The findings suggest that depression after stroke is not a different type of depression. This finding indicates that all depressive symptoms should be evaluated in stroke patients, including somatic symptoms. Furthermore, the high prevalence of depressive symptoms in the early stage after stroke highlights the importance of early detection of depression after stroke, which may decrease

the burden of depression after stroke and the negative impact that depression has on stroke patient participation in rehabilitation.

D4-131

Quality indicators contribute to the quality of nursing care in Dutch hospitals

AC de Bruijne-Dobben, WA Helthuis-Oude Groote Beverborg, C Hofstra-van Benthem and JN Leseman

Health Care Inspectorate, Utrecht, the Netherlands

Background: The Dutch Healthcare Inspectorate (DHI) is part of the Ministry of Health. The Inspectorate oversees and regulates all Dutch healthcare providers and professionals, as well as all pharmaceuticals, medical devices and medical technology. The Inspectorate has developed quality indicators in collaboration with the Dutch Association of Nursing and Nurturing, to improve and monitor nursing care for the clinical patient focused on the elderly.

Objective: To share the experience of how collaboration between a governmental regulatory body and national nursing advocacy groups can lead to meaningful nationwide improvement in care for elderly hospitalized patients.

Innovation: Through the collaboration process, the nursing societies contribute scientific and nursing-technical knowledge. They use indicators to promote their quality agenda amongst their peers (e.g. adherence to a new guideline). The inspectorate uses the process to influence the quality agenda and create indicators that differentiate between those hospitals that are on track and those that merit supervisory action. Nursing indicators are: pressure ulcers, malnutrition, pain and delirium.

Experiences: Results of four nursing indicators show that the overall quality of nursing care has improved. Besides, the variation between hospitals has reduced. Data was collected in eight academic medical centers and 84 general hospitals. 1) Pressure ulcers: Mean prevalence in 2004: 8%; in 2007: 3%. Subsequently, the mean prevalence continued at the level of three percent till 2012 after which the indicator was dropped. 2) Malnutrition screening of adults: Mean percentage screened in 2007: 52% (p10 13%; p90 90%); in 2012: 80% (p10 59%; p90 96%). Mean percentage severely malnourished adults in 2007: 18% (p10 5%; p90 30%); in 2012: 14% (p10 8%; p90 21%). 3) Postoperative pain: Mean percentage of measurements in 2007: 68% (p10 22%; p90 100%); in 2014: 92% (p10 84%; p90 100%). Mean percentage of patients with a pain score above seven during the first 72 postoperative hours in 2007: 9% (p10 0.4%; p90 17%); in 2014: 7% (p10 3%; p90 12%). 4) Delirium: Mean number of departments which noted a delirium score at admission in 2010: 56% (p10 6%; p90 100%); in 2014: 89 percent (p10 68%; p90 100%). Mean number of patients in which the DOSS-score or the CAM-score was observed at least once in

2010: 50% (p10 14%; p90 96%); in 2014: 79 percent (p10 51%; p90 96%)

D5-S137 Symposium

Optimizing geriatric rehabilitation: challenges and opportunitiesIHJ Everink¹, TP Vluggen¹, A King², JMGA Schols¹ and A Gordon²¹Maastricht University, Maastricht, the Netherlands; ²University of Nottingham, Nottingham, UK

Introduction: Geriatric rehabilitation is an emerging field in health care where older adults receive multidisciplinary care to restore functional capacity, independence and social participation. Due to the ageing population and growing number of frail adults, there is a need for appropriate and efficient geriatric rehabilitation services. International research in geriatric rehabilitation is a growing field of research with interesting challenges. This symposium focuses on research projects aimed at improving geriatric rehabilitation in the UK and the Netherlands. The first presentation will report on results from a systematic mapping review on outdoor activities and mobility in care homes. In the second presentation, the effects of an integrated care pathway in geriatric rehabilitation in the Netherlands will be discussed. The last presentation will focus on the effects of an aftercare program for community-living older stroke patients in the Netherlands. This session will give the audience a chance to interact with the presenters and share their experiences and opinions within the area of geriatric rehabilitation.

Aim: The aim of this symposium is to provide insight into developments in geriatric rehabilitation which are aimed to result in more appropriate and efficient geriatric rehabilitation services.

A systematic mapping review of outdoor activities and mobility in care homesA King^{1,2,3}, N Chadborn^{1,3}, A Gordon¹, J Gladman^{1,3} and P Logan¹¹University of Nottingham, Nottingham, UK; ²Nottinghamshire Healthcare Foundation NHS Trust, UK; ³Collaboration of Health and Care Leadership, East Midlands, UK

Background: Care home residents should be offered opportunities to participate in meaningful activities in an environment of their choice (National Institute for Health and Care Excellence, 2013). Whilst outdoor activities and mobility are believed to have health-related benefits, UK best practice recommendations are based on expert consensus. This research aimed to map the literature in this field and identify gaps in the evidence base. **Methods:** A systematic mapping review was conducted. The following databases were searched from inception to March 2015: Medline; CINAHL; Embase; Cochrane Library; PsycINFO; ASSIA and SCIE Social Care Online. Articles were categorised using keywords including: year and country of publication; method; participants; setting; outdoor