



ORIGINAL ARTICLE

Factors related to missed first appointments after discharge among patients with schizophrenia in Taiwan



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Background/Purpose: This study assessed risk factors associated with missing first appointments after discharge in a cohort of patients with schizophrenia and compared the time to rehospitalization between patients who missed first appointments and those who attended.

Methods: This study monitored all inpatients with schizophrenia who were discharged from a psychiatric hospital between January 1, 2006, and December 31, 2006. We compared the clinical variables between patients who missed first appointments and those who attended. Time to rehospitalization within 365 days after discharge was measured using the Kaplan-Meier method.

Results: Relative to patients who attended first appointments, patients who missed were significantly more likely to be male [odds ratio (OR) = 1.56, $p = 0.021$], to have comorbid alcohol abuse/dependence (OR = 1.92, $p = 0.002$), to receive typical antipsychotic agents at discharge (OR = 1.64, $p = 0.016$), and to have higher rates of discharge against medical advice (OR = 3.59, $p < 0.001$). There were significant differences in time to rehospitalization between the two groups during the 365-day follow-up period ($p < 0.001$).

Conclusion: Male sex, receipt of typical antipsychotic agents at discharge, comorbid alcohol abuse/dependence, and discharge against medical advice were associated with an increased

Conflicts of interest: The authors have no conflicts of interest relevant to this article.

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likelihood of missing first appointments after discharge. Furthermore, patients with schizophrenia who did not comply with the first outpatient appointment after discharge were more likely to be rehospitalized. Future studies are needed in many different mental health systems to better generalize the findings in this study.

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Introduction

The duration between discharge and attendance of outpatient appointments is a critical time for the ongoing care of patients with schizophrenia.¹ However, missed appointments are common among psychiatric outpatients.^{2,3} Missed appointments are defined as those in which a patient is scheduled for an appointment but does not attend and fails to notify staff of a cancellation.⁴ Typical examples of patients who miss their appointments are patients who decide that they no longer need to take their prescribed medications and patients who want to discontinue contact with their outpatient psychiatrist.⁵ Consequently, missed appointments interrupt the treatment regimen and are economically costly to mental health care systems. These patients may be more functionally impaired,^{6,7} and appear to be at increased risk of relapse and rehospitalization.^{8–10}

First appointments have been the focus of most studies, as it is estimated that up to 50% of hospitalized patients with schizophrenia will miss their first scheduled outpatient appointment after discharge.¹¹

Factors that are potentially associated with missed first appointments include male sex, low socioeconomic status, comorbid substance use disorders, poor family support, poor adherence to psychotropic drugs, lack of health insurance, poor social functioning, unemployment, younger age, longer periods from contact to appointment, higher numbers of previous admissions, and shorter lengths of hospital stay.^{1,2,5,10–15}

Several studies have shown that simple interventions, such as scheduling appointments, making telephone calls to remind patients of their appointments,^{1,3,16} and shortening the period from contact to the first appointment after discharge,^{10,15,17} can significantly reduce the rate of missed first appointments. The hospital in this study implemented a new discharge plan in 2006. This plan is based on interventions that have been shown to be effective at reducing the number of missed first appointments after discharge.¹ To shorten the waiting period from contact to the first appointment, patients at the study hospital are routinely scheduled to visit their psychiatrist at the outpatient department within 5 days after discharge and are then followed up on a regular basis as described previously.^{1,2,18} In addition, nursing staff in the study hospital routinely telephone the patients to remind them to attend their first appointment, as previously described.^{3,19}

However, the vast majority of the patients were covered by the Taiwan National Health Insurance system. The impact of lack of insurance on missed first appointments can be neglected. In this study, we examined whether differences in specific patient characteristics and clinical factors between patients with schizophrenia who missed

their first appointments after discharge and patients who attended contribute to missed first appointments. We also examined whether patients who missed their first outpatient appointment after discharge from the index admission have a shorter time to rehospitalization within a 365-day interval than patients who attended.

Methods

Participants

This study was a naturalistic observation by reviewing medical records conducted at a public mental hospital, a major psychiatric center in Taiwan. The study was approved by the facility's institutional review board and conducted in accordance with the Declaration of Helsinki.

Data on all inpatients with a DSM-IV²⁰ diagnosis of schizophrenia who were discharged during the period of January 1, 2006, to December 31, 2006 were obtained from the hospital's electronic medical record system. The Mini International Neuropsychiatric Interview (MINI)²¹ was used to validate the diagnosis in each patient. Patients who were transferred to another inpatient facility because of physical problems during the study period were excluded from participation in the study. The electronic medical record system in the study hospital was implemented in 2005. The first author (Dr. Cheng), under the supervision of other authors (Drs. Tsang and Lin), extracted and confirmed the reliability of the data that had been extracted from the medical record system.

Procedures

A total of 12 variables that might be predictive of missed first appointments were evaluated, namely sex, marital status, a family history of schizophrenia, involuntary hospitalization, typical or atypical antipsychotics prescribed at discharge, comorbid alcohol abuse/dependence at admission, discharge against medical advice, age, age at onset, years of education, the number of previous hospitalizations, and lengths of hospital stay. Each participant's family history was taken, including history of first-, second-, and third-degree blood relatives who also have schizophrenia. Patients with a DSM-IV diagnosis of schizophrenia together with evidence of alcohol abuse or dependence at admission were defined as having comorbid alcohol abuse/dependence. Discharge against medical advice was defined in patients who insisted on leaving the hospital against the expressed advice of the treating psychiatrist.²² Age at onset was defined as the age at which the first psychotic symptoms became apparent. Rehospitalization was defined as readmission for a psychiatric

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