

Research: results update

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treatment and have been discharged from the hospital for at least one year. The other have only recently been admitted to the unit. Levels of general medical, psychiatric and drug use were compared along with differences in employment and benefits status.

Preliminary Results

To date, 34 patients are currently involved in the programme evaluation study, 42 in the resource utilisation. Demographic profiles from the former show the typical patient as 30 years of age, single, white, female and unemployed with a good education.

85% of patients meet criteria for borderline personality disorder while 75% of patients had, or are suffering from, a diagnosable affective disorder. Substance abuse and eating disorders are also relatively common.

Although the number of patients included thus far is relatively small, some preliminary conclusions are possible. Data from both studies are beginning to show favourable outcomes in symptoms and social adjustment.

Treatment Evaluation:

Patients on the programme evaluation study reported significant improvements across the Symptom Check-list including depression, paranoia, anxiety, obsessiveness, hostility, psychoticism, phobia and somatisation.

There is also a trend towards improvement in social adjustment following treatment. This means that patients increase their number of social contacts and are less reticent to talk about their feelings with friends.

Data obtained at discharge indicate that some of the improvements are not sustained even though there still is a strong trend towards a lessening of the original disturbance. It is possible that this finding is due to the anxiety connected with the end of treatment and having to face their own lives without psychosocial support.

Follow-up data a year after treatment will give an indication as to whether clients will be able to find internal resources to continue improving or whether they will have fallen back to previous dysfunctional patterns of relating.

One important feature to emerge from the programme evaluation study is the relatively fewer number of patients who drop out of treatment on the two stage programme. This improved compliance may be due to several factors but raises a fundamental question: are staff and very disturbed patients less threatened by, and more tolerant towards, intensive treatment conditions when they know that the inpatient stay is time limited?

We know that people with severe personality disorders may be unreliable and frightened of commitment which makes their treatment and research participation rather shaky. Any improvements in ratios of compliance would remove a major barrier to achieving positive outcomes.

Resource Utilisation Study:

The results show a substantial decrease in five areas of health service use (A&E, laboratory investigations, inpatient medical and surgical, inpatient and outpatient general psychiatry) and a trend towards lower usage of services in the remaining categories (outpatient medical and surgical, social worker and CPN contacts, and outpatient psychotherapy) following treatment at the Cassel.

In Table 1, four of these factors have been converted to show the level of potential financial savings available.

Cost Benefits of Treatment (table 1)

Category	Pre Treatment Group (N=26) mean	Tot Cost £	Post Treatment Group (N=26) mean	Tot Cost £	Tot Saving £
IP Psychiatry (days)	30.85	5522 (179)	0.19	34	5488
OP Psychiatry (appointments)	10.08	887 (88)	2.81	247	640
OP Psychother. (appointments)	32.42	2626 (81)	23.32	1889	737
IP Med&Surg (nights)	1.85	570 (380)	0.04	12	558
				Grand Total	7423

Key: Figures in brackets represent cost per unit

Based on average 1993 tariff levels in the Thames regions, a total figure of £7,400 per annum was calculated.

The only increase was in the level of visits to GPs, the average figure rising from just over 9 visits a year to just under 12.

Discrepancies identified included a substantial decrease in the prescription and use of minor tranquillisers and antidepressant medication but little impact on the intake of major tranquillisers. This tends to confirm the clinical finding that the more psychotic patients respond less well to the Cassel approach.

The data in this study are limited to specific areas of health and social resources. Fuller studies may be required to evaluate other dimensions and to somehow take into account all the psychosocial benefits to patients and their families.

However, it is hoped that both studies represent a sound contribution to the growing evidence that psychotherapy and psychosocial forms of intervention are effective in the treatment of patients with personality disorders.

Reference:

Smith K, Shah A, Wright K, et al (1995) The prevalence and costs of psychiatric disorders and learning disabilities. In British Journal of Psychiatry, 166 pp. 9-18

For more information about the Cassel's research work, please contact Dr Marco Chiesa on 0181 237 2902.