



Effectiveness of a psychosomatic day hospital treatment for the elderly: A naturalistic longitudinal study with waiting time before treatment as control condition

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ABSTRACT

Objective: In 2006 the psychosomatic day hospital for the treatment of acute mental illness of elderly people opened as the first clinic of its kind in Germany. The aim of this study was to determine treatment effectiveness and identify possible effects on health care utilization.

Methods: Designed as a naturalistic study with waiting time before admission as a control condition, the primary outcome was the level of depressive symptoms as measured by the hospital anxiety and depression scale. Secondary outcomes were depressive and somatoform symptoms and syndromes as measured with the patient health questionnaire, patient perception of interpersonal problems and health care use before and after treatment.

Results: After treatment significant improvement ($p < 0.01$) with moderate effect sizes (ES) was found in all variables from admission to discharge (ES from 0.3 to 0.8) and also to follow-up (ES from 0.2 to 0.6). Improvement remained stable at follow-up. Furthermore, after psychosomatic treatment a reduction in medical service usage was visible. Number of consultations (pre: 13, post: 9), number and length of hospital stays (pre: 1, 7 weeks, post: 0, 3 weeks) were both significantly ($p < 0.001$) reduced six months after treatment as compared to the period six months prior to treatment.

Conclusion: Results indicate that the psychosomatic day hospital treatment of the elderly is successful. Reduced usage of health care and the lower costs for day hospital treatment compared to inpatient treatment point to a positive cost–effect–ratio. Expanding this psychosomatic intervention would be useful in reducing the current gap in mental health care for the elderly.

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Introduction

In geronto-psychiatric research only a small number of studies concentrate on the effectiveness of day hospital treatment [1–3]. These studies suggest day hospital treatment to be a valuable and cost effective alternative to inpatient care of patients with mental illness. Some studies of depressed elderly patients receiving day hospital treatment show a significant reduction of depressive symptoms, increased cognitive performance, and positive effects on social life, physical performance, and quality of life [4–9]. Clinical experience suggests some additional advantages of day hospital treatment compared to inpatient treatment: Patients are not torn away from their home and social ties, therefore resistance against psychotherapeutic treatment might be smaller. However, evidence from empirical studies is missing.

Psychosomatic medicine as an own specialty besides general psychiatry is a particularity of the German health care system. Besides medical treatment and social counseling, psychosomatic inpatient and day hospital treatment focus strongly on psychotherapeutic treatment methods. As a consequence, patients with severe cognitive disturbances are not treated in psychosomatic day hospitals. Compared to psychiatric day clinics less patients with dementia, psychotic illness, and addiction disorders receive treatment. Psychosomatic day hospitals focus mainly on affective disorders, anxiety disorders, somatoform and stress-related disorders [9,10]. Compared with research on psychiatric day hospital treatment, there is very little research focusing on psychosomatic day hospital treatment. The rare studies on psychosomatic day hospitals are either uncontrolled longitudinal trials or focus on the differences between inpatient and outpatient psychosomatic treatment [9–12]. Only one study focusing on women suffering from bulimia used a randomized-controlled design [13].

So far, no studies are published on psychosomatic day hospital treatment for elderly patients despite their specific treatment needs. Elderly patients have to cope with the effect of aging and are affected by a wide range of losses: the loss of a beloved person, the loss of work or hobbies

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they cannot carry on, or the loss of bodily integrity. Chronic illness and frailty may be experienced as a narcissistic trauma resulting in low self-esteem and in feelings of despair [14]. Psychotherapeutic interventions can help to cope with negative affects and should facilitate a mourning process, which may improve adaptation to a life with a physical handicap [15]. To better adjust to these difficulties and to better cope with such loss is a central focus of psychosomatic treatment for the elderly [16]. Group treatment as performed in day hospital treatment provides an excellent opportunity for mutual support of patients [17].

This study aims to evaluate the effects of a psychosomatic treatment for the elderly in a day hospital setting. Compared with a waiting time without specific treatment, we expect treatment in the day hospital to significantly improve the psychological condition (anxiety and depression), physical discomfort, and interpersonal behavior of the patients. Concurrently, we expect medical service usage to decrease.

Methods

Design of the study

This is a naturalistic study using waiting time before admission as a control condition. Between September 2008 and April 2010, all consecutive patients referred for day hospital for elderly patients to the Psychosomatic department of the Nuremberg General Hospital (NGH) were approached. The patients were included in the study if an indication for psychosomatic day hospital treatment was made in a pre-treatment assessment by a psychosomatic specialist. The patients were primarily referred by outpatient psychiatrists and neurologists, the psychosomatic consultation–liaison service of the general hospital, and the psychiatric department of the NGH. Treatment was indicated for patients with somatoform disorders, anxiety disorders, depression disorders, problems of coping with somatic illness, or co-morbid physical and mental conditions. Dementia, psychosis, severe addiction disorders, and severe suicidal tendencies were contraindicative. Exclusion criteria were serious cognitive impairment, lack of understanding German language and refusal of study participation.

The patients were surveyed at four points in time: pre-admission (T0), admission (T1), discharge (T2), and 8-month follow-up (T3). Due to the naturalistic study design, no randomization took place. All patients who met the inclusion criteria waited five weeks (waiting time condition, T0–T1) followed by five weeks of therapy (treatment condition, T1–T2). Drop-out from treatment was defined as premature ending of treatment by the patient against the advice of the therapeutic team. A minimum number of treatment days was not defined.

The study was approved by the ethical review board of the NGH. The study protocol was registered by the Centre of Clinical Studies at the NGH.

Intervention

The psychosomatic day hospital at the NGH opened in 2006. With its emphasis on the treatment of acute psychiatric and psychosomatic disorders in elderly patients it is the first of its kind in Germany. In this day hospital, nine to ten patients are treated for about five weeks in a slow-open group setting meaning that new patients join the treatment group as other patients finish with their therapy. Physical and mental conditions are treated simultaneously by means of pharmacological and psychotherapeutic methods. The multimodal treatment is based on an integrative, psychodynamic approach with emphasis on group therapy. In addition to medical ward rounds and individual psychotherapeutic sessions (once a week) all patients receive therapy consisting of interactive psychodynamic group therapy [18], art therapy, imaginative techniques, progressive muscle relaxation, Qi-Gong, exercise therapy, cognitive training, and support groups (on average three group treatments daily). So far, similar multimodal treatment for

elderly patients based on psychodynamic principles was applied and evaluated for inpatient treatment only, however not in a homogeneous treatment group for elderly patients but in a mixed treatment group with younger patients [19]. In this study, we applied and evaluated multimodal psychodynamic treatment in a day hospital setting tailored for elderly patients for the first time. In the educational and group therapy sessions therapists addressed topics with a high importance for the elderly actively, like coping with the process of aging, with illness and frailty, with loss of partners, relatives or friends, and with retirement from work. Exercise therapy was also adapted to the elderly.

Outcome measures

The following questionnaires were used to survey the patients:

Primary outcome:

- The depression scale of the Hospital Anxiety and Depression Scale (HADS, German version) [20] was defined as primary outcome for this study. This short self-report instrument screens anxiety and depression. Questions focusing on physical discomfort are not included in the HADS, which reduces the risk of high scores due to physical conditions in older patients.

Secondary outcomes:

- The German version of the patient health questionnaire (PHQ) [21] is a widespread and validated instrument aimed to detect the most common psychological disorders [22]. With the help of the PHQ both symptoms and possible psychiatric syndromes can be assessed. In a first step, severity of psychological and somatic symptoms is assessed using the self-assessment scales of the PHQ. In a second step, provisional psychiatric syndromes can be established using a diagnostic algorithm based on the diagnostic criteria of DSM-IV. We used both the depression scale (PHQ-9) and the somatic symptom scale (PHQ-15) as well as the syndrome scales of the PHQ as secondary outcome measures.
- The Giessen complaints questionnaire—short form (GCB-24) [23] was developed to survey physical discomfort in the context of psychosomatic–psychotherapeutic treatment. In this study the short, 24-item version was used to cover complaints in the areas of fatigue, gastric disorders, musculo-skeletal pain and circulatory complaints. Together these items resulted in a physical complaint sum score.
- The German version of the inventory of interpersonal problems—short form (IIP-C) [24]. The short version of this self-report instrument (64 items in eight subscales) screens problematic interpersonal behavior. It is often used in psychotherapy research to measure behavioral change following psychotherapeutic treatment.

All of these standardized instruments are validated in German clinical and non-clinical populations and show good psychometric properties [20,22–24].

During exploration at pre-admission (T0) a detailed clinical psychiatric interview was conducted and patients were diagnosed according to the ICD-10. After the interview, the clinician rated his impression of patient's motivation to undergo psychosomatic treatment on a self-developed simple 5-point Likert scale from 1 = not motivated to 5 = highly motivated. At admission (T1) and at follow-up (T3) patients were interviewed about the number of consultations, specialization of consulted physicians, number of outpatient diagnostic procedures (X-rays, CTs, MRIs, sonography), and number and length of hospital stays (the kind of inpatient treatment was not assessed) in the six months prior to each interview. Patients

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