

PATIENTS WHO DISCONTINUE DAY HOSPITALISATION - AN ANALYSIS

P. S. GOPINATH¹

P. S. V. N. SHARMA²

M. V. REDDY

SUMMARY

Treatment discontinuation has been noted as a problem with psychiatric patients. This would equally be the case when long term measures for the rehabilitation of the mentally ill are concerned. In this study of patients who discontinued psychiatric day hospitalisation, it was found that over 90% had dropped out in the first month of treatment. Schizophrenics, Manic Depressives, Epileptics and others contributed to the largest extent to this group whereas Mental Retardates discontinued less often. The discontinued patients either had better prognostic factors and maintained well subsequently (usually Manic Depressives) or relapsed soon after (usually Schizophrenics). The implications of the findings are discussed whilst comparing the discontinuers with those continuing day hospitalisation.

Introduction

Patients dropping out of treatment have received some attention in psychiatric literature. Baekeland et al. (1975), in their review identify several factors affecting dropouts in general and opine that 'despite spontaneous improvement and entry or re-entry into treatment, on the average the dropout seems to do worse than his counterparts who persevere in treatment'. Bender et al (1985) studying under attendance in a day centre catering to a largely psychotic population found that 16.6% did not attend at all and a further 25% attended for less than 1/3 of the three month study period. The under attenders had more stable employments but often had personality disorders, more chronic illness, lower self esteem and they less often considered themselves as mentally ill than the 'stayers' i.e., those who attended for more than 1/3 of the time.

A sizeable proportion of patients who are referred for day hospitalisation discontinue. It has been observed (Sharma et al.

1985) that a many of them do so soon after referral. It was decided to examine the characteristics of the discontinuing patients (DPs) in comparison with those who continue day hospitalisation (CPs); in order to find out if they differ as a group in any way and if their characteristics help in predicting discontinuation.

Material and Methods

The study was conducted in the Psychiatric day hospital facility available at the NIMHANS, Bangalore. Discontinued patients (DPs) were arbitrarily defined as those who stopped attending the Day hospital within three months of their referral, without having undergone the treatment planned for them; whereas the patients continuing treatment (CPs) were those who continued attending the Day hospital for three months or more.

Of the 205 patients referred to the Day hospital during the calendar year from 1.12.1984 to 30.11.1985 a list of DPs was prepared from our registers. Attempts were

1. Associate Professor of Psychiatry, NIMHANS, Bangalore.

2. Senior Resident, Department of Psychiatry, NIMHANS, Bangalore.

3. Lecturer, Department of Biostatistics, NIMHANS, Bangalore.

made to contact the patients by letter, telephone or home visit to enquire as to the reasons for discontinuing and motivating to return to treatment. The information thus obtained was supplemented by that collected at the time of original intake, from the patient and key relative on a structured interview proforma and the outpatient records. Similar information regarding the CPs was available to us from our records and the patients themselves.

All the patients had been diagnosed by Consultant Psychiatrists as per ICD-9 at the time of referral and in the Day hospital. Most of the patients had been on follow up at the outpatient facility of the Department of Psychiatry prior to their referral.

The DPs were compared with the CPs on demographic and clinical variables using Chi-Square tests (with Yate's correction where appropriate).

Results

52 of the 205 patients referred in one year (25.37%) qualified for our definition of DPs. Of these 92.3% had discontinued within the first month after referral and rest in the second month. The population of CPs remained stable in a subsequent four to twelve month follow up.

Table 1
Diagnostic distribution of the Discontinued and Continuing patients.

Diagnosis	DPs(N-52)	CPs(N-153)
Schizophrenia	55.8%	32.9%
Mental Retardation	13.5%	42.5%
Manic Depressive Psychoses	21.1%	13.1%
Epilepsy and *Other diagnoses	9.6%	12.4%

* Other diagnoses include neuroses, alcohol dependance and conduct disorders.

On enquiry regarding the reasons for discontinuing, it was found that 59.6% of

DPs discontinued due to their/their families' choice. Amongst the 20 patients who themselves refused, five were Manic Depressives who found jobs elsewhere, one was lost to follow up and the rest returned to outpatient care. Of the latter, six Schizophrenics relapsed within one month of discontinuation. These discontinuers gave 'lack of interest', 'weakness' and 'lack of supervision' as reasons for abstaining. Family refusal was operative in 11 patients of whom eight returned to outpatient care and three sought treatment elsewhere. Their reasons for discontinuation included their objection to the day hospital catering to patients of both sexes and all strata of society and a fear to send female patients out of doors. Of the 12 patients found unsuitable clinically, six were in hospitalised within one week for relapse/exacerbation (three Schizophrenics and three Manics). The rest of the DPs continued treatment at the outpatient.

Discussion

It is noted that about one quarter of the patients reffered for day hospitalisation discontinued within three months, a figure less than that reported by Bender et al. (1985). The diagnostic distribution (Table 1) reveals a proportionately higher representation of Mental Retardates amongst the CPs and Schizophrenics and Manic Depressives amongst the DPs.

On comparing the DPs with the CPs (Table 2) no significant differences were found in age, sex or socioeconomic distribution. The DPs had a significantly higher ($p < .01$) educational status as there is a lower representation of Mental Retardates amongst them. The DPs were also significantly more often ($p < .001$) married than CPs. This is as expected from literature as 3/4 of the married DPs were Manic Depressives who constituted 21% of DPs and only 13% of the CPs.

Table II
Comparison of Discontinued with Continuing patients

Characteristic		DPs(N-52) %	CPs(N-153) %	Inference Chi-Square
1.	Sex			
	Male	59.6	69.9	NS
	Female	40.0	30.1	
2.	Age			
	11 - 30 yrs	84.6	72.5	NS
	31 - 50 yrs	15.4	27.5	
3.	Education			
	Nil	17.3	37.2	10.176
	1-5 Std	15.4	20.3	df 2
	> 5 Std	67.3	42.5	P < .01
4.	Socioeconomic status			
	Upper-Middle	44.2	54.3	NS
	Lower	55.8	45.7	
5.	Marital status			
	Married	36.5	7.8	22.9677
	Single	63.5	92.2	df 1. p < .001
6.	Family size			
	1 - 4 members	7.7	37.2	16.5448
	> 4 members	92.3	62.8	df 1. p < .001
7.	Family attitude towards patient			
	Positive	36.5	47.7	NS
	Negative	55.8	49.0	
	+ Not Known	7.7	3.3	
8.	Family attitude to Day hospitalisation			
	Positive	28.8	75.2	18.928
	Negative	30.8	12.4	df 1
	+ Not known	40.4	12.4	p < .001
9.	Past occupation			
	Nil	53.8	86.3	12.966
	Present	46.2	15.7	df 1. p < .001
10.	Employment record			
	Adequate	35.8	3.9	11.683
	Declining	10.4	9.8	df 1
	+ Not applicable	53.8	86.3	p < .001
11.	Last employed			
	< 2 years ago	15.4	3.3	NS
	2-5 years ago	21.2	8.5	
	> 5 years ago	9.6	1.9	
	+ Never	53.8	86.3	
12.	Employability (according to family)			
	Yes	31.1	7.2	6.509
	No	78.9	92.8	df 1. p < .05
13.	Employability (according to patient)			
	Yes	30.8	12.4	9.231
	No	69.2	87.6	df 1. p < .01
14.	Duration of illness at first contact			
	< 5 years	51.9	14.4	37.528
	5-10 years	30.7	26.1	df 2
	> 10 years	17.4	59.5	p < .001

Characteristic	DPs (N-52) %	CPs(N-153) %	Inference Chi-Square
15. Duration of contact with outpatient before referral			
< 1 year	17.3	36.6	15.855
1-5 years	61.5	30.7	df 2
> 5 years	21.2	32.7	p < .001
16. Period of total hospitalisation			
< 6 months	42.3	18.9	11.828
> 6 months	15.4	16.4	df 2
never	42.3	64.7	p < .01
17. Previous rehabilitation measures			
Day care	21.2	11.1	NS
Vocational counselling	32.7	30.7	
+ Not Known	46.1	58.2	
18. Personal disability			
Nil-Mild	61.5	73.8	NS
Mod-Severe	38.5	26.2	
19. Family disability			
Nil-Mild	38.4	26.8	NS
Mod-Severe	61.6	73.2	
20. Occupational disability			
Nil-Mild	32.7	5.2	26.439
Mod-Severe	67.3	94.8	df 1. p < .01
21. Families' treatment plan			
Training	9.6	48.4	19.058
Placement	23.1	11.1	df 2
Work habit	11.5	14.4	p < .001
+ Not Known/Not made	55.8	26.1	
22. Treating team's plan			
Activity therapy	30.8	9.8	38.822
Work habit	42.3	15.0	df 2
Vocational training	11.5	28.1	p < .001
Vocational training and placement	15.4	47.1	

Index: '+' categories excluded from analysis.

Table 3
Reasons for discontinuation of Day hospitalisation

Reasons	%
Patient refused	38.5
Family refused	21.1
Patient clinically unsuitable	23.1
Distance/change of residence/ other reasons mitigating against continued attendance	17.3

The family size of the DPs tended to be significantly larger ($p < .001$) than of the CPs. Although the families of both the groups seemed to equally often have a negative attitude towards the patients' illness,

the families of the DPs significantly more often ($p < .001$) had a negative attitude towards day hospitalisation as well. These two factors may be contributing to discontinuation by the DPs.

DPs more often ($p < .001$) had some previous occupational history. When those who were never employed were excluded from the analysis, the DPs had significantly better ($p < .001$) employment records though the two groups did not significantly differ in their periods of unemployment. In keeping with this, the DPs and their families considered them as employable signifi-

cantly more than the CPs. Hence it appears that a better previous occupational history and patient as well as family perception of employability irrespective of duration of recent unemployment may be contributing to discontinuation by the DPs.

The CPs tended to have been ill for longer than the DPs. Part of the difference on this variable may be accounted for by the high proportion of Mental Retardates amongst the CPs. Similarly the shorter duration of treatment at the outpatient prior to referral amongst the CPs may be due to the earlier referral of the Retarded. The statistic on in-hospitalisation is vitiated by the large proportion of the Mentally Retarded (who were rarely hospitalised) amongst the CPs.

The DPs suffer from less occupational disability ($p < .001$) than the CPs. On being referred for day hospitalisation, families of DPs more often had no definite treatment plans for their wards, and to a lesser extent preferred short term programmes in comparison to the long term ones preferred by the families of the CPs. The treating team also advised short term activities more often ($p < .001$) to DPs. Hence the relatively lesser occupational disability not related to previous rehabilitation efforts and briefer treatment plans for the DPs may be related to the better past employment history and the patient/families' optimistic perception of employability. These factors together may predicate discontinuation.

In comparison with the CPs, the DPs more often seem to suffer from the major

psychoses. Discontinuation by those suffering from Schizophrenia may be related to impending relapse whereas the Manic Depressive DPs seem likely to find other occupations/treatments after discontinuing. The Mental retarded seem to continue day hospitalisation more satisfactorily. As a group the DPs tend to come from large families, have a better educational and occupational status, less occupational disability in the past and a more negative attitude to day hospitalisation. They are more often perceived as employable and require shorter duration activity oriented therapies.

The above findings may help in identifying patients who are at risk of discontinuing day hospitalisation at the time of referral itself so as to utilise the limited resources to intervene at the clinical-symptomatological level in the case of those who may discontinue due to imminent relapse; find alternative management for patients who discontinue due to social reasons and set short term goals based on work habit, counselling and guidance only for the better prognosis discontinuers.

References

- BAEKELAND, F & LUNDWALL, L. (1975), Dropping out of treatment. A critical review. *Psychological Bulletin*, 82, 738-783.
- BENDER, M. P. & PILLING, S. (1985), A study of variables associated with under-attendance at a Psychiatric Day centre. *Psychological Medicine*, 15, 395-401.
- SHARMA, P. S. V. N., SHARMA, S. K. & GOPINATH, P. S. (1985), Evaluation of a Day hospitalisation referral Instrument. *Journal of Rehabilitation in Asia*, XXLI, 3, 14-23.