

Changing the Structure of the Hospitalized Patients at the Psychiatric Clinic Vrapče

Petar Bilić, Ana Ivaniš, Domagoj Vidović, Vlado Jukić

Psychiatric Clinic Vrapče, Zagreb, Republic of Croatia

SUMMARY

Introduction Psychiatric treatment in developed countries has significantly changed in the last few decades, with a significant shortening of the duration of hospitalization. Numerous West European countries are undertaking health system reforms to improve treatment efficiency.

Objective The aim of the study was to present the structure of hospitalized patients according to diagnostic categories of International Classification of Diseases and Related Health Problems – 10th Revision (ICD-10), and average duration of hospitalization from 2001 till 2010.

Methods Data was collected from hospital medical charts for the period from 2001 till 2010 on the number of hospitalized patients, diagnosis and duration of hospitalization.

Results Number of hospitalized patients increased by 27% (6309 vs. 8032). Average duration of hospitalization decreased for 45.1% (72.3 vs. 39.7 days), while the number of hospitalized patients decreased from 1284 (20.4%) in 2001 to 995 (12.4%) in 2010, the number of patients hospitalized because of depressive disorder increased from 309 (4.9%) in 2001 to 994 (12.4%) in 2010. The number of patients hospitalized because of enduring personality changes increased from 104 (1.7%) in 2001 to 449 (5.6%) in 2010.

Conclusion In the last decade the number of hospitalized patients suffering from schizophrenia at the Psychiatric Clinic Vrapče decreased, while the number of those suffering from depression and enduring personality change increased. The number of hospitalizations in the observed period increased overall. Observed changes can be explained by new therapeutic approaches, but also by objective social and economic factors and organization of the healthcare system.

Keywords: psychiatric diagnostic categories; structure of hospitalized patients; length of hospitalization

INTRODUCTION

Diagnostic and therapeutic procedures in psychiatry have improved significantly in the last few decades. The most common form of psychiatric treatment used to be hospitalization which lasted for months, even years [1]. Today the tendency is for psychiatric treatment to be outpatient based with inpatient treatment being reserved for patients who are dangerous to others or themselves. The average length of hospitalization is around two weeks [2].

From the middle of the last century some countries significantly reduced the number of beds in psychiatric hospitals while developing community based treatment, which led to a marked reduction in treatment cost [3, 4]. Although biological diagnostic methods have improved, the communication between the doctor and the patient still has a central role in psychiatric diagnostics. The development of numerous efficient and safe psychiatric medications is responsible for the advancement and growth of modern biological psychiatry. These medications have contributed to higher demission rates from hospitals enabling outpatient treatment, helping patients to live in the community and helping them to increase social capital. Aside from deinstitutionalization, medication has had an impact on destigmatization of psychiatric patients [5].

Although there is a continuous trend towards decreasing the number of psychiatric hospital beds and reducing the length of hospitalization, hospital treatment remains an important form of treatment, especially for those with severe mental disorders and in first diagnostic and therapeutic procedures.

OBJECTIVE

The aim of the study was to present the structure of hospitalized patients according to diagnostic categories of ICD-10 and the average length of hospitalization from the years 2001 till 2010 in the Psychiatric Clinic Vrapče.

METHODS

Data concerning the duration of hospitalization, number and proportion of discharged patients according to ICD-10 psychiatric diagnostic groups, was collected from hospital medical charts for the period between the years 2001 to the year 2010. Descriptive statistic analysis was performed. Those diagnostic categories that showed a statistically significant difference in absolute number and percentage among discharged patients were further analyzed in order to obtain more accurate data about the change in structure of hospitalized patients.

Correspondence to:

Petar BILIĆ
Psychiatric Clinic Vrapče
Bolnička cesta 32, 10000 Zagreb
Republic of Croatia
petar.bilic@bolnica-vrapce.hr

RESULTS

The total number of hospitalized patients in the past ten years increased by 27.3% (6309 vs. 8032). The average number of days of treatment was reduced by 45.1% (72.3 vs. 39.7 days). The number of hospitalized patients increased in all diagnostic categories except in the categories F20-F29, F70-F79 and F84-F98.

The decrease in the number of patients treated under the diagnosis of schizophrenia (F20), in the Psychiatric Clinic Vrapče was the factor that most contributed to the decrease in the number of hospitalizations in the F20-F29 category. The proportion of patients suffering from schizophrenia decreased from 1284 (20.4%) patients in the year 2001 to 995 (12.4%) patients in the year 2010. The number of patients admitted with the diagnoses F21 to F25 remained stable, while the number of patients treated under the diagnosis F29 increased. The average number of days of treatment in the F20-F29 category decreased from 173.2 days in the year 2001 to 77.8 days in the year 2010.

The number of patients treated under the diagnostic category F30 to F39 increased from 642 (10.2%) patients in the year 2001 to 1276 (15.9%) patients in the year 2010. The patients treated under the diagnosis of recurrent depressive disorder (F33) were most credited for this increase. The portion of patients with recurrent depressive disorder increased from 309 (4.9%) patients in the year 2001 to 994 (12.4%) patients in the year 2010. The average number of days of treatment in the F30-F39 category decreased from 47.8 days in the year 2001 to 37.8 days in the year 2010.

It is interesting to note that the number of patients diagnosed with PTSD decreased from 525 (4.0%) in the year 2001 to 133 (1.7%) patients in the year 2010. However, the number of hospitalized patients with the diagnosis of enduring personality change after catastrophic events increased from 104 (1.7%) patients in the year 2001 to 449 (5.6%) patients in the year 2010.

DISCUSSION

In our study we showed that the length of psychiatric hospitalization had decreased significantly during a ten-year period. The length of psychiatric hospitalization in the developed countries has also decreased although the average duration of hospitalization is still much lower than in our hospital [6].

In our hospital, during a ten-year period, the number of discharged patients treated for schizophrenia decreased by

22% with a 44% reduction in the average length of treatment of those suffering from schizophrenia, while the number of patients treated for acute psychotic disorders remained constant. The incidence of schizophrenia in Croatia is constant at 0.21 per the population of 1000 inhabitants and does not differ significantly according to sex [7, 8]. The above data leads us to believe that the treatment of patients with psychotic disorders during this period has improved. In the developed countries the average length of treatment of patients is 50% less in comparison to Croatia due to a well-developed outpatient treatment, and because of financial reasons [6].

The number of patients discharged with the diagnosis of major depressive episode (with code diagnoses F32 according to ICD-10) through the ten-year period was stable, but the number of patients discharged with a diagnosis of recurrent depressive disorders tripled, while the number of patients diagnosed with anxiety-depressive disorder also increased. The length of treatment of patients with affective disorders decreased by about 17%. The affective disorders have the highest prevalence of all disorders [9, 10]. The length of treatment of patients with affective disorders in the developed countries is different, but it is still lower than in our hospital [11]. The study recorded the observation that people with affective disorders were prematurely discharged, before adequate remission was achieved and that rehospitalizations were more frequent [12].

The number of patients discharged with a diagnosis of posttraumatic stress disorder in a ten-year period decreased by 47.2%. The number of discharged patients with a diagnosis of enduring personality change after catastrophic events (after PTSD) increased more than four times. We believe that these changes are the result of chronic PTSD, poorly developed outpatient treatment and socio-economic circumstances.

According to the presented data it is possible to notice that the psychiatric treatment of patients with psychotic disorders is better than the treatment of patients with affective disorders and that the decrease in the length of hospital treatment is not equal for all diagnostic groups. It is necessary to invest additional efforts in outpatient psychiatric treatment.

Because this paper is a presentation of data based on a cross-sectional study of the structure of hospitalized patients, it is not possible to determine a strong causal relationship, nor to bring any further conclusions. The problem with generalizing the attained data is that only one form of treatment has been presented and only conducted in our hospital.

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Промена структуре болесника лечених у Клиници за психијатрију „Врапче“

Петар Билић, Ана Иваниш, Домагој Видовић, Владо Јукић
Клиника за психијатрију „Врапче“, Загреб, Република Хрватска

КРАТАК САДРЖАЈ

Увод Психијатријско лечење у развијеним земљама знатно се променило последњих неколико деценија, а дужина болничког лечења се значајно скратила. Многе западноевропске земље спроводе реформе здравства ради повећања делотворности лечења. Такође, скорија друштвена збивања утичу на структуру болесника с психијатријским поремећајима који се болнички лече.

Циљ рада Циљ рада је био да се прикаже структура хоспитализованих психијатријских болесника појединих дијагностичких категорија према Десетој ревизији Међународне класификације болести и утврди просечна дужина болничког лечења у последњих десет година у Клиници за психијатрију „Врапче“ у Загребу.

Методe рада Подаци о броју болнички лечених особа, отпуним дијагнозама и дужини лечења прикупљени су из болничког регистра за период 2001–2010. године.

Резултати Укупан број хоспитализованих болесника у протеклих десет година повећао се за 27% (са 6.309 на 8.032). Просечан број дана лечења смањено се за 45,1% (са 723 на 397

дана). Удео особа оболелих од шизофреније смањено се са 1.284 болесника (204%) 2001. на 995 болесника (124%) 2010. године. Удео оболелих од повратног депресивног поремећаја повећао се са 309 болесника (49%) 2001. на 994 болесника (124%) 2010. године. Број болнички лечених особа са дијагнозом трајних промена личности након катастрофалних догађаја повећао се са 104 болесника (17%) 2001. на 449 болесника (56%) 2010. године.

Закључак У последњих десет година у Клиници за психијатрију „Врапче“ смањено се број хоспитализација оболелих од шизофреније, док се број хоспитализација особа оболелих од депресије и трајних промена личности након катастрофичних догађаја повећао. Такође се повећао укупан број хоспитализованих болесника у посматраном периоду. Наведене промене могу се објаснити променама у терапијском приступу, али и објективним социоекономским приликама и организацијом здравствене заштите поједине средине.

Кључне речи: психијатријске дијагностичке категорије; тренд структуре хоспитализованих болесника; трајање болничког лечења