

Duration of Stay of Schizophrenics in a Day Care Centre

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Abstract

This report presents data on the duration of stay of 139 schizophrenics coming for day care treatment in the occupational therapy and rehabilitation centre over a period of 5 years. Results reveal that females, elder age group patients and those with poor social support had significantly longer duration of stay. Paranoid schizophrenics had significantly ($P < .025$) shorter stay as compared to chronic and residual schizophrenics. Patients who had a duration of illness longer than 5 or 10 years tended to stay longer ($P < .001$). Patients with episodic course or with continuous illness also stayed longer. No other clinical or demographic variable was significantly related to duration of stay. The results help in identifying groups of patients likely to stay longer in a day care centre and measures to reduce this stay can be planned.

Key words -

Schizophrenic patients,
Day care,
Rehabilitation,
Duration of stay

Over the past two decades many psychiatric day care centres have been established with the purpose of offering an effective alternative to hospital admission [1] though very few such centres have come up in our country. Many studies have examined the effects of variable duration of stay in day care centres as well as in-patient settings, with and without occupational therapy. Occupational therapy has had two distinct, though overlapping, roles in psychiatric practice. One role is rehabilitative and curative, being important, deserve much additional research than what exists at present. The

need for additional research concerning the efficacy of occupational therapy in treating psychiatric disorders is acknowledged by leaders of the profession [2], [3], [4]. Affleck and McGuire [5] have emphasised that the aim of rehabilitative services should be to obtain the best level of functioning of which the patient is capable in spite of his impairments. These should take into account, besides self care and domestic responsibilities, money management and occupational outputs also. Watts [6], [7] observed that patients who had success in open employment were significantly longer in hospital. This was later confirmed by Morgan et al [8]. It would thus be interesting as well as important to assess the factors which determine or relate with the duration of stay in a day care centre. This study examines the duration of stay of schizophrenic patients attending the occupational therapy and rehabilitation centre and its correlation with various demographic and clinical characteristics.

Material and Methods

The study was conducted by retrospective chart review of all schizophrenic patients who were admitted to the day care centre of the National Institute of Mental Health & Neuro Sciences, Bangalore, during a period of five years. In order to get adequate, consistent and uniform information, the details were recorded on semi-structured proforma. Only cases which had a definite diagnosis of schizophrenia as per ICD-9, had attended day care at least for a period of 6 months and had adequate information of all the variables were included. The proforma recorded demographic variables like age, sex, marital status, education and previous occupations; clinical variables such as age of onset of illness, duration, course, medications and sub-type. Work performance was assessed using Griffiths scale. The ratings on Griffiths scale were carried out every month by the occupational therapists, nursing staff and section instructors by mutual concurrence. The duration of stay was recorded as the period from the date of admission to the day care centre to the discharge date. The date was analysed and relationship of duration of stay with demographic and clinical variables was computed by chi-square analysis.

Results

One hundred and fifty charts were reviewed of which 11 were found to be incomplete and did not have sufficient information, hence these were excluded. The sample consisted of 95 males, 44 females; 61 between 15-29 years age, 56 between 30-44 years and 22 above 45 years. Majority of patients (95) were unmarried. Forty nine were illiterate or had education up to middle school, 41 were matriculates and 48 were educated above matric. Whereas 70 had previous employment or work experience, 69 did not have previous work record. Social support, rated as good, adequate or poor depending upon help and motivation from family members, relatives, friends, or other agencies, was found to be good in 25 cases, adequate in 54, whereas 59 had no social support or had poor social support. Majority of patients (98) had residual schizophrenia, 23 had paranoid schizophrenia and 18 had other sub-types of schizophrenia. The age of onset was above 25 years in only 50 cases, in others it was before 24 years. Most patients (103) had duration of illness longer than 5 years. Average duration of stay was 6.52 years; for males 6 years and for females 7.5 years.

On examining the relationship between duration of stay and socio-demographic variables (Table 1) female patients and those from older age group significantly more often ($P < .05$) had longer duration of stay. Though most married patients stayed longer than 1 year (70 percent) this difference was not

significant. Clinical characteristics as sub-type of schizophrenia, clinical course and duration of illness did significantly correlate with duration of stay (Table II). Residual schizophrenics, those with longer duration of illness and those having episodic or continuous illness stayed for a longer period. Previous employment experience was not related to the duration of stay in comparison with those unemployed earlier. Those with poor social support also had a significantly ($P < .05$) longer stay as compared to those who had adequate or good social support.

Table 1 - Duration of Stay : Socio-demographic aspects

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Table II - Duration of Stay : Clinical aspects

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(In clinical course : 5 cases remained asymptomatic of which 4 stayed less than 6 m; 4 cases had chronic deterioration - all stayed longer than 3 years).

Discussion

This evaluation has identified patients likely to have a longer duration of stay in a day care and rehabilitation centre. It is an important preliminary step since special emphasis would have to be made in order to reduce the hospitalisation period of these groups of patients. Many researchers have shown how partial hospitalisation can ultimately reduce in-patient stay [9], [10], [11], [12]. As Herz et al [12] had suggested that when an acutely disturbed patient is suited to either in-patient or partial hospital care, he can receive equivalent or superior treatment in a partial hospital at a lower cost, with less disruption to his role functioning, and with a favourable reaction from his family. Herz and his associates [12] have also reported that for patients who live with their families, brief hospitalisation in conjunction with partial hospitalisation is a superior treatment to lengthy in-patient treatment. Guy and associates [13] had found partial hospitalisation to be superior to out-patient treatment in terms of duration of subsequent hospitalisation.

The reasons for longer stay of female patients and those from older age group is not clearly evident. It is likely that these groups have poorer social support and hence they stay longer. Another reason for longer stay could be related to work performance. Since patients are discharged from the centre when they have achieved a certain level of vocational functioning, a delay in the latter could prolong duration of stay. The work performance of these patients [14] had shown no difference as regards age or sex. However, patients having residual features or symptoms on a continuous or episodic fashion did perform poorly in their tasks and hence prolonged stay and poor work performance could be related. Similarly, patients with inadequate social support performed poorly and this could be responsible for their prolonged stay. There are very few reports from India on occupational therapy of psychiatric patients [15], [16] but these did not examine duration of stay.

No prospective study that systematically examined the many factors contributing to the hospitalisation in day care centre was found by Bowman et al [1]. But they had noted that the greater contentment among day hospital patients and their preference for day care indicates that there are personal as well as psychological and socio-economic benefits to be gained from providing day hospital places and

community supports for those who prefer such care and for whom it is effective.

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