

Hospitalization for bipolar disorder patients in a psychiatric emergency service

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Introduction

Bipolar disorder patients are frequently users of Psychiatric Emergency Services (PES). Motives for demanding, way and severity of presentation

tend to be very heterogeneous, having an effect on the therapeutic and referral services decisions.

Objectives

The aim of this study is to determine most sensitive and specific factors associated with hospitalization decision for patients with bipolar disorder

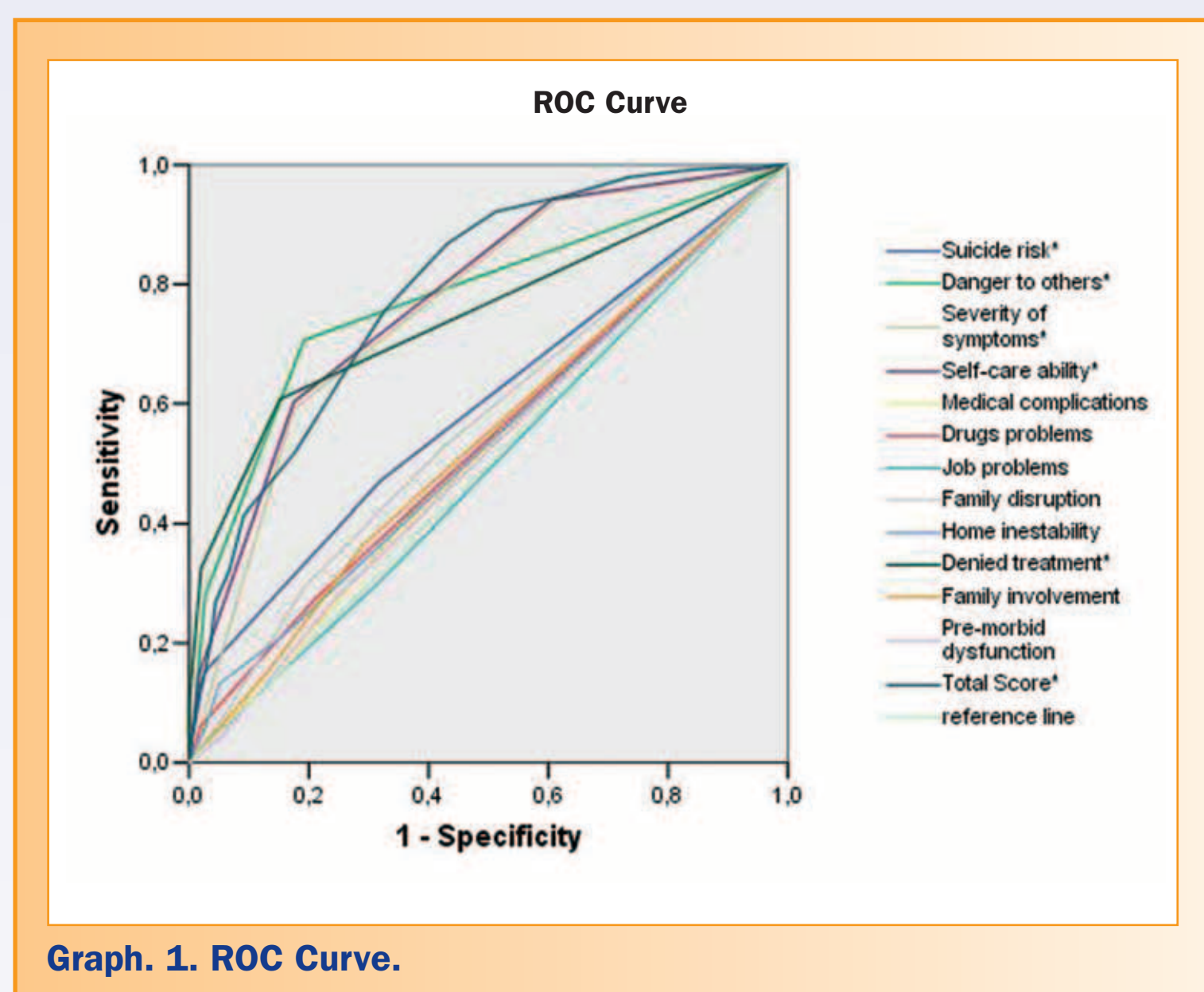
attended in a Psychiatric Emergency Service on a general academic hospital, using the Spanish version of the Severity of Psychiatric Illness (SPI) scale.

Methods

We evaluated a total of 11578 consecutive admissions in a 4-year period, at the PES of a general academic hospital in the city of Barcelona. Patients diagnosed with BD I in any of its phases (manic/hipomanic, depressive, mixed or unspecified) were specifically evaluated. We studied all admissions following a routine computerized protocol that comprised sociodemographic,

clinical and treatment managing information, and SPI scores (an hetero-administered rating scale of 12 items with a four possible response (0 for absence of severity to 3 for severe problem). We use the Area Under the Curve (AUC) for SPI item and SPI total score to determine sensitivity and specificity.

Results



Graph. 1. ROC Curve.

Table 1. Area Under de ROC Curve (AUC)

Severity of Psychiatric Illness item	AUC	p
Suicide risk	0,594	<.001
Danger to others	0,775	<.001
Severity of symptoms	0,762	<.001
Self-care ability	0,776	<.001
Medical problems	0,516	.515
Drug problems	0,536	.153
Job problems	0,493	.784
Family disruption	0,562	.013
Home instability	0,533	.194
Treatment compliance	0,748	<.001
Family involvement	0,535	.159
Premorbid dysfunction	0,514	.584
Total score	0,789	<.001

593 bipolar disorder patients were studied. The bigger AUC was the total SPI score follow by self-care ability, danger to others, severity of symptoms, denied of treatment.

Conclusions

SPI scale seems a good tool to predict the psychiatric hospitalization with bipolar disorder in the Psichiatic Emergency Services.

References

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