

# Long-term outcomes of short-term and long-term psychosomatic inpatient treatment and their predictors

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## Abstract

**Objectives:** The Clinic for Psychosomatic Medicine and Psychotherapy at the University Giessen, Germany, offers short-term (STT) and long-term inpatient therapy (LTT). **Methods:** In a prospective, 3-year follow-up study, we examined therapeutic indication, short- and long-term results, outcome predictors, and the utilization of aftercare for both settings. **Results:** STT patients were more frequently acutely ill, suffered from stronger symptomatic manifestations, and were more frequently employed. LTT patients had a greater rate of chronic psychosomatic disorders,

personality disorders and somatic comorbidity. In both settings, distress strongly declined during inpatient therapy and remained stable for 3 years. Negative predictors of outcome were infantile object relation patterns and interpersonal problems. We found no differences between STT and LTT patients in terms of the utilization of aftercare. **Conclusion:** Duration of psychosomatic inpatient treatment should be differentiated according to the chronicity and nature of the disorder.

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**Keywords:** Follow up; Indication; Inpatient psychotherapy; Outcome predictors; Psychosomatic medicine

## Introduction

In Germany, a significant proportion of the care of psychosomatic and psychiatric patients is carried out in psychosomatic hospitals. In a review of nine studies, Franz et al. [1] reported clinical improvement in between two-thirds and three-fourths of heterogeneous patient samples following inpatient psychosomatic treatment. Sack et al. [2] reported effect sizes of 1.22 [global severity index (GSI) of the SCL-90-R] from admission to discharge, which proved stable at 1-year follow-up. Follow-up studies have mostly been conducted 6 to 12 months following discharge, but very rarely included longer intervals [3].

In outpatient studies, the therapeutic relationship, as perceived from the patients' perspective, was the most consistent

predictor of outcome; the proportion of outcome variance explained, however, varied from low to moderate. Consistent negative predictors of the treatment outcome included chronicity of the disorder, problems in interpersonal relationships, dysfunctional patterns of object relations, and unsuccessful vocational reintegration [2–10].

In an earlier study, we identified predictors of therapeutic success in inpatient psychosomatic short-term (STT) vs. long-term therapy (LTT) 1 year after discharge [11], mostly concerning interpersonal relationships; the therapeutic relationship, however, did not have a predictive value. In the short-term setting, the course of 1-year follow-up was predicted by a combination of the following variables: duration of disorder; introverted-socially avoidant style of interaction; infantile type of object relation (characterized by the tendency to be inconsistent and labile, and a desire to please others who are seen as uncontrollable and unpredictable); and the lack of a confidant and negative professional changes following discharge. With respect to long-term treatment, therapeutic outcome was negatively correlated with an infantile type of object relation, aggressive behaviour,

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cold and distant interaction, the absence of a confidant; and the presence of a partner. Up to now, outpatient follow-up treatments or events in the follow-up period were hardly taken into consideration, even though 60% to 80% of patients who received inpatient treatment underwent outpatient psychotherapy afterwards [2,12]. In our study, 80% of the participants utilized outpatient treatment during the 1-year follow-up period. Outpatient follow-up treatment was not predictive of therapeutic outcome, however.

In order to determine the long-term stability of therapeutic effects, patients in the present study were surveyed on four occasions: at admission, at discharge, and at 1- and 3-year follow-up. The aims of the study were as follows: (1) We aimed to determine the long-term (3-year) outcome of psychodynamic inpatient treatment. It was hypothesized that the level of distress remained stable from 1- to 3-year follow-up. (2) We intended to test the stability of predictors for therapeutic success hypothesizing that outcome at the 3-year follow-up was determined by the same variables (interpersonal relationship, chronicity, negative life events) as outcome after 1 year. (3) We further wanted to investigate the utilization of outpatient psychotherapy during follow-up. However, we did not hypothesize a direct effect of outpatient psychotherapy on long-term outcome, as we assumed that patients with intense distress would utilize more outpatient psychotherapy than patients who were less distressed, thereby compensating for their more unfavorable course.

## Method

### *Treatment settings*

The Clinic for Psychosomatic Medicine and Psychotherapy at the Justus Liebig University Hospital of Giessen is divided into one short-term and two long-term multimodal therapeutic treatment units. Patients were referred from private practice or from the consultation-liaison service of the clinic. A thorough clinical assessment by an experienced clinician was a precondition for intake covering a diagnosis according to *ICD-10*, the history of the disease, its current manifestation, previous treatments, and treatment motivation. Admittance to the clinic and to a specific treatment setting required an intensive consultation with the therapeutic team. Due to this procedure, the patients are likely to have an overall strong intrinsic treatment motivation, as compared to psychiatric inpatients.

Short-term therapy comprised two weekly 30-min sessions of psychoanalytically oriented individual therapy and three 90-min sessions of group therapy. All patients additionally participated in body, art, and music therapy. Additional therapies included physical group exercise, a relaxation group, milieu therapy in a weekly ward meeting for all patients, therapeutic sessions with partner or family, crisis sessions with nursing staff, and, if necessary, pharma-

cological therapy. In individual cases, exposure therapy, individual body-oriented, and art therapy were also conducted. The inpatient admittance process was designed to be carried out quickly, and treatment was limited to 4 weeks extendable to a maximum of 6 weeks upon mutual agreement. STT indications included stress reactions following acute life events, crises of patients with mental disorder [personality disorders *ICD-10* (F6), affective (F32, 33, 34), anxiety (F40, 41, 42), adjustment (F43), eating (F50), or somatoform disorders (F45)], crises in current psychotherapies, social maladjustment and lack of social support as well as preparation for long-term therapy.

Long-term therapy consisted of a similar therapeutic range of interventions as described above for STT. In contrast to STT, however, LTT patients received more individual therapy (three 30-min sessions) and less group therapy (two 90-min sessions). Treatment duration ranged between 8 and 12 weeks with a possible extension up to 16 weeks. LTT was mainly applied for patients with severe somatoform (F45), eating (F50), and personality disorders (F60). Due to the prolonged period of hospital stay, therapeutic interventions involving patients' partners and families as well as weekend discharges (to be spent in their homes) played a greater role in LTT than in STT.

Exclusion criteria for both therapeutic settings included acute psychoses, threat of harm to self or others, acute addictive disorders, and disorders requiring intensive medical monitoring and supervision.

Therapists were certified or trainee physicians of psychosomatic and psychiatric psychotherapy as well as experienced psychological psychotherapists. Supervision sessions and team consultations took place regularly.

### *Patients*

The sample comprised all patients admitted to the Clinic for Psychosomatic Medicine and Psychotherapy at the Justus Liebig University Hospital of Giessen in the years 2000 and 2001 who met the following criteria: (a) written informed consent to the study, (b) adequate comprehension of the German language, (c) duration of treatment at least 9 days, and (d) basic documentation completed at admission and discharge. These criteria were fulfilled by 235 patients.<sup>1</sup> One hundred sixty-six (70.6%) of these took part in the 1-year follow-up and 134 (57.0%) in the 3-year follow-up.

Participants and nonparticipants of the 3-year follow-up did not differ significantly in terms of sex, marital status, education, vocational situation, duration of disorder, or history of treatment. However, participants were significantly older and reported a greater reduction in psychological symptomatology (GSI of the SCL-90-R) from admission to discharge than nonparticipants ( $F_{(1)}=5.56$ ;  $P<.05$ ).

<sup>1</sup> Thirty patients dropped out of therapy within 9 days; the intake and/or discharge forms were missing from 33 patients' files.

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