

ANXIETY ON ADMISSION TO AN ACUTE TRAUMA WARD; TARGETING EFFECTIVE SOCIAL WORK INTERVENTIONS FOR THOSE IDENTIFIED AT MOST RISK

Lauren Coghlan¹, Jaisto Joseph¹, Melissa Webb^{2,3}, Lara Kimmel^{2,3,4}

1. Social Work Department, Alfred Hospital, Melbourne, VIC, Australia 2. Allied Health Executive, Alfred Hospital, Melbourne, VIC, Australia 3. Physiotherapy Department, Alfred Hospital, Melbourne, VIC, Australia 4. Department of Epidemiology and Preventive Medicine, Monash University

BACKGROUND:

Research has shown a significant number of patients present with depression, anxiety and or stress post a traumatic injury (1) while there is limited understanding of the factors associated with reporting anxiety for patients admitted to hospital following a traumatic injury. Early psychosocial intervention has been shown to be effective in patients post trauma (2) and targeting appropriate patients for this therapy is paramount.

Method:

- During 2024, patient self reported EQ5D data was collected for all patients on the trauma ward at The Alfred on admission and discharge.
- The EQ5D consists of 5 components: mobility, self care, anxiety/depression, pain and usual activities, and the patients report the level of severity including: nil, slight, moderate, severe, or extreme.
- Social Work intervention was targeted to those scoring \geq moderate anxiety and factors associated with discharge anxiety were analysed to assist with further targeting of patients who may benefit from psychosocial intervention.

RESULTS:

There were 1780 patients admitted to the Alfred Hospital Trauma ward in 2024 who completed an EQ5D score. Of these, 249 patients (14%) reported anxiety \geq moderate. 181 patients completed an EQ5D on admission and discharge - 92 (51%) who reported anxiety on admission no longer reported anxiety on their discharge assessment.

Why are you feeling anxious?

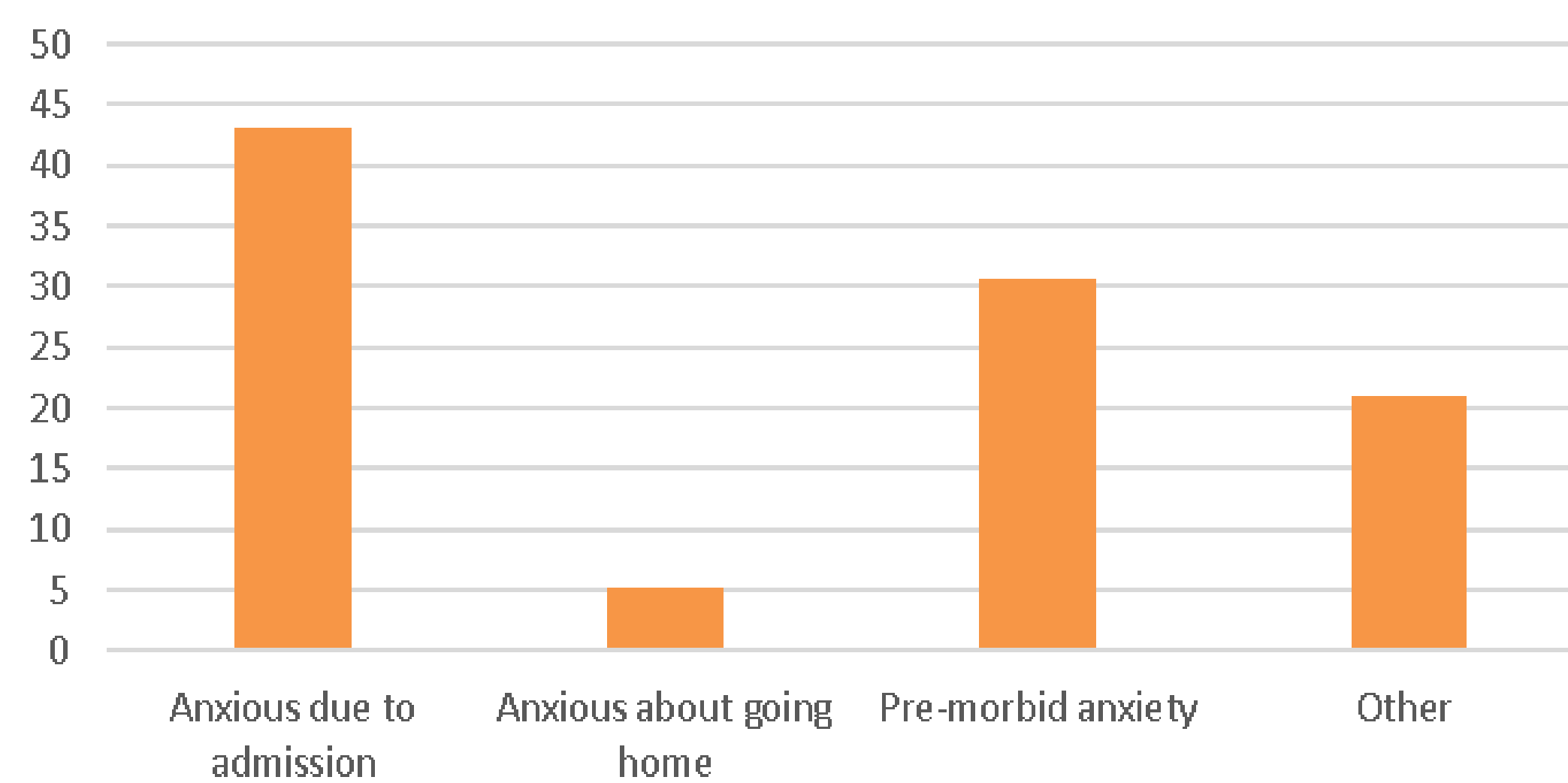


Table 1: Factors associated with reporting anxiety on discharge

		<mod anxiety on discharge n=1181	Anxiety on discharge n=214	P Value
Gender	Male	768 (65%)	126 (59%)	0.08
	Female	413 (35%)	88 (41%)	
Age	Median	57 (39, 69)	53.5 (38, 69)	0.29
ICU stay	Yes	286 (24%)	43 (20%)	0.19
	No	895 (76%)	171 (80%)	
Initial anxiety	Nil/slight	1042 (92%)	116 (57%)	0.04
	Moderate	64 (6%)	48 (23%)	
	Severe/extreme	28 (2%)	41 (20%)	

AIM

1) To understand the prevalence of anxiety in trauma patients and the reasons why patients report anxiety on admission to the trauma ward

2) To understand the factors associated with discharge anxiety to better understand patients who are most likely to benefit from Social Work intervention

After taking into account above factors, discharge anxiety is associated with:



Initial anxiety:
Moderate OR 6.7;
Severe/Extreme OR 13.7
p value <0.001



OR 1.47 p value 0.06

If only patients with initial anxiety were included, discharge anxiety is associated with:



OR 2.67 p value 0.02

Conclusion:

Admission anxiety is significantly associated with discharge anxiety. Using a tool to determine admission anxiety can assist with resource allocation to those most at need. Understanding the protective mechanism of having an ICU stay to reporting discharge anxiety needs further investigation.

REFERENCES:

- 1) Wiseman et al. Incidence of depression, anxiety and stress following traumatic injury; a longitudinal study. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine* (2015).
- 2) Jakupak. M., Roberts. L.J., Martell. C., et al. A pilot Study of Behavioural Activation for Veterans with Post Traumatic Stress Disorder. *Journal of Traumatic Stress, Vol 19, No 3. June 20026*