

FACTORS AFFECTING THE FOLLOW-UP ARRANGEMENTS AFTER DISCHARGE FROM ACUTE INPATIENT PSYCHIATRIC UNIT

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# AOSrnACT OBJECTIVE

Tolookat factorscontributing to successfultransition from inpatient psychiatric unit to outpatient psychiatric treatment.

**SUliJECTS AND Ml THO0S**

Information regarding the effectiveness of the discharge plan was collected by phone in the cases of 33 patients randomly chosenfrom thosedischarged from aninpatient psychiatric unit in a period of one month. The study was performed at Westchester Medical Center, New York Medical College. Either the patient or significant others werecontacted within3monthsof discharge. Compliance with the follow-up appointment <1nd medication, general condition, effectiveness of living arrangements were assessed either by self report or from collateral sources of information likeparents, treatingclinicians.

# RLSULTS

Most of thepatientsused the follow-up arrangementsand did go to the first outpatient visityet only alittlemorethan a half werestill in any form of treatment at the moment of the interview. Patients gave two main reasons for non

compliance: either lack of geographical accessibility (lack of transportation to and from the clinic) or Ineffectiveness of treatment. Discharge to places other than non therapeutic home placements appeared in this group of patients to be the least associated with compliance after discharge, placement in aresidence themost.

## CONCLUSION:

Discharge planning is a crucial phase of inpatient treatment. Patients do use the discharge arrangements but fail to persist in their relation with the outpatient facilities.Thetypeofhousing hasamajorimpact on further compliance after discharge even more *so* than diagnosis, ageor gender.

## KLYWORDS

Compliance,InpatientPsychlatrlc Admission

# INTRODUCTION

The majority of the psychiatric illnesses have a chronic course'' with multiple relapses;sometimes even despiteproper psychiatric interventions•·• Therefore the treatment in many cases has to continue formany years if not foe life'·.This requirement is a major source of failure In the way psychiatric illness is dealt with 1n the society. Patients across the medical spectrum are often poor compliers with long term treatment'". The transition from one form of Lreatment to another, as for example when the patientis discharged from the hospital is likely to result in non-compliance even when medication is well accepted and well tolerated whileon theinpatient unit".Changes in lifestyle, lack **of** supervision, medications side effects, misconceptions about medications, and absence of positive reinforcementsareall possiblecauses of the abrupt abandonment of medication upon discharge''·". It becomes ther.efore imperative to consider the follow-up arrangements, which are as important as the acute treatment delivered while hospitalized". Information regarding ways to maximize compliance after discharge is critical in the process of tailoring a follow up plan which suits best the condition of the patient as wellasthe environment whereheisgoing tolivein'".The study was performed to evaluate the factors whichaffect follow up after discharge from inpatient units.

# METHOD

**Parlicipanls**

The participants were chosen with random sampling from patients recently discharged from an acute psychiatric hospital. Th.e group consisted of 13 women and 20 men. The average age for the gmup was 36.3 years old (SD=17.16). Diagnosis was either an affective (N=22) or a psychotic (N=11) disorder.12pattentsoutof 33hadanaxisII disordera5well,11out of 33met the criteria for substance dependence. The patients were contacted in an interval of time ranging from one to three months after discharge from the hospital (mean 75 days,SD=13).A questionnaire wasused by theinterviewers to collect information about their compliance with the medication and follow-up appointments. Where applicable, questions regarding the reasons for non­ compliance were asked. In 18 out of 33 cases the information was obtained fromthe patient. In the restof the casesinformation wascollectedfromafamily member or from the clinician following the patient. Information regarding their discharge plans, diagnosis, and demographics wereobtained from their medical records. The type of housing before and after admission was noted. Theeffectiveness of the discharge planwasJudgedaccording to the number of patients still in treatment, the frequency of medication changes after

dlscharge, the patients who stayed in the same housing arrangements as per discharge plan. Reasons for non-compliance wereobtainedandtheanswersclassified in several groupsaccording to their common theme. Patients were asked to rate their general psychiatric condition as worse, the same or improved compared to admission date. The patients were divided into two groups on the basis of their compliance or non-compliance with the treatment. Multiple statistical comparisons using Pearson Chi-Square test were made between the two groups regarding their diagnosis, housing arrangements before and after admission, age, gender, and general wellbeingat thetimeof theinterview.



The random selection of the patients was done several weeks after discharge therefore the treatment, these patient received while in the hospital as well as the follow-up plans made for discharge were not influenced in anywayby the survey.

# RlSlJLlS

The majority of thepatients(78.8%) actually went to thefirstvisit with the outpatient facilities, Yet after 2 months, only 54.5% were still seeing a mental health professional. All of those who continued to see a mental health care professional were stlll compliant with the psychiatric medications whileonly 40%of those whodidn't werestill taking medications (some of them had supplies from the last visit from their former psychiatrist, some were prescribed by their family practitioners).Thosewho stopped seeingapsychiatllst werealso the oneswho reported significantly higher level of distress(Chi-Square= 9.664,df=3,P=0.002).Noneof the patients stillin treatment reported worsening of their general condition, the majority (84%) reported that they feel better now as compared with discharge day; the rest reportedfeeling the same.The patients who stopped the treatment, andcouldbe reached for interview,invokedmainly three reasons for doing so: transportation difficulties (40%), denial of illness (40%), perceived lack of efficacy of treatment (20%). There were 110 statistically significant differences between the two groups (those who did and did not comply with outpatient treatment) regarding theirage,gender,diagnosis,presenceor absenceof an axisII disorder or substance abuse. Housing before admission did not predict compliance yet housing after discharge did. None of the patients discharged to out of home non. therapeutic placements were stillin treatment two months after discharge, only one was still on medication, In contrast, the patients placed in a residential facility were all still in treatment and on medication. The patients placed in individual housing (either alone or with family) were almost evenly split between compliant and non-compliant group(53%, compliant, 47% non-compliant). The findings were statistically significant (Chi­ Square9.055,df =-3,P=0.029).Thepatientswhocontinued to takethe medication were in almost all cases on the same medication (dose and type) as upon discharge. The housing arrangements after 2 months were in 84% of the cases the same as those made upon discharge. Non-compliance was reported with almost the same frequency whenthepatientwascontacted versusa significant other.

# DISCUSSION:

The results of this study strengthen the importance of follow-up arrangements. The majority of the patients go to their first appointments. Those whodo not go to first appointment, majority of them soon abandon medications as well. Not surprisingly they are

also the group of patient who report most often worsening in their condition. Those who abandon treotment report following teosons for stopping the treatment: lack of transportation, perceived lack of efficacy of medic;ations or no awareness of having amentalillness.All of these reasons can be the focus of efforts to improve compliance after discharge. The housing arrangements made upon discharge appear to have a double importance. First, these arrangements appear to last at least two months after discharge in 84.8% of the cases suggesting that changes in housing arrangements after discharge are more difficult to implement. Second, housing arrangements appeared to be a strong predictor of compliance. Referralto anon therapeutic out of homeplacement hasa prominent negative impact on compliance. None of the patients sent to these placements were in compliance with treatment after 2 month. In contrast all 'lhe patients in therapeutlc residential settings were compliont with both follow-up and medications. The fact that the patients still compliant with the medication where exactly on the same dose and type of medication as upon discharge suggest a robust and efficient combination of medications is implemented during their stayin the hospital.Twoout oftenpatientsreported that they stopped the treatment because they believe that it does not help. Sometimes the treatment causes improvement that are not apparent to the patient but readily apparent to the family and significant others.In other instances the treatment onlyimproves but not resolves completely the problem and patients realize this only after their conditiongetsmuchworseasaresultof non-compliance.

The limitations of the study are the relatively small number of patients followed andthe relatively short duration of the survey.Use of self reportscombined with reports of third parties did not appear to influence the findings. The source of Information did not correlate withthe status of compliance of thepatient.Although thenumber of patients followed was small and other characteristics like demographics and diagnosis could have played arole in predicting compliance, were the number of patients big enough or the follow­ up period long enough,nevertheless the study highlights the crucial importance of the discharge plan. The findings suggest that treatment planning is critical in predicting future compliance with treatment.

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