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Ambulatory care-sensitive conditions (ACSC) refer to a group of chronic and acute medical diseases such as diabetes, pulmonary and cardiovascular diseases considered not to require acute medical care and hospitalization if timely and appropriate primary respective ambulatory care is received (Agency for Healthcare Research and Quality (AHRQ), 2001). ACSC-related hospitalizations and gctn{"tgjqurkvcnk|cvkqpu"*Ö"52"fc{u"qh"fkuejctig+"ctg"eq o o qp"cpf" extremely costly in western countries (Galarraga, Mutter & Pines, 2015). Subsequently, interest is increasing in understanding the risk factors for potentially preventable acute care hospital admissions and emergency department (ED) visits for ACSC among a growing aging and multimorbid population. Next to patient characteristics such as demographic factors and socioeconomic status, health status (e.g., comorbidities) as well as adherence of medication and healthcare utilization, (Folsom et al., 2005; Robinson, 2012; Yoon et al., 2012;

Davydow et al., 2016), comorbid mental illness is thought to play a central role.

The effect of comorbid mental disorders and mental health conditions on the utilization of ED services and preventable inpatient hospitalizations has been examined in large scale prospective longitudinal cohort studies. For example, (Yoon et al., 2012), found comorbid mental disorders, as assessed on the basis of the International EncuukLecvkqp"qh"fkugcug"JKEF_/;"fkcipquku"eqfgu"tgeqtfgf"kp"enkpkcn" encounters in primary care practices, such as depression (odds ratio JQT_"3032." ;7 " "eqpLfgpeg"kpvgtxcn""JEK_"3025/3039+"cpf"ftwi"cdwug" fkuqtfgtu"QT"306.: ";7 " "EK"3027/30; ;+"vq"rnc{"c"rtgfkevkxg"tqng"kp"vjg" risks and rates of ACSC related acute care admissions and ED visits. That is, patients with depression or drug abuse at baseline had higher rates of receiving ACSC related acute care in a follow-up period of 12 months compared with patients without mental health diagnoses. Another study by (Davydow et al., 2014), with a follow-up period of

That is, patients with these neuropsychiatric disorders at baseline had an increased number of hospitalizations and rehospitalizations for an ACSC relative to patients without neuropsychiatric disorders.

A recently published population-based study by (Davydow et al., 2015), used data from nationwide Danish registries (study period 3; ; ; 4235+ "cpf" eqpLto g f" vjg" rtgxlqwu" Wpkvgf" Uvcvgu" tguwnvu" In this study, it was found that individuals diagnosed with serious mental health conditions such as bipolar disorder, schizophrenia or schizoaffective disorder, according to the ICD-10 diagnosis codes in the psychiatric central register, were at a stable risk for increased CEUE/tgncvgf" jqrkvcnk|cvkqpu" *kpekfgpeg" tcvg" tvkq" JKT T_" 3063." ;7 " "EK"3059/3067+."cpf" gctn{"tgjqurkvcnk|cvkqpu"ht"vjg"uc o g" CEUE" *KTT"304.: ";7 " "EK"303:/3062+"qt"ht"cpqvjgt"CEUE"*KTT"3084." ;7 " " EK"306:/3098+"kp"uw o o ct{"tgugctej" kpfkecvgu" vjcv" o g pvcn" j gcnvj" disorders are associated with potentially preventable ED visits and hospitalizations for ACSC after adjustment for covariates such as demographics, socioeconomic factors, health status and medication use as well as prior healthcare utilization.

Davydow et al., 2014;

Thus far, the causal mechanisms underlying the association between mental disorders and risk for potentially preventable ACSC-related acute medical care and hospitalizations are still poorly wpfgtuvqf" Rquukng" gznrcpcvkqpu" ctg" ocpkhqnf" Qp" qpg" jcpf." patients with mental health conditions may be at elevated risk for ACSC-related acute care because they have higher prevalence rates of comorbid chronic medical diseases (Bankier, Januzzi & Littman, 4226-"Vqfctq"gv"cnl."4229+."*y jkej"wpfgtnkg" o cp{"CEUE+0"kp"cf fkvkqp." they may suffer from toxic side effects of psychiatric medication use, (Pizzi et al., 2011), they may present an altered immune system activity or other medical complications leading to hospitalization *I jppgk o (" Q)Jctc." 4238+0" Cnuq." rcvkpvu" ykvj" o g pvcn" j gcnvj" eqpfkvkqpu" o c{" jcxg" o qtg" fkhLewnkgu" vq" ceegu" rtko ct{"ectg" cu" ygm"cu"urgekcnk|g f" c o dwnvcvt{" j gcnvjctg."*Etcfqem/Q)Ngct{"gv"cnl." 2002), they may show a lower treatment adherence, (Ziegelstein et al., 2000), and may receive worse quality of medical care (Druss et al., 2012), because of a lower functional status and reduced self-management abilities. (Herrman et al., 2002; Bayliss, Ellis & Steiner, 4229+0" Qp" vjg" qvjt" jcpf." o g pvcn{"knn" rcvkpvu" o c{" rtgugpv" ykvj" higher acuity and severity of mental and physical burden to primary care compared with patients without mental disorders, and thus require hospitalization for an appropriate treatment.(Davydow et al., 2016; Herrman et al., 2002; Gili et al., 2011; Gili et al., 2011; Dickens et al., 2012). For example, the combination between depression and chronic medical conditions is associated with the greatest decrements kp" j gcnvj" *Oqwucxk" gv" cnl." 4229+." cpf" kpetgeugf" o qtvncv{" *Dctvj." Schumacher & Herrmann-Lingen, 2004) as well as high use and costs of care (Egede, Zheng & Simpson, 2002). Noteworthy, previous Lpfkpiu"cnuq"uwi iguv" c"rqvgpvcn"ht" c'xkekqu'e {eng"qh"jqrkvcnk|cvkqpu" rehospitalization, and physical as well as mental decline with adverse health outcomes among chronically ill patients with comorbid mental disorders (Davydow et al., 2014) However, all explanations remain speculative to a large degree at this point.

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Patients with chronic medical conditions and comorbid mental health issues are a particularly vulnerable patient population with an impact on specialized ambulatory care services. Given the known potential impact, mental health conditions are a major concern and need to receive more attention in the context of primary care and acute medical care. International data show a high prevalence rate between 62% and 72% (Marchesi et al., 2004), but still may be under-diagnosed (Gili et al., 2004; Kowalenko & Khare, 2004; Kumar, Clark, & Boudreaux, 2004). The screening for co-existing mental disorders is feasible if appropriate settings and technical solutions are provided (Boudreaux, Clark & Rose, 2004).

- Kumar, A., Clark, S., Boudreaux, E.D., & Camargo, C.A. Jr. (2004). A multicenter study of depression among emergency department patients. *Academic Emergency Medicine*, 11(34), 6/34: ;0
- Marchesi, C., Brusamonti, E., Borghi, C., Giannini, A., Di Ruvo, R., Minneo, F., et al. (2004). Anxiety and depressive disorders in an emergency department ward of a general hospital: a control study. *Emergency Medicine Journal*, 21(4), 397/39;0
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