Predictors of acute psychiatry hospitalisation from a home treatment team

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Introduction

Hospitalization of patients with mental illness stands as the main method of assistance in situations of acute decompensation. While often represents the main gateway to entrance at mental health system and in other cases it is necessary by the natural course of the disease, a comprehensive outpatient management approach is essential. In the 70s the first studies describing mobile teams of psychiatry were made and to date its usefulness remains controversial. There is no study to date describing determinants of income on mobile psychiatric units (MPU).

Objectives

Review the predictors of hospitalization from a MPU that can provide the outpatient clinician for additional information for decision making in this regard.

Methods

We evaluate all visits since 2007 to the present by a MCU (N = 1130). Of all patients seen, we collect the following sociodemographic variables: age, gender, coexistence status and educational level. As clinical variables drug use, psychiatric history, treatment adherence, previous linkage and average number of visits, reason for consultation and syndromic diagnosis, are collected. Finally, severity according Severity Scale Psychiatric Illness (SPI) and Clinical Global Impression scale (CGI), the overall performance according Assessment Scale Activity (GAF), disability is assessed according to the questionnaire for Disability Assessment Scale of the World Health Organization (WHO / DAS) and aggressiveness according to the assessment scale of Aggression (AVAT). Multivariate logistic regression is performed to determine the relative contribution of the variables in the hospital. The data are analyzed with the SPSS 20.0 statistical package.

Results

The sociodemographic and clinical variables that were significant were (p <0.05): mean age, secondary education, treatment adherence, previous linkage, reason for consultation, syndromic diagnosis and the following scales: AVAT, WHO/DAS, Total SPI, mean CGI and GAF.
Were not significant (p >0.05): gender, drug use, coexistence status, psychiatric history, the average number of visits and previous admissions in acute unit.
The best logistic regression model obtained shows that age, drug use and higher scores on the GAF scale are protective factors for admission, while higher scores on the GEP, the AVAT and CGI are risk factors.

	No hospitalization (N ,%)	Hospitalization (N, %)	p
Gender (male)	430 (56,0)	204 (56,4)	0,908
Average age (DE)	51,12 (20,7)	46,91 (17,8)	0,001
Past medical history	435 (58,2)	166 (46,8)	<0,001
Drug use	212 (28,2)	81 (22,8)	0,06
Live alone	200 (26,0)	105 (29,1)	0,283
Secondary studies	302 (41,7)	176 (52,9)	0,001
Active worker	36 (4,7)	9 (2,5)	<0,001
Psychiatric history	551 (73,4)	268 (75,9)	0,366
Treatment adherence	202 (38,0)	22 (8,4)	<0,001
Previous linkage	154 (21,3)	27 (7,8)	<0,001
Average previous visits (DE)	3,0 (3,4)	3,19 (3,4)	0,46
Previous hospitalization	57 (8,8)	34 (10,6)	0,379
Mental health network refers	284 (37,1)	144 (39,9)	0,013
Police intervention	9 (1,3)	204 (60)	<0,001
Syndromic Diagnosis:			<0,001
Cognitive disorder	83 (10,9)	9 (2,5)	
drug disorder	48 (6,3)	4 (1,1)	
psycothic disorder	274 (36)	307 (84,8)	
mood disorder	153 (20,1)	32 (8,8)	
personality disorder	98 (12,9)	1 (3%)	
Agressiveness (DE)	2,7 (2,5)	4,9 (2,8)	<0,001
SUMD (DE)	9,9 (4,1)	12,9 (2,9)	<0,001
WHO/DAS (DE)	11,3 (4,4)	13,3 (3,8)	<0,001
Total GEP (DE)	12,3 (4,5)	16,7 (4,2)	<0,001
CGI (DE)	3,9 (1,2)	5,3 (0,7)	<0,001
EEAG	47,7 (16,8)	31,1 (10,8)	<0,001

Conclusions

Psychiatric hospitalization from a MCU seems to be guided by the severity of psychiatric symptoms. Important factors seem to be substance abuse, previous treatment adherence, aggressive behavior, and low level of functioning. We detected some differences with other psychiatric units, that suggest the need of more studies from other mobile psychiatric units.

References

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