



Research report

Effectiveness of a telephone management programme for patients discharged from an emergency department after a suicide attempt: Controlled study in a Spanish population



Ana Isabel Cebrià^{a,b,*}, Isabel Parra^{a,b}, Montserrat Pàmias^{a,b}, Anna Escayola^a, Gemma García-Parés^{a,b}, Joaquim Puntí^{a,h}, Andrés Laredo^a, Vicenç Vallès^c, Myriam Cavero^{d,b}, Joan Carles Oliva^g, Ulrich Hegerl^e, Victor Pérez-Solà^{b,f}, Diego J. Palao^{a,b}

^a Department of Mental Health, Corporació Sanitària Parc Taulí de Sabadell (Barcelona), Institut Universitari Parc Taulí—Universitat Autònoma de Barcelona, Campus d'Excel·lència Internacional, Bellaterra 08193, Spain

^b Department of Psychiatry and Forensic Medicine, Universitat Autònoma de Barcelona, Spain

^c Department of Mental Health, Consorci Sanitari de Terrassa, Barcelona, Spain

^d Institute of Neurosciences, Hospital Clinic Barcelona, Spain

^e Department of Psychiatry, University of Leipzig, Leipzig, Germany

^f Department of Psychiatry, Hospital de la Santa Creu i Sant Pau de Barcelona, Spain

^g Research Office, Corporació Sanitària i Universitària Parc Taulí de Sabadell, Barcelona, Spain

^h Department of Clinical and Health Psychology, Universitat Autònoma de Barcelona, Spain

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ABSTRACT

Objective: To determine the effectiveness over one year of a specific telephone management programme on patients discharged from an emergency department (ED) after a suicide attempt. We hypothesized that the programme will reduce the percentage of patients re-attempting suicide and delay the time between attempts.

Design: A multicentre, case-control, population-based study. The effect of the 1-year intervention on the main outcome measures was evaluated with respect to a 1-year baseline period and a control group.

Setting: Two hospitals with distinct catchment areas in Catalonia (Spain).

Participants: A total of 991 patients discharged from the ED of either hospital after a suicide attempt during the baseline year and the intervention year.

Intervention: The intervention was carried out on patients discharged from the ED for attempted suicide (Sabadell). It consisted of a systematic, one-year telephone follow-up programme: after 1 week, thereafter at 1, 3, 6, 9 and 12-month intervals, to assess the risk of suicide and increasing adherence to treatment. The population in the control group (Terrassa) received treatment as usual after discharge, without additional telephone management.

Main outcome measures: Time elapsed between initial suicide attempt and subsequent one, and changes in the annual rate of patients who reattempted suicide in the year of the intervention and the preceding one.

Results: The telephone management programme delayed suicide reattempts in the intervention group compared to the baseline year (mean time in days to first reattempt, year 2008 = 346.47, $sd = 4.65$; mean time in days to first reattempt, year 2007 = 316.46, $sd = 7.18$; $P < 0.0005$; $\chi^2 = 12.1$, $df = 1$) and compared to the control population during the same period (mean time in days to first reattempt, treatment period = 346.47, $sd = 4.65$; mean time in days to first reattempt, pre-treatment period = 300.36, $sd = 10.67$; $P < 0.0005$; $\chi^2 = 16.8$, $df = 1$). The intervention reduced the rate of patients who reattempted suicide in the experimental population compared to the previous year (Intervention 6% (16/296) v Baseline 14% (39/285) difference 8%, 95% confidence interval 2% to 12%) and to the control population (Intervention 6% (16/296) v Control 14% (31/218) difference 8%, –13% to –2%).

Limitations: One of the main obstacles was the difficulty to contact all patients within the established deadlines. Another limitation of our study was that patients under the age of 18 underwent an intensive intervention in the day hospital, although their number was very small (13/319 in 2008) and

* Corresponding author at: Corporació Sanitària i Universitària Parc Taulí, Mental Health, Parc Taulí, 1, Sabadell 08208, Spain. Tel.: +34 669808715.
E-mail address: acebria@tauli.cat (A.I. Cebrià).

did not significantly influence the results. But the main limitation of our study was that it was performed within the EAAD project. This project includes a comprehensive multilevel intervention practically in the same experimental area and aimed at an early diagnosis and treatment of depression, which is the main psychiatric disorder associated with suicide. Moreover, longer-term studies should be encouraged to determine whether such interventions really reduce suicide.

Conclusion: A telephone management programme for patients discharged from an ED after a suicide attempt would be a useful strategy in delaying further suicide attempts and in reducing the rate of reattempts, which is known as the highest risk factor for suicide completion.

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1. Introduction

Major depressive disorder (MDD) is the most prevalent mental disorder in primary care with an annual prevalence of 9.6%. It is considered as one of the major risk factors for suicide, whether it is associated with substance abuse or not (Serrano-Blanco et al., 2010; Sofront et al., 2005). Individuals who attempt suicide and self-harm are even at a higher risk (Yoshimasu et al., 2008). Suicide is a serious worldwide health problem and ranked first as external cause of death in Spain in 2008, accounting for 3421 deaths (Instituto Nacional de estadística [sitio web], 2010).

Furthermore, people who attempt suicide are at high risk of further repetition during the following year (12–30%), mainly over the first 12 weeks (Kapur et al., 2002, 2004, 2005; Spirito et al., 2003; De Leo et al., 2002; Vajda and Steinbeck, 2000; Colman et al., 2004).

Given this evidence, it should be a priority to design effective intervention programmes for the prevention of suicide, improving the treatment of depression and reducing the repetition of suicidal behaviour. Evidence on such interventions is scarce, but two studies stand out for their large scope and clinical impact: the “Gotland-Study”, which showed a reduction of the number of suicides; and the multilevel intervention project for improving the care of depressed patients undertaken by the Nuremberg Alliance Against Depression (NAAD) in Germany within the “German Research Network on Depression and Suicidality (Rutz et al., 1990). This programme obtained highly satisfactory results as the rate of suicide attempts was reduced by 26.5% (Hegerl et al., 2010). After these successful results, a larger-scale project was undertaken aiming to improve strategies to prevent depression and suicide in the European Union: the *European Alliance Against Depression* (EAAD) (Hegerl et al., 2008). Funded by the European Commission, this organization encourages multilevel intervention programmes in 18 European countries.

Our one-year telephone intervention programme is included within the EAAD framework for the management of suicidal behaviour. To date, the few controlled studies that have conducted similar telephone interventions have shown optimistic results (Fleischmann et al., 2008; Vaiva et al., 2006). A study performed by the World Health Organisation (WHO) analyzed the effectiveness on suicide prevention of a brief one-hour counselling intervention and a 18 months follow-up (by telephone or face to face) (Fleischmann et al., 2008). The intervention yielded positive results in reducing suicide completion. Another smaller study compared the effect of telephone follow-up at 1 or 3 months with a control group, showing a reduction of reattempts during one year only in patients who had been contacted at one month after suicide attempt (Vaiva et al., 2006). This reduction was attributed to a better detection of patients at a higher risk and an early referral to emergency services. However, another study of telephone follow-up with a reduced sample yielded negative results (Cedereke et al., 2002).

Other studies on Teleassistance or Tele-check with people at risk of suicide have shown that assessment intervention and, specifically, telephone support programmes, provide encouraging results and that should continue to form a part of the care of those

at risk (De Leo et al., 2002, 1995; Gould et al., 2012; Mishara et al., 2007; Kryszinska and De Leo, 2007).

In Sabadell, a city of 200,000 inhabitants in the province of Barcelona (Spain), the second phase of the EAAD European project was implemented between 2007 and 2008. The main objective was to improve the general treatment of depression in the whole area and to reduce the risk of suicide. Among the multilevel interventions carried out, specific measures for populations at high risk of suicide were developed, such as for patients treated for suicide attempt in emergency departments. For them, our team designed a specific intervention that was assessed in a controlled setting: the systematic telephone contact of patients discharged from the emergency department after a suicide attempt. We conducted a systematic telephone follow-up of all cases, provided at least one psychiatrist visit after emergency room discharge, independently of diagnosis, and evaluated the outcome of intervention over one year.

The aim of this study is to determine the effectiveness of this specific telephone management on this patients. We hypothesized that the programme will reduce the percentage of patients re-attempting suicide and delay the time between attempts.

Thus, obtaining these satisfactory results should encourage the implementation of such a plain intervention in the current clinical practice, and make it extensible to other centres.

2. Method

In the present study, we assess the effectiveness of a post-suicide attempt telephone management programme on patients discharged from the emergency room of *Corporació Sanitària Parc Taulí* (CSPT) in Sabadell over one year. CSPT is a general hospital in the province of Barcelona that covers an area of 400,000 inhabitants and provides urgent medical attention for all suicidal behaviours. All the patients were examined by a psychiatrist who assessed the risk of suicide and formulated the initial treatment plan. Patients with a diagnosis of psychosis, major affective disorder or borderline personality disorder were not excluded and a proactive follow-up was provided with the help of other assertive follow-up programmes available in the area.

2.1. Study design

The impact of our intervention throughout the year 2008 was assessed by comparing all the patients recruited in the experimental area of Sabadell with those of a control area, made up of patients discharged from *Consorti Sanitari de Terrassa* (CST) for the same reason and during the same year. CST is the public reference hospital for half the population of Terrassa, a neighbouring city with similar socio-demographic characteristics to Sabadell. CST covers an area of 220,000 inhabitants.

A total of 991 patients (604 in Sabadell, 387 in the control region Terrassa) without age limit that were treated during the

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