



What happened to patients with a 1st hospitalization for a psychosis at Cambridge Health Alliance 1/1/2019 – 12/31/2020

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Results

Background & Hypotheses

- A 1st psychotic episode historically led to permanent disability and lifetime schizophrenia
- New psychosocial & pharmacologic treatments combined with early detection may change this course of illness.
- State-of-the Art disposition subsequent to a 1st hospitalization for psychosis is CSC (a Coordinated Specialty Care Clinic-RISE) (Kane & Robinson, et al.)
- Racial & Ethnic minoritized people may not to receive the newest standards of care
- CHA as a safety-net system serves all people regardless of ability to pay

Objectives & Hypotheses

- Examine inpatient treatment and disposition for 1st
 Episode Psychotic patients with diverse ethnic and racial backgrounds.
- Examine changes pre and during the COVID pandemic.
- Determine whether inpatient units were adequately providing follow-up with a CSC Clinic.
- What is the status of these hospitalized patients 3 years later?
- Of these, do the treatments they receive differ by race and ethnicity? (hypothesis 1)
- Were there differences during the COVID Pandemic compared with pre-pandemic times? (hypothesis 2)

Methods

- Data: Epic Electronic Medical Record chart review of individuals with a first hospitalization for psychosis within the timespan of Jan 2019-Dec 2020.
- Sample population: Individuals aged 15-35 with a first hospitalization for a first episode of psychosis within the timespan of Jan 2019-Dec 2020 (n=275).
- Primary Predictor: Race & Ethnic Group (Hispanic).
- Other Descriptive Characteristics: Age, gender, and residential zip code
- **Key Outcomes**: Discharge prescription, inpatient restraint, substance abuse, inpatient length of stay and referral to and participate in a CSC.
- Statistical Analysis: Fisher's Exact Test, Kruskal-Wallis,
 Analysis of Pearson Standardized Residuals.

Table 1. Demographic and Clinical Characteristics							
Characteristics	Aggregate	White	Black	Hispanic	Asian	Portuguese	Other/Unknow
Demographics N (%)	275 (100.00)	123 (44.73)	91 (33.09)	37 (13.45)	12 (4.36)	8 (2.91)	4 (1.45)
Age	,			,			
Mean (SD), years	24.98 (5.75)	24.72 (5.82)	25.36 (5.58)	24.68 (6.05)	26.92 (5.45)	24.13 (6.66)	23.25 (5.06)
Sex N (%)	,			,			
Male	193 (70.18)	94 (48.70)	60 (31.09)	25 (12.95)	9 (4.66)	3 (1.55)	2 (1.04)
Female	82 (29.82)	29 (35.37)	31 (37.80)	12 (14.63)	3 (3.66)	5 (6.10)	2 (2.44)
Prescribed Medications	,			,			, ,
Antipsychotics N (%)							
1st Generation	17 (6.18)	9 (52.94)	4 (23.53)	3 (17.65)	0 (0.00)	0 (0.00)	1 (5.88)
2nd Generation	176 (64.00)	77 (43.75)	58 (32.95)	23 (13.07)	9 (5.11)	7 (3.98)	2 (1.14)
Clozapine/Clozaril	4 (1.45)	3 (75.00)	1 (25.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)
Two or More Different Gens	5 (1.82)	1 (20.00)	4 (80.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)
None	73 (26.55)	33 (45.21)	24 (32.88)	11 (15.07)	3 (4.11)	1 (1.37)	1 (1.37)
Mood Stabilizers N (%)	(_0.00)		(5_1,65)		5 ()	- ()	. ()
Depakote/Divalproex	18 (6.55)	11 (61.11)	5 (27.78)	1 (5.56)	1 (5.56)	0 (0.00)	0 (0.00)
All Other	30 (10.91)	20 (66.67)	6 (20.00)	1 (3.33)	0 (0.00)	2 (6.67)	1 (3.33)
None	227 (82.55)	92 (40.53)	80 (35.24)	35 (15.42)	11 (4.85)	6 (2.64)	3 (1.32)
Benzodiazepines N (%)	221 (02100)	02 (10100)	00 (0012 1)	00 (10112)	11 (1133)	0 (2101)	<u> </u>
Yes	35 (12.73)	22 (62.86)	11 (31.43)	0 (0.00)	2 (5.71)	0 (0.00)	0 (0.00)
No	240 (87.27)	101 (42.08)	80 (33.33)	37 (15.42)	10 (4.17)	8 (3.33)	4 (1.67)
npatient Restraints N (%)	210 (01.21)	101 (12:00)	(00:00)	07 (10.12)	10 (1117)	0 (0.00)	1 (1.07)
Yes	66 (24.00)	28 (42.42)	23 (34.85)	9 (13.64)	4 (6.06)	1 (1.52)	1 (1.52)
No	209 (76.00)	95 (45.45)	68 (32.54)	28 (13.40)	8 (3.83)	7 (3.35)	3 (1.44)
Substance Abuse N (%)	203 (10.00)	33 (43.43)	00 (02.04)	20 (10.40)	0 (0.00)	7 (3.33)	J (1.44)
Cannabis	63 (22.91)	29 (46.03)	15 (23.81)	15 (23.81)	2 (3.17)	1 (1.59)	1 (1.59)
Cannabis/Other Substance(s)	84 (30.55)	36 (42.86)	34 (40.48)	9 (10.71)	1 (1.19)	3 (3.57)	1 (1.19)
Tobacco	15 (5.45)	7 (46.67)	5 (33.33)	1 (6.67)	1 (6.67)	0 (0.00)	1 (6.67)
Other Substance	18 (6.55)	5 (27.78)	5 (33.33)	6 (33.33)	1 (5.56)	1 (5.56)	0 (0.00)
Polysubstance/No Cannabis	20 (7.27)	15 (75.00)	4 (20.00)	1 (5.00)	0 (0.00)	0 (0.00)	0 (0.00)
None	75 (27.27)	31 (41.33)	28 (37.33)	5 (6.67)	7 (9.33)	3 (4.00)	1 (1.33)
Qualified for RISE N (%)	13 (21.21)	31 (41.33)	20 (37.33)	J (0.07)	7 (9.33)	3 (4.00)	1 (1.33)
Yes	202 (72 45)	85 (42.08)	66 (32 67)	22 (15 94)	0 (4 46)	8 (3 06)	2 (0 00)
	202 (73.45)		66 (32.67)	32 (15.84)	9 (4.46)	8 (3.96)	2 (0.99)
No Peterred to PICE (Percent	73 (26.55)	38 (52.05)	25 (34.25)	5 (6.85)	3 (4.11)	0 (0.00)	2 (2.74)
Referred to RISE (Percent							
of Qualified) N (%)	44 (20 20)	15 (26 50)	17 (44 46)	7 (47 07)	1 (0 11)	1 (0 11)	0 (0 00)
Yes	41 (20.30)	15 (36.59)	17 (41.46)	7 (17.07)	1 (2.44)	1 (2.44)	0 (0.00)
No on other of Ctoy	161 (79.70)	70 (43.48)	49 (30.43)	25 (15.53)	8 (4.97)	7 (4.35)	2 (1.24)
Length of Stay	0.07 (7.00)	0.07 (7.54)	0.07 (0.00)	0.00 (0.05)	40.05 (7.50)	44.05 (0.44)	4.50 (0.00)
Mean (SD), days Note 1. Percentages in the aggregate colum	9.07 (7.89)	8.67 (7.54)	9.37 (8.86)	9.32 (6.95)	10.25 (7.52)	11.25 (8.41)	4.50 (2.08)

Note 2. Percentages in race and ethnicity columns are calculated based on row totals

Substance Abuse N (%)	Aggregate	White	Black	Hispanic	Asian	Portuguese	Other/ Unknown
Cannabis	63 (22.91)	29 (23.58)	15 (16.48)	15 (40.54)	2 (16.67)	1 (12.50)	1 (25.00)
Cannabis/Other Substance(s)	84 (30.55)	36 (29.27)	34 (37.36)	9 (24.32)	1 (8.33)	3 (37.50)	1 (25.00)
Tobacco	15 (5.45)	7 (5.69)	5 (5.49)	1 (2.70)	1 (8.33)	0 (0.00)	1 (25.00)
Other Substance	18 (6.55)	5 (4.07)	5 (5.49)	6 (16.22)	1 (8.33)	1 (12.50)	0 (0.00)
Polysubstance/No Cannabis	20 (7.27)	15 (12.20)	4 (4.40)	1 (2.70)	0 (0.00)	0 (0.00)	0 (0.00)
None	75 (27.27)	31 (25.20)	28 (30.77)	5 (13.51)	7 (58.33)	3 (37.50)	1 (25.00)
Total	275 (100.00)	123 (100.00)	91 (100.00)	37 (100.00)	12 (100.00)	8 (100.00)	4 (100.00)

Pearson Chi-Squared P-Value = **0.044**Note 1. Bold values indicate statistically significant p-value for chi-squared (Bonferonni-adjusted p<0.049).

Note 2. Red values indicate statistically significant p-value for chi-squared (Borneronni-adjusted p<0.049).

Note 3. Percentages in the aggregate column are based on a total sample size of 275. Note 4. Percentages in race and ethnicity columns are calculated based on column totals.

- Hispanic patients showed significantly higher rates of cannabis and other substance use (standardized residual=2.24 & 2.30).
- White patients had significantly higher rates of polysubstance use without cannabis (standardized residual=2.02).
- Asian patients were significantly more likely to abstain from substance use (standardized residual=2.06).

Results

Table 3. Clinical Characteristics Pre- and During COVID-19 Pandemic (01/01/2019 – 12/31/2019) - (01/01/2020 – 12/31/2020)					
Clinical Characteristics	Pre-COVID-19	During COVID-19			
Benzodiazepines N (%)					
Yes	26 (16.99)	9 (7.38)			
No	127 (83.01)	113 (92.62)			
Overall Fisher's Exact P-Value	0.018				
Inpatient Restraints N (%)					
Yes	24 (15.69)	42 (34.43)			
No	129 (84.31)	80 (65.57)			
Overall Fisher's Exact P-Value		.000			
Qualified for RISE N (%)					
Yes	42 (27.45)	31 (25.41)			
No	111 (72.55)	91 (74.59)			
Overall Fisher's Exact P-Value 0.784					
Referred to Rise N (%)					
Yes	23 (15.03)	18 (14.75)			
No	130 (84.97)	104 (85.25)			
Overall Fisher's Exact P-Value 1.000					
Note. Bold values indicate statistically significant results (Bonferroni-corrected p<0.049).					

- Benzodiazepine prescription at discharge reduced significantly during COVID-19 Pandemic (p=0.018) for all race and ethnic groups.
- The use of inpatient restraints increased significantly at 1st Psychosis Hospitalization (p=0.0001) for all race and ethnic groups during COVID.

Conclusions

- Contrary to our hypotheses that racial and ethnic differences would exist in treatment and disposition, no major differences were found.
- No ethnic and racial differences existed during COVID
- However, the COVID period resulted in more restraint use during hospitalization, and less discharge benzodiazepine prescriptions.
- Referrals to RISE, the CHA CSC clinic, were remarkably low before and during the pandemic.
- Educating inpatient staff about CSC is necessary
- In process: A 3-year follow-up of # of rehospitalizations, continuation in psychiatric care and use of medications.

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