ORIGINAL RESEARCH

A study on sociodemographic and clinical determinants responsible for non-completion of in-patient treatment in a tertiary care centre

[1]Dr. Vijay Savita, [2]Dr. Minakshi Verma, [3]Dr. Priyash Jain, [4]Dr. Varchasvi Mudgal

[1,2]PG Resident, [3]Senior Resident, [4]Assistant Professor, Department of Psychiatry, M.G.M.Medical College, Indore, Madhya Pradesh, India

Corresponding Author
Dr. Vijay Savita
PG Resident, Department of Psychiatry, M.G.M.Medical College, Indore, Madhya Pradesh, India
Email: vijaysavita1411@gmail.com

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ABSTRACT

Introduction – Non-completion of treatment poses a significant challenge for professional healthcare workers in a tertiary care Centre with greater risk in psychiatric patients where capacity isoften compromised. Non-completion of treatment also has adverse consequences for the patient, his caregiver, and the community he belongs. Health services, healthcare workers, and other patients lowered staff morale, denied the service to others who could have used it, and disruption of ward discipline along with compromised cost efficiency depleting hospital resources. We aim to study the sociodemographic and clinical factors that could affect the non-completion of treatment in hospitals and enable them to tailor services in a better way. **Methods** - This study was performed in a tertiary care hospital in Indore, India. Treatment records of 49 inpatient admissions from August 2020 to July 2021 were identified from the medical record department of the hospital which absconded from the premise. Records were assessed for sociodemographic and clinical details and analyzed using appropriate tools. **Results**- Among 673 admissions during the specified period, 49 patients absconded with a rate of 7.1%. Most of them were male, from a younger age, Hindu by religion, belong to a nuclear family, and live within a 100 km of radius. Most Patients with bipolar affective disorder and schizophrenia & related psychosis had more tendency to abscond compared toother psychiatric illnesses. **Conclusions** – Socio-demographic and clinical variables have a significant correlation with non-completion of treatment and identification of high-risk groups or red flags during the admission process can help achieve higher completion rates.

INTRODUCTION

Non-completion of treatment poses a significant challenge for professional healthcare workers in a tertiary care Centre with greater risk in psychiatric patients where capacity is often compromised. A common cause for Non- completion of treatment is absconding from the psychiatric hospital. In psychiatric hospitals, absconding rates are 5.58 patients per 100 admissions in India, 4.28patients per 100 admissions in Ireland, 8.92 patients per 100 admissions in the USA, and 6.28 patients per 100 admissions in the UK.[1] Absconding of the patient from psychiatric care is of higher risk for the patient, caregiver, and Community. [2-4] An "absconder" has been defined as "any patient who left his hospital without medical advice and failed to return in 24 hours and also a patient who failed to return from leave after his authorized period of leave had expired.[5] In our psychiatric setting, we try to contact the patient and his family member, try to bring back the patient, and be readmitted. If a patient didn't return in 24 hours, discharged as an absconding case entry. Being "missing" from society and committing suicide, self-harm, homicide, and other crimes are all risks that are heightened by absconding. To reduce Non-completion, we looked at the sociodemographic and clinical characteristics of patients who elude psychiatric facilities for a variety of reasons.

METHODOLOGY

A retrospective study was conducted in the Department of Psychiatry for one year, from June 2021 to May 2022 at MGM Medical College, Indore, Madhya Pradesh, India. Clearance from Institutional

Ethics Committee was obtained before initiating this study. Data were collected from the medical record department. Separate records maintain for absconding patients. During the study duration, a total of 673 patients were admitted to the open ward. Out of 673, 501 were male and 172 were female. Out of 673 inpatients, 49 patients absconded from the open ward. The sociodemographic and clinical details of these patients were collected from files. A purposive sampling technique was utilized and all those patients who fulfilled the inclusion criteria of both supported and independent admission in the open ward, between 18 to 65 years of age, did not have a prior history of absconding. Exclusion of the patient was done in case of patients aged less than 18 years and more than 65years, return to the facility within 24 hours, admitted in a closed ward, kept in an emergency, admitted for medico-legal purposes, admitted in a long stay by court order, discharged on disciplinary ground. The obtained data was stored and later interpreted using open-source software (JASP 0.16.4, Jasp team, Amsterdam, The Netherlands). Statistical analysis was done on categorical and continuous variables using, the student t-test, and Pearson correlation.

RESULT

Table no 1: Description of sociodemographic parameters of treatment non-completer

		Frequency (total = 49)	Percentage
Age Groups	18-22	16	32.7
	23-27	9	18.4
	28-32	4	8.2
	33-37	5	10.2
	38-42	7	14.3
	43-47	2	4.1
	48-52	3	6.1
	53-57	3	6.1
	Mean Age	30.8	
Sex	Female	11	22.4
	Male	38	77.6
Marital Status	Married	24	49.0
	Unmarried	25	51.0
Religion	Hindu	38	77.5
	Muslim	9	18.3
	Other	2	4.0
Family Type	Joint	17	34.7
	Nuclear	32	65.3
Primary caregiver	First degree relativeand spouse	19	38.7
	Other relatives	30	61.3
Occupation	Unemployed	22	44.9
	Unskilled	6	12.2
	Semi-Skilled worker	13	26.5
	Skilled Worker	1	2.0
	Professional	1	2.0
	Student	4	8.2
	Housewife	2	4.1
Residence	Rural	16	32.7
	Urban	33	67.3
Distance	<100 km	35	71.4
	>100 km	14	28.5

The mean age of our sample was 30.8 years with most participants being in the 18-22 age group. More than three fourth of the sample were male (77.6%). Of our sample, about half were married (51%), about three fourth belonged to the Hindu religion, and more than half belonged to the nuclearfamily (65.3%). Only one-third had a first-degree relative or spouse as their primary caregiver while about two third had other relatives as their primary caregiver. About half of the sample were unemployed (44.9%) and two third belonged to urban areas, while three fourth of the non-completerswere residing within a 100 km radius of the hospital. In our study, about two third of the treatment non-completer patients absconded and an absconding rate of 7.1% was observed.

Table no 2 Description of clinical parameters of treatment non-completers

Diagnosis(N=49)	
Bipolar affective disorder	13
Schizophrenia and other relateddisorders	18
Substance use disorder	09
Other	09
Comorbid personality disorder (N=49)	
Present	22
Absent	27
Dual diagnosis(N=49)	
Present	12
Absent	37

Out of 49 patients who absconded, about 36% of the patients were diagnosed with schizophrenia, 24% with bipolar affective disorder, 18% with substance use disorder, and 18% with other groups of diagnosis which was significant. Concerning comorbid physical illness and patients with a dual diagnosis, small proportion of patients absconded.

DISCUSSION

The present study explores various sociodemographic and clinical parameters associated withtreatment non-completion in a tertiary care centre in Central India. It is estimated that about 10-15% of all in-patients fall under treatment non-completers but the reasons and factors associated are not often identified and addressed. [6] The non-completion of treatment has a multifaceted effect on the patient, caregiver, healthcare system, and society. Expanding upon our objectives of the study we found a total of 49 patients out of 673 patients admitted who either absconded the premise or left/discharged against medical advice were analyzed of which the majority of the sample belonged to the 18-22 age group while the mean age turned out to be 30.8 years which is similar to the finding in a study by Verma et al. [7]

The male preponderance can be attributed to the greater constitution of the male gender, greater economic and social independence, positively expressed emotions of a family towards males, patriarchy and males holding more dominant positions over the family members. The majority of the sample belonged to the 18-22 years age group which can be explained by the frivolous attitude of youth, and psychiatric illness having early onset being difficult to manage, disregard towards authority, agility and lack of dependence on others for transport. [8]

Greater make up of nuclear families in non-completion of treatment can be explained by since psychiatric illnesses require a greater hospital stay and joint families can easily share the burden of caring and financial burden as compared to nuclear families. Concerning caregivers of patients, those who had first-degree relatives or spouses as their primary caregivers had less non-completion of treatment compared to those who had other relatives as their primary caregivers. This could be due to the lack of responsibility exhibited by other relatives as compared to the close family members. More than half of the patients taking Lama/absconding were employed which can be due to occupational obligations requiring patients to be not on leave for many days. [9-10]

Of all the non-completers about two third belonged to urban areas while only one-third belonged to rural areas with similar results for distance from the hospital. About two third of the non-completers resided within a 100 km radius from the hospital while about one-third ofthe non-completers resided at more than 100 km distance from the hospital. This could be because patients coming to a tertiary care centre from rural areas have already been through many healthcare establishments and faith healers before seeking treatment and thus have greater treatment compliance, also distance barrier may serve as a hindrance to absconding. In our study, we obtained an absconding rate of 7.1%. [10]

While comparing clinical data among absconded patients, we found that the most common diagnosis in the absconding group was schizophrenia and related disorders, followed by affective disorders and substance use disorders. This finding is also supported by previous descriptive and case-control studies, which found psychotic illness to be a common factor in predicting absconding events. [5,7] A few studies have found increased rates of personality disorders.[4] We should be careful while dealing with these patients to reduce the rate of absconding.

CONCLUSION

Through our study, we have concluded that there are a few red flag signs which can be identified to prevent non-completion of treatment and help us improve patient care and reduce the burden on the healthcare system. Patients between 18 to 22 years of age group, male gender, residing within 100 km, urban background, lack of first-degree caregiver, with poor family support are at a greater risk of non-completion. Clinical factors like diagnosis show a high rate of abscond in patients of schizophrenia and related psychotic disorder followed by bipolar affective disorder, substance use disorder, and comorbid personality disorder.

Such patients should be cautiously monitored and steps should be taken to ensure treatment completion

including psycho-educating family focusing on presenting complaints along with core symptoms, ensuring family involvement in treatment care, and obtaining feedback from family about the level of response and facilities. Despite all considerations, there are a few caveats to our study including a low sample size, single study Centre, lack of ethnic diversity, and retrospective study design. Thus, services need to be tailored as per the mental health establishment, locality, and cultural considerations to suit the needs of such at-risk clients.

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