A CONTROLLED EVALUATION OF INPATIENT CRISIS TREATMENT FOR ACUTE SCHIZOPHRENIC EPISODES

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ABSTRACT: Acutely ill chronic schizophrenic patients requiring hospitalization were assigned to either an intensive crisis oriented (five day) or a short term (twenty-one day) inpatient unit. Despite intensive psychosocial treatment and initial rapid symptom reduction, the crisis patients could not be successfully discharged earlier than the short term patients. The crisis patients more frequently utilized day hospital aftercare and did not differ from the short term patients in symptom level or global functioning at three month follow-up. Limitations of very brief crisis oriented inpatient care for acutely ill schizophrenic patients are discussed.

The role of psychiatric hospitalization in the care of chronic patients has changed dramatically over the last twenty years. In general, inpatient care for chronic patients has moved in the direction of short term, highly specific, problem-oriented interventions. Shorter lengths of stay may minimize the decreased role functioning and lowered self-esteem which frequently accompanies hospitalization. Whereas two decades ago researchers commonly rejected hospitalizations of less than seven days as paper admissions, recently a five day inpatient unit has received the
prestigious APA Gold Award. However, in practice there continues to be wide variation in lengths of stay. Beyond clinical variables such as diagnosis and illness severity, the specific duration of hospitalization may be related to unit philosophy, programmatic structure, and organizational funding. Although optimal length of stay has yet to be established, several studies suggest that short term hospitalizations are as efficacious as longer term stays.

Over the last twenty years efforts have been made to study the clinical effects of reducing the length of hospital stay for chronically ill psychiatric patients. Several studies have shown that hospital stays of approximately three to four weeks are at least as effective as hospitalizations of three months or more. Caffey and colleagues demonstrated that a group of schizophrenic patients randomly assigned to brief inpatient treatment (29 days) followed by intensive outpatient care showed faster symptomatic improvement than those assigned to standard care (mean length of inpatient stay 75 days). These two groups did not differ in rate of readmission or community adjustment at one year follow-up. Glick and coworkers found no significant difference at discharge in the symptom level of schizophrenic patients who had been randomized to short (21–28 days) versus long term (90–120 days) inpatient care. At one year follow-up, however, the long term group were higher-functioning on global measures. In contrast, Caton found that index hospitalization length of stay was not related to symptom level, social functioning, aftercare compliance, or rate of rehospitalization at one year follow-up. Whether the length of inpatient care for chronic schizophrenic patients can be reduced below three to four weeks without adversely affecting clinical outcome has not been previously investigated.

One approach to accomplishing very short stays is to increase the intensity with which care is provided. Such a crisis model involves rapid assessment, minimization of regression, and problem-oriented psychotherapy. In addition, crisis care includes early family involvement and a prompt mobilization of community resources. Crisis oriented inpatient treatment optimally occurs within a continuous and coordinated system of care which relies upon the early and active engagement of outpatient clinicians.

The present study compares the short term course of schizophrenic patients assigned to a crisis intervention unit (five day length of stay) with patients assigned to a short term inpatient unit (21 day length of stay). The two groups are compared with