

CLINICAL AND FUNCTIONAL CHARACTERISTICS OF SCHIZOPHRENIC PATIENTS ADMITTED TO A PSYCHIATRIC HOME HOSPITALIZATION UNIT

J. Martí-Bonany, M. Roldan, D. Tolosa, R. Romar, I. Marquez, G. Mateu, A.M. Coratu, M.G. Hurtado, M.T. Campillo, E. Carrio
Parc de Salut Mar, Institute of Neuropsychiatry and Addiction INAD. Emili Mira Center CAEM, Barcelona, Spain

INTRODUCTION

Schizophrenia is a chronic mental illness characterized by periods of relapse that require intensive management of resources. Relapse can lead to hospitalization and other poor outcomes.

Hospital at home for psychiatric patients is a new emerging resource of delivering acute mental health care in the community. The main objective of this program is to provide intense care to patients with severe mental disorders at home as an alternative to acute admission.

Although home hospitalisation has begun to develop widely in recent years there is a notable lack of studies.

Psychiatric Home Hospitalization Unit of CAEM (HAD-CAEM) has been running for 3 years and takes place in Santa Coloma de Gramenet, a socio-demographically depressed area near Barcelona.

AIMS OF STUDY

To evaluate the functionality and psychiatric symptoms improvement in patients with schizophrenia attended at the Psychiatric Home Hospitalization Unit of our hospital.

METHODS

Socio-demographic and clinical data were collected retrospectively at admission and discharge of all patients treated at HAD-CAEM between August 2018 to December 2021 and who were diagnosed as schizophrenia according to DSM-5 criteria.

Severity of disease and patient's level of functionality was evaluated with the Global Assessment of Functioning Scale (GAF) and the Clinical Global Impression Scale (CGI). Psychotic symptoms were assessed with the Positive and Negative Syndrome Scale (PANSS).

Statistical analysis was performed by using SPSS program.

RESULTS

44 patients were included in the study. 47.7% were women. The mean age was 40.73 years (SD 17.58 years). Most of them lived with their birth family (63.3%) or own family (22.7%), only 13.6% lived alone. Most of them had secondary education (68.2%) and were unemployed (47.7%). 79.5% had a history of at least one admission to an acute psychiatric unit.

The mean duration of admission in HAD-CAEM was 31.34 days (SD 17.24 days), with a mean follow-up of 7.53 visits (SD 2.98 visits) and 2.35 teleassistance (SD 1.88).

The mean CGI severity item at admission was 4.57 (corresponding to moderately-markedly ill) and there was an improvement at the time of discharge according to the CGI improvement item (mean CGI-I=2.91, corresponding to moderate-mild improved).

The GAF scale on admission was 42.86 (SD 10.45) and on discharge 60.29 (SD 15.24), showing an improvement of 17.43 points at discharge ($p<0.001$).

The total PANSS values were 82.27 (SD 16.5) on admission and 67.06 points (SD 20.54) on discharge. The results obtained were a decrease of 15.21 points in the PANSS total scores from admission to discharge ($p<0.001$), which implies an improvement in the severity of the symptoms.

Table 1. Socio-demographic and clinical characteristics of the sample

Age, mean (SD)	40.73 (17.58)
Gender, n (%)	
Women	21 (47.7)
Male	23(52.3)
Employment status, n (%)	
Student	3 (6.82)
Unemployed	21 (47.72)
Employed	7 (15.91)
Pensioner	10 (22.7)
Retired	3 (6.82)
Live with, n (%)	
Alone	6 (13.6)
Birth family	28 (63.6)
Own family	10 (22.7)
Study level, n (%)	
Primary	12 (27.3)
Secondary	30 (68.2)
University	2 (4.5)

Table 2. Values of the outcome variables at admission (t0) and discharge (t1) and unadjusted changes (t0-t1)

	T0 Mean (SD)	T1Mean (SD)	N	Change t0-t1 (95% CI)	P
CGI	4.57 (0.74)	2.91 (1.56)	35	NA	NA
GAF	42.86 (10.45)	60.29 (15.24)	34	-17.43 (-12 a -22.85)	<0.001
PANSS	82.27 (16.5)	67.06 (20.54)	32	15.21 (9.33 a 21.08)	<0.001

SD: standard deviation; NA: Not applicable

CONCLUSIONS

The results obtained in our study are consistent with those reported in previous studies. We have observed improvement in functionality and in the severity of symptoms. Home hospitalization teams have proven to be an alternative to traditional hospitalization. However, more studies are needed to support these results.

CONFLICT OF INTERESTS

The authors have no conflict of interests to declare.