

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

¹IMRAN S. KHAWAJA, ²SILVIU M. BURCESCU, ³IMTIAZ AHMAD DOGAR, ⁴MUHAMMAD WAQAR AZEEM

¹MD, Associate Professor of Neurology, University of Minnesota School of Medicine, Minneapolis, Minnesota, USA

²MD, Mensana Center, Cortlandt Manor, New York, USA

³MBBS, FCPS, Prof & Head Department Psychiatry and Behavioral Sciences DHQ /Allied Hospitals & Punjab Medical College Faisalabad, Pakistan

⁴MD, DFAACAP, DFAPA, Chief of Psychiatry, Albert J. Solnit Children's Center, Associate Clinical Professor, Yale Child Study Center Yale University School of Medicine, Connecticut, USA

CORRESPONDING AUTHOR: DR. MUHAMMAD WAQAR AZEEM E-mail: mwazeem@yahoo.com

ABSTRACT

OBJECTIVE

To look at factors contributing to successful transition from inpatient psychiatric unit to outpatient psychiatric treatment.

SUBJECTS AND METHODS

Information regarding the effectiveness of the discharge plan was collected by phone in the cases of 33 patients randomly chosen from those discharged from an inpatient 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 were contacted within 3 months of discharge. Compliance with the follow-up appointment and medication, general condition, effectiveness of living arrangements were assessed either by self report or from collateral sources of information like parents, treating clinicians.

RESULTS

Most of the patients used the follow-up arrangements and did go to the first outpatient visit yet only a little more than a half were still 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 a residence the most.

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. The type of housing has a major impact on further compliance after discharge even more so than diagnosis, age or gender.

KEY WORDS

Compliance, Inpatient Psychiatric Admission

INTRODUCTION

The majority of the psychiatric illnesses have a chronic course^{1,2} with multiple relapses; sometimes even despite proper psychiatric interventions^{3,5}. Therefore the treatment in many cases has to continue for many years if not for life⁶. This requirement is a major source of failure in the way psychiatric illness is dealt with in the society. Patients across the medical spectrum are often poor compliers with long term treatment^{7,10}. The transition from one form of treatment to another, as for example when the patient is discharged from the hospital is likely to result in non-compliance even when medication is well accepted and well tolerated while on the inpatient unit¹¹. Changes in life style, lack of supervision, medications side effects, misconceptions about medications, and absence of positive reinforcements are all possible causes of the abrupt abandonment of medication upon discharge^{11,12}. It becomes therefore imperative to consider the follow-up arrangements, which are as important as the acute treatment delivered while hospitalized¹¹. 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 well as the environment where he is going to live in^{6,14}. The study was performed to evaluate the factors which affect follow up after discharge from inpatient units.

METHOD

Participants

The participants were chosen with random sampling from patients recently discharged from an acute psychiatric hospital. The group consisted of 13 women and 20 men. The average age for the group was 36.3 years old (SD=17.16). Diagnosis was either an affective (N=22) or a psychotic (N=11) disorder. 12 patients out of 33 had an axis II disorder as well, 11 out of 33 met 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 was used by the interviewers 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 from the patient. In the rest of the cases information was collected from a family member or from the clinician following the patient. Information regarding their discharge plans, diagnosis, and demographics were obtained from their medical records. The type of housing before and after admission was noted. The effectiveness of the discharge plan was judged according to the number of patients still in treatment, the frequency of medication changes after

discharge, the patients who stayed in the same housing arrangements as per discharge plan. Reasons for non-compliance were obtained and the answers classified in several groups according 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 well being at the time of the interview.

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 any way by the survey.

RESULTS

The majority of the patients (78.8%) actually went to the first visit 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 still compliant with the psychiatric medications while only 40% of those who didn't were still taking medications (some of them had supplies from the last visit from their former psychiatrist, some were prescribed by their family practitioners). Those who stopped seeing a psychiatrist were also the ones who reported significantly higher level of distress (Chi-Square = 9.664, $df=3$, $P=0.002$). None of the patients still in treatment reported worsening of their general condition, the majority (84%) reported that they feel better now as compared with discharge day; the rest reported feeling the same. The patients who stopped the treatment, and could be reached for interview, invoked mainly three reasons for doing so: transportation difficulties (40%), denial of illness (40%), perceived lack of efficacy of treatment (20%). There were no statistically significant differences between the two groups (those who did and did not comply with outpatient treatment) regarding their age, gender, diagnosis, presence or absence of an axis II 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 still in 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-Square 9.055, $df=3$, $P=0.029$). The patients who continued to take the 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 when the patient was contacted versus a 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 who do 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 treatment report following reasons for stopping the treatment: lack of transportation, perceived lack of efficacy of medications or no awareness of having a mental illness. 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. Referral to a non therapeutic out of home placement has a prominent negative impact on compliance. None of the patients sent to these placements were in compliance with treatment after 2 month. In contrast all the patients in therapeutic residential settings were compliant 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 stay in the hospital. Two out of ten patients reported 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 only improves but not resolves completely the problem and patients realize this only after their condition gets much worse as a result of non-compliance.

The limitations of the study are the relatively small number of patients followed and the relatively short duration of the survey. Use of self reports combined with reports of third parties did not appear to influence the findings. The source of information did not correlate with the status of compliance of the patient. Although the number of patients followed was small and other characteristics like demographics and diagnosis could have played a role 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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