Patterns and correlates of psychiatric hospitalization in a nationwide sample

I. Patterns of hospitalization with special reference to the “new chronic” patients

Y. Lerner¹, M. Popper², and N. Zilber¹, ³

¹ JDC-Israel Falk Institute for Mental Health and Behavioral Studies, Jerusalem,
² Department of Information and Evaluation, Mental Health Services, Ministry of Health, Jerusalem, Israel,
³ INSERM, U169, Villejuif, France

Summary. A nationwide random sample of psychiatric patients (n = 832) admitted for hospitalization in Israel in 1980 was followed up until the end of 1984 regarding their hospitalization patterns. Information about hospitalizations as well as demographic and diagnostic data were obtained from the Israel Central Psychiatric Case Register. Two main contrasting patterns of hospitalization emerged. One pattern consisted of a single short hospitalization during the entire follow-up period. This pattern was found among more than 50% of those patients for whom this hospitalization was the first in their life. The second pattern characterized the patients who accumulated long periods of inpatient stay, that is, at least one year during the follow-up period. These are the “new chronic” patients (about 30% of the total sample). About one third of these “new chronic” patients (8.2% of the total sample) accumulated their long stay through one continuous hospitalization, thus resembling the “old chronic” patients; two-thirds accumulated their long stay over several hospitalizations. Each patient has a fairly constant pattern of hospitalization, regarding the length of stay in hospital and out of hospital.

Over the last decade there have been changes in the patterns of psychiatric hospitalization in Western countries and, in particular, a significant reduction in the length of psychiatric hospitalizations. It has been well documented (Rosenblatt and Mayer 1974; Talbott 1979; Goldman et al. 1983; Hafner 1985; Weeke et al. 1986) that recurrent admissions of shorter duration have replaced the former continuous long stay of the chronic patient; nevertheless, new long-stay patients continue to accumulate in mental hospitals (Rud and Noreik 1982; Platman et al. 1983). It is therefore important to study in detail the different patterns of hospitalization that emerge, and to examine how concepts like chronicity and recidivism should be redefined in the light of these findings.

Israel offers a unique opportunity for a nationwide study of patterns of psychiatric hospitalization. In 1950, a Central Psychiatric Case Register was established by the Ministry of Health. This register contains identification and demographic data, as well as cumulative data on psychiatric hospitalizations reported by all the 36 inpatient units throughout the country (Rahav et al. 1981).

The main objective of the present study was to examine the patterns of hospitalization of a nationwide sample of psychiatric patients admitted in 1980 and followed-up until the end of 1984. Special emphasis was given to the “new chronic” patients.

Material and methods

The study population consisted of a 10% random sample of all patients admitted nationwide during 1980 to psychiatric hospitals and psychiatric depart-

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ments in general hospitals in Israel. The hospitaliza-
tion starting with this admission will be referred to as
the index hospitalization - H1. The sample was ex-
tracted from the Central Case Register. Non-Jews,
tourists and patients under a court order (n = 73)
were excluded because of possible differences in the
hospitalization pattern. Patients who died (n = 109)
were excluded as well, in order to allow the same fol-
low-up period for all the patients. The final sample
consisted of 832 patients. For 229 of them, the index
hospitalization was the first hospitalization in their
life, (the “first-in-life patients”); 603 patients had at
least one previous hospitalization (the “not first-in-
life patients”). The patients were followed up until
the end of 1984 (mean follow-up period four and a
half years).

For each study patient, the hospitalization dates
(date of admission and discharge during the follow-
up) were extracted from the Central Case Register.
For the purposes of this study, if the interval between
two hospitalizations was less than 14 days, it was
classified as a single hospitalization.

The life-table method of analysis was used for
describing the duration of the index hospitalization
and the length of stay out of hospital between dis-
charge from the index hospitalization and the fol-
lowing admission (“stay out”). Lengths of inpatient
stay as well as of “stay out” were compared by the
Lee-Desu test (Lee and Desu 1972). All the analyses
were done separately for the “first-in-life patients”
and “not first-in-life patients”.

Results

Length of index hospitalization

The proportion of patients remaining hospitalized
at various points in time after the admission to the
index hospitalization is presented in Fig. 1. The
median length of stay for the index hospitalization
was 51.5 days (1.7 months) for “first-in-life patients”
and 65.6 days (2.1 months) for “not first-in-life patients”. The difference is statistically significant
(Lee Desu test P=0.0003). Twelve months after
admission, 8.2% of the total sample still remained
hospitalized; 3.2% of the total sample remained
hospitalized continuously until the end of the fol-
low-up.

Length of time out of hospital

The percent of patients not readmitted within vari-
ous periods of time after discharge from the index
hospitalization (“stay out”) is presented in Fig. 2.