

EVALUATION OF PATIENTS HOSPITALIZED AT THE PSYCHIATRY CLINIC OF A TRAINING HOSPITAL OVER THE LAST FOUR YEARS IN TURKEY

Cicek Hocaoglu¹, Gohkan Kandemir², Ahmet Tiryaki³, Hediye Muratoglu⁴ & Ismail Ak⁵

ABSTRACT:

Background: In-patient treatment of psychiatric patients plays an important role in their management. The number of beds available for patients with mental disorders is limited in Turkey. However, some of these patients do require prolonged stay at the hospital. Hence the psychiatric clinics/units of medical schools are trying to meet this important deficit. The aim of this study was to evaluate socio-demographic characteristics and find out the disease pattern along with therapeutic approaches in all hospitalized patients over the last four years.

Method: The information about DSM-IV diagnosis, socio-demographic characteristics, whether they received pharmacotherapy / ECT, duration of stay of all patients who were hospitalized at the Psychiatry Clinic of Medical School of Karadeniz Technical University (KTU) between January 2000 and October 2003 was obtained by retrospectively reviewing the hospital files. All data pertaining to the patients was transferred to a "data collection form" prepared by the investigators. The data were assessed by means of Microsoft Excel software.

Results: During the study period a total of 600 patients (294 female (49%), 306 male (51%)) were hospitalized to receive therapy. The mean age of the patients was 36.46 ± 12.75. In terms of marital status, married patients and in terms of occupational distribution, housewives were predominant. The mean duration of stay of the patients at the clinic was 31.9 ± 27.3 days. In terms of DSM-IV-R diagnoses of the patients, the most common diagnoses were mood disorder in 198 patients (33%), psychotic disorder in 154 patients (25.6%) and anxiety disorder in 114 patients (19%).

Conclusion: In order to assess the functionality of a health institution and the efficiency of the services it offers, the data must be collected, assessed and interpreted consistently, regularly and thoroughly. It not only helps to show the status of healthcare institutions, but will also be beneficial in formulating healthcare policies of a country.

KEY WORDS: General hospitals, psychiatry clinics, psychiatric patients.

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1. Dr. Cicek Hocaoglu MD
Assistant Professor
2. Dr. Gokhan Kandemir
Research Assistant
3. Dr. Ahmet Tiryaki
Assistant Professor
4. Ms. Hediye Muratoglu
Nurse
5. Dr. Ismail Ak
Professor of Psychiatry

1-5: Department of Psychiatry, Medical School, Karadeniz Technical University, Trabzon-61080, Turkey

Correspondence:

Dr. Cicek Hocaoglu
E-mail: chocaoglu@veezy.com
cicekh@meds.ktu.edu.tr

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INTRODUCTION

Among the treatment options for psychiatric patients, inpatient treatment is a method employed particularly in such situations where the patient behaves disorganized, present psychotic features or the life at home become difficult. There are limited numbers of psychiatry beds in Turkey in general for psychiatry patients who require prolonged stay at the hospital.¹⁻⁵ Psychiatry clinics of medical schools are trying to meet this important deficit. Due to the fact that these services are within general hospitals, they offer service in more flexible conditions as compared to psychiatric hospi-

tals. The data such as socio-demographic characteristics, diagnosis and therapeutic approaches of the patients hospitalized at these clinics would provide information about the functionality of healthcare institutions as well as offer important clues for improving healthcare institutions and establishing mental health policies of the country. The Psychiatry Clinic of Karadeniz Technical University (KTU) Medical School is functioning since November 11, 1991 within Farabi Hospital that is the most equipped local hospital with a capacity of 400 beds in Eastern Black Sea Region. Currently the unit has 18-beds, 10 for women and 8 for men, 1 lounge, 1 ECT room, 1 conference room, 1 nurse room, 1 doctor room and a sleep laboratory. This facility is rather a semi open clinic where the entrance and exits are under complete supervision, eligible patients may go out with an attendant and all patients are hospitalized voluntarily in some way. Patients suffering from all psychiatric disorders are admitted in the unit. Apart from our city, it offers service to other cities such as Gümüşhane, Rize, Giresun, Artvin, Bayburt. Three staff member, six residents, two psychologists and seven nurses work together. The aim of this study was to evaluate socio-demographic characteristics, prevalence of different psychiatric disorder and therapeutic approaches in all hospitalized patients in the Psychiatry Clinic of the Medical School of KTU over the last four years.

METHODOLOGY

The information about DSM-IV diagnosis, socio-demographic characteristics, whether they received pharmacotherapy / ECT, duration of stay of all patients who were hospitalized at the Psychiatry Clinic of Medical School of KTU between January 2000 and October 2003 was obtained by retrospectively reviewing the hospital files. All data pertaining to the patients was transferred to a "data collection form" prepared by the investigators. The data were assessed by means of Microsoft Excel software.

Table-I. Distribution of hospitalizations by years

<i>Year</i>	<i>Number of patients</i>
2000	152
2001	253
2002	122
2003*	73
Total	600

* In 2003, the clinic was closed for modifications between October and December and no patient was admitted.

RESULTS

During the study period a total of 600 patients were hospitalized to receive therapy. The distribution of hospitalizations by years is shown in Table-I.

The study included 294 female (49%) and 306 male (51%). The mean age of the patients was 36.46 ± 12.75 . The mean age of male patients was 35.34 ± 12.70 and the mean age of female patients was 37.23 ± 12.69 . Married patients and housewives were predominant. The mean duration of stay of the patients at the clinic was 31.9 ± 27.3 days.

The distribution of socio-demographic characteristics of hospitalized patients are shown in Table-II.

Table-II. Distribution of patients by socio-demographic characteristics

<i>Gender</i>	<i>n</i>	<i>%</i>
Female	294	49
Male	306	51
<i>Marital status</i>		
Married	378	63.1
Single	125	20.8
Widow	97	16.1
<i>Occupation</i>		
Housewife	198	33.1
Official	132	22.0
Self-employed	119	19.8
Blue-collar worker	93	15.5
Other	58	9.6
<i>Education</i>		
Illiterate	73	12.2
Literate	116	19.3
Primary school	253	42.2
Secondary school	121	20.1
University	37	6.2

In terms of DSM-IV-R diagnoses of the patients, the most common diagnoses were mood disorder in 198 patients (33%), psychotic disorder in 154 patients (25.6%) and anxiety disorder in 114 patients (19%).

Table-III. Distribution of DSM- V-R diagnoses of the patients

<i>Diagnoses of the patients</i>	<i>n</i>	<i>%</i>
Mood Disorder	198	33
Psychotic Disorder	154	25.7
Anxiety Disorder	114	19
Somatoform disorder	69	11.5
Personality disorder	25	4.2
Dissociative disorder	18	3.1
Organic mental disorder	8	1.3
Psychoactive substance use	6	1.0
Eating Disorder	5	0.9
Normal findings	3	0.3

Depressive disorder constituted 62% (123 patients) and bipolar affective disorder constituted 38% (75 patients) of the most common mood disorders. Of the psychotic disorders, 53.2% were schizophrenics, 18.7% were suffering from schizoaffective disorder and 14.7% from delusional disorder, 13.4% were schizophrenia form disorder.

Five hundred eighty one patients 581 (96.8%) received pharmacotherapy, 16 (2.6%) received ECT and 3 (0.6%) patients did not receive any therapy.

Table-IV. Distribution of Psychotic Disorders

<i>Psychotic Disorders</i>	<i>n</i>	<i>%</i>
schizophrenia	82	53.2
schizoaffective disorder,	29	18.7
delusional disorder	23	14.7
schizophreniaform disorder	20	13.4

As regards pharmacotherapies, 354 (50.2%) were given antidepressants, 124 (17.5%) were prescribed anti-psychotics, 117 (16.5%) were put on mood regulators, 87 (12.3%) were given anxiolytics and 23 (3.2%) received anti-dementia drugs. Among antidepressants, Selective serotonin reuptake inhibitors (SSRIs) were 72.8%, atypical anti-psychotics accounted for 68%, among mood regulators Lithium was given to 49%, benzodiazepines anxiolytics were

prescribed to (86% while 73% were taking anti-dementia drug. donepezil whereas. One hundred twenty four patients (21.3%) were having combination therapy.

DISCUSSION

Hospitalizing patients is known as the third line of healthcare services and inpatient treatment for psychiatric patients plays an important role in psychiatric therapy approaches. Therefore, a good understanding of the patients to be hospitalized and their clinical conditions would be useful. When the relevant studies were reviewed, it showed that the number of hospitalized female patients were feature 39.1 to 52.7%.¹⁻¹³ In our study also 49% of the patients were female. In other studies majority of the patients were in 20-39 years age group. This may be due to the fact that initial signs of psychiatric patients occur mainly in this age group and that psychosocial stresses become relatively dominant at this age group. Again as in other studies, great majority of the patients were married.^{1-6, 14,15} It is known that being married is not a protective aspect for psychiatric disorders. The distribution of occupations of hospitalized patients shows similar results with that of the studies conducted by other university hospitals in our country. This may be attributed to the population that is mainly managed by medical schools and training hospitals. We have observed that the mean duration of stay was close to those suggested in some other studies but longer than 9-11 days suggested in some studies.^{1-5, 12-15} Up to now the shortest duration of stay reported in our country is 18.8 days at the Psychiatric Clinic of the Medical School of 19 Mayıys University.¹ In other studies in our country, the mean duration of stay is usually between 20-30 days.^{1-3,15} It has been reported that there is a relationship between decreased duration of stays and increased rate of re-hospitalization, particularly those patients suffering from schizophrenia.^{2,5}

The aim of psychiatric hospitalization is to ensure that the patients are identified with the

most accurate diagnosis, started on the most appropriate treatment and to help them maintain their functioning in the community as best as possible. It's emphasized that, when doing this, not only hospitalizations longer than required which totally isolates the patients and make them dependent, but also hospitalizations shorter than required which are planned to achieve quick hospitalization and discharges with economical concerns must be avoided.²⁵ When the diagnoses of the hospitalized patients were reviewed, the results were found to be similar with the other studies conducted in our country. The reason that affective disorders range the first in all studies is the frequency of depressive disorder. The fact that pharmacotherapy takes the first place among the types of therapies applied in our clinic can be explained by the recent improvements in biological psychiatry and its convenience both for the patient and the clinician. When the distribution of medications received by the patients is examined, concordant with the literature, while SSRIs and atypical antipsychotics which have been increasingly used in recent years take the first place, Tricyclic Antidepressant (TCAs) and classical antipsychotics have been used less frequently. Among mood stabilizers, similar with the clinical practice in our country, Lithium took the first place. It is observed that new mood stabilizers have not taken their place adequately in our clinical practice yet. It was also found that among the treatment options in our clinic there is not sufficient information about psychotherapy practices in the file records.

It was concluded that, in order to be able to assess the functionality of a health institution and the efficiency of the services it offers, the data must be collected, assessed and interpreted consistently, regularly and thoroughly. It shouldn't be forgotten that the collection of such data throughout the country would not only show the status of healthcare institutions, but also be beneficial in formulating healthcare policies of a country.

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