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INTENSIVE COMMUNITY TREATMENT VERSUS USUAL TREATMENT FOR ADOLESCENTS ADMITTED TO INPATIENT CARE: A RANDOMISED CONTROLLED TRIAL

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Background: Clinical guidelines recommend intensive community treatment to reduce dependency on adolescent psychiatric inpatient care, but no such provision in the UK has been evaluated in a randomised controlled trial (RCT). We designed a supported discharge service (SDS), an intensive community treatment team, and compared this with treatment as usual (TAU).

Methods: 106 patients younger than 18 years were admitted for inpatient care and randomised (1:1) to either SDS or TAU. Intention-to-treat primary outcomes were inpatient bed days, Strengths and Difficulties Questionnaire (SDQ) and Children's Global Assessment Scale (CGAS). Cost effectiveness was explored in terms of CGAS scores and quality adjusted life years based on the EQ-5D-3L, taking a health and social care perspective.

Findings: At six-month follow-up, there was a significant decline in hospital use among patients randomised to SDS in unadjusted analyses (mean 47.25) vs TAU (mean 84.32). The ratio of mean total of inpatient days of TAU to SDS was 1.67 (95% CI: 1.02 to 2.81), t (101) = 2.08, p=.04. However, in adjusted analyses, considering baseline differences in inpatient bed days, treatment difference on the log scale was no longer significant (-.05, 95% CI: -1.02 to .01, p=0.057). There were no significant differences in SDQ, CGAS or treatment satisfaction. SDS patients were significantly less likely to report multiple episodes of self-harm (OR = .18, 95% CI: .05 to .64) and more likely to reintegrate to community schools (.81 SDS vs .51 TAU, OR= 4.14, 95% CI: 1.73 to 9.92). There was no evidence of differential effect in patients with psychosis, severe disability or patients from minority ethnic groups. Cost-effectiveness acceptability curves based on both the CGAS and QALYs suggested there was at least a 50% probability of SDS being cost effective.

Interpretation: The addition of SDS to adolescent inpatient care and standard outpatient follow-up improved school reintegration and lowered the risk of multiple self-harm. There is an implication of reduced bed usage at six-month follow up, but this did not reach statistical significance after adjusting for baseline differences. There were no differences in other clinical, functional and patient satisfaction outcomes.

Biography

Dennis Ougrin graduated from a Medical School in Ukraine in 1998 and underwent post-graduate training in England. He completed his higher training in Child and Adolescent Psychiatry at Guy's and Maudsley and is currently a Consultant Child and Adolescent Psychiatrist leading Supported Discharge Service at South London and Maudsley NHS Foundation Trust. He is also a Clinical Senior Lecturer at the Institute of Psychiatry, Psychology and Neuroscience. He leads a programme of information exchange between the UK and Ukraine. His main professional interests include prevention of Borderline Personality Disorder and effective interventions for self-harm. He is the author of Therapeutic Assessment, a novel model of assessment for young people with self-harm. He is the Chief Investigator of a randomised controlled trial of Supported Discharge Service versus Treatment as Usual in adolescents admitted for in-patient care and a Principal Investigator of a randomised controlled trial comparing intensive mental health intervention versus usual social care in Looked After Children. He is also working on developing a modular psychotherapeutic intervention for self-harm and on understanding the pathophysiology of self-harm in young people

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