

Poster presentation

Predictors of treatment discontinuity in outpatient community mental health care

A Gouzaris*, T Mougiakos, D Ploumpidis and E Bethani

Address: CMHC of Vyronas-Kessariani, Athens University Medical School, Department of Psychiatry, Greece

* Corresponding author

from International Society on Brain and Behaviour: 1st International Congress on Brain and Behaviour
Hyatt Regency Hotel, Thessaloniki, Greece, 20–23 November, 2003

Published: 23 December 2003

Received: 1 November 2003

Annals of General Hospital Psychiatry 2003, **2**(Suppl 1):S70

This article is available from: <http://www.general-hospital-psychiatry.com/content/2/S1/S70>

Background

Discontinuity of treatment among outpatients attending community mental health centers is a common concern. It negatively affects patients' treatment outcome and may lead to waste of service resources. A prerequisite for good treatment outcome is treatment continuity. However factors associated with dropout from treatment are inconsistent in results of various studies. This study aims at identifying specific demographic and clinical factors associated with dropout early in treatment, i.e. after 1 or 2 visits at a community mental health center.

Material and Methods

The present study was run between 1991 and 1998 and examined 2054 newly referred patients at the CMHC of Vyronas-Kessariani area in Athens. Among them, 1023 had only 1 or 2 visits at the center. However, 354 of the above 1023 patients came to the center for reasons other than a specific psychiatric or relational problem, which did not require attendance on a regular basis, and they were thus excluded from the study. Due to incomplete data found in 117 records, 552 patients who dropped out after 1 or 2 visits were included in the study. This group was compared with a randomly selected group of 552 patients who presented with more than 2 visits.

Results

The two groups differed in a variety of characteristics, such as marital status, having children or not, route of referral, main presenting problem, previous psychiatric consultation or not, previous psychiatric hospitalizations, mode of treatment (i.e. pharmacological or not) and diagnosis. Logistic regression analysis was used to identify factors

predictive of early dropout during the attendance at the center.

Discussion

Patients with major psychiatric disorders of lengthier duration, previous psychiatric consultation or hospitalization have a low risk of dropout. Patients with minor problems, of recent onset and having a better supportive system are in greater risk of dropout early in treatment.