The extent of direct coercion & related factors during hospitalizations in the psychiatric ward in a general hospital.

Urszula Zaniewska-Chłopik[1], Adam Bajguz[2], Maria Załuska[3]

1) Community Treatment Team, Bielanski Hospital, Warsaw (email: urszula.zaniewska-chlopik@wp.pl)
2) District Court in Warsaw,
3) Centre of Postgraduate Medical Education, Bielanski Hospital

Introduction

The Mental Health Act (1994) specifies rules of use for direct coercion in Poland. Coercion (holding, forced medication and mechanical restraint) in psychiatric wards may improve the safety of patients, medical staff and the environment but can also influence compliance and satisfaction with treatment[1].

Methods

We conducted an analysis of hospitalizations of patients admitted to the psychiatric ward in Bielanski Hospital in Warsaw (N=318) over a one year. We gathered data on coercive measures and identified predictors of use of direct coercion. We collated patients' sociodemographic and clinical factors in an univariable analyses. Variables connected to coercion were then input into a multivariable regression logistic model. Frequency and length of coercion were compared between the working day and irregular hours (15.00 to 8.00 and weekends), (Wilcoxon test).

Objectives

This study aims to identify correlations between the extent of coercive measures and patient-related factors during hospitalization in a psychiatric ward.

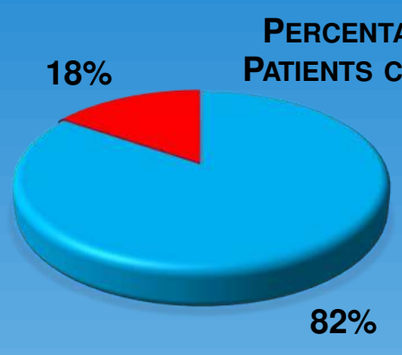
Group of 359
All inpatients of the psychiatric ward in Bielanski Hospital in the period 01/06/13 – 31/05/14

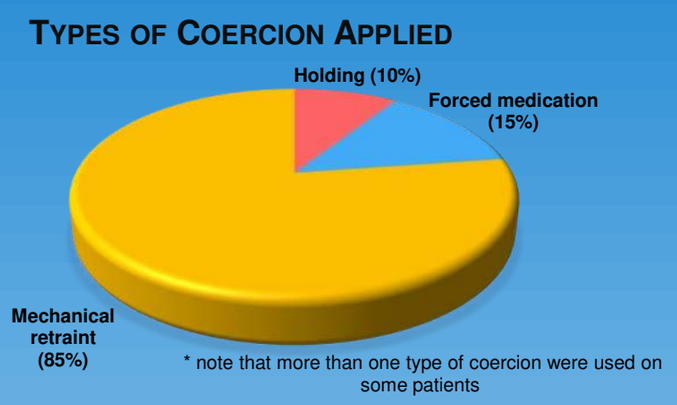
Group of 318
The total number of the patients in the group of 359 on which we were able to gather data.

Factors analysed in the group of 318: age, sex, marital status, usage of psychoactive substances within the 7 days before admission, time of treatment, period of hospital stay, number of admissions, first diagnosis (ICD-10), subsequent diagnoses , somatic diseases, voluntary or involuntary admission, severity of symptoms (BPRS, CGI), time of day (8.00 to 15.00 or 15.00 to 8.00) and kind of day (weekdays, weekends, holidays).

Results

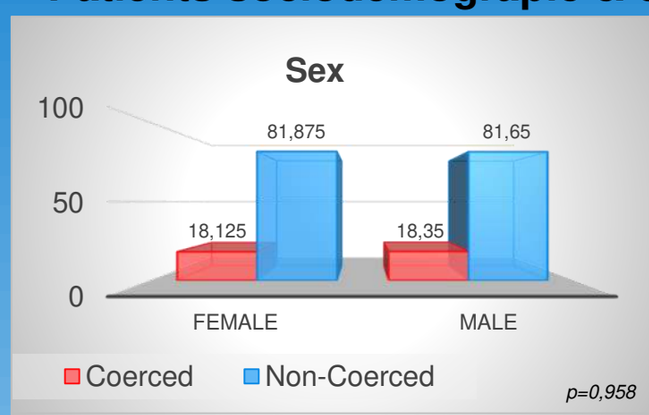
Coercion was used on 18% (N=58) of hospitalized patients.

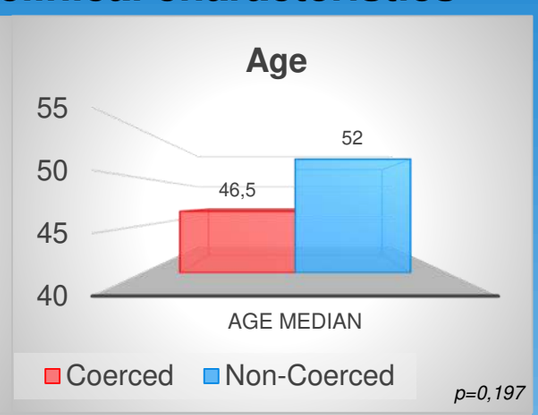


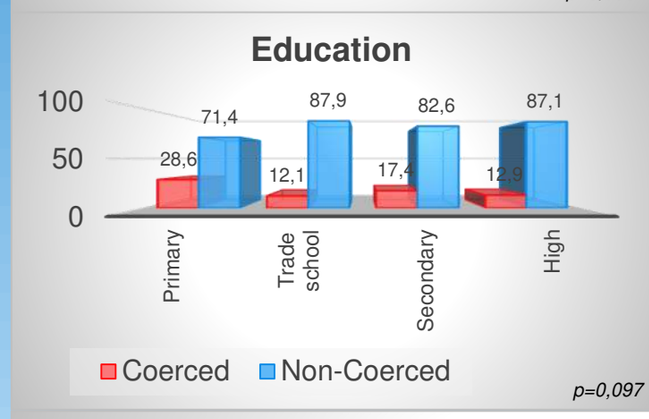


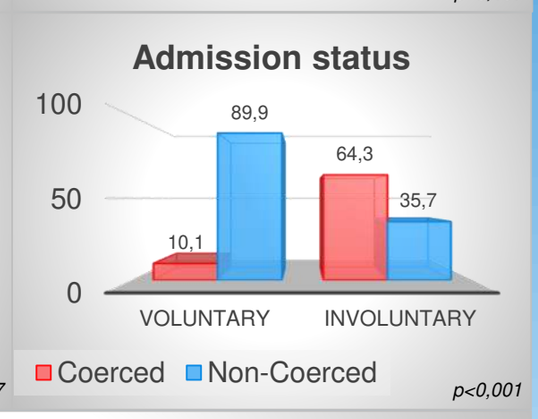
* note that more than one type of coercion were used on some patients

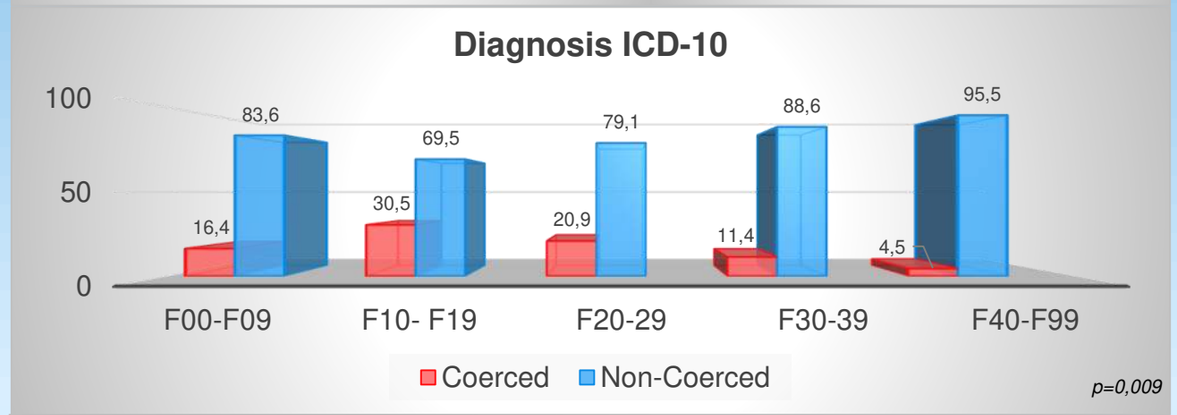
Patients sociodemograpic & clinical characteristics

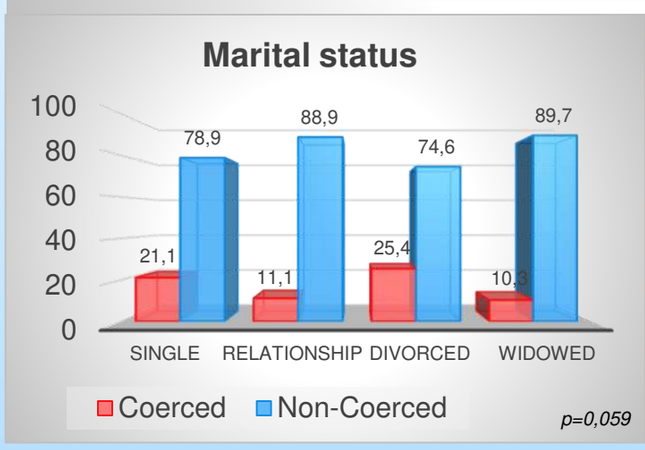


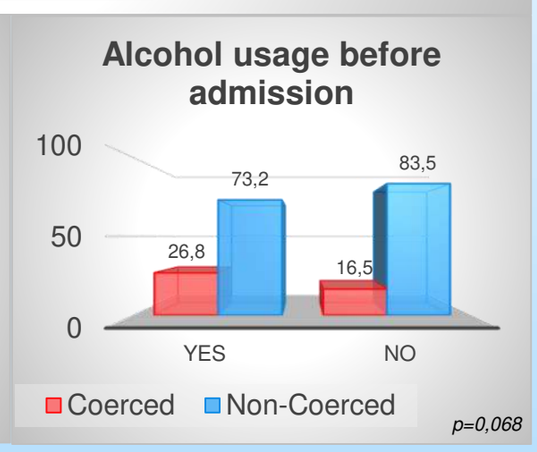












According to the multivariable regression model (Test Hosmer-Lemeshow: step 2, chi^2=9,40, df:8, p=0,310) patients with **lower education(not having attended high school)** – OR=0,382 (95% CI 0,174-0,837) admitted **without consent** – OR=3,481 (95% CI 1,731-6,956) and with **higher levels of disorientation** (BPRS) – OR=5,307 (95% CI 2,296-12,148) had a higher risk of being coerced during hospitalization. **Depression symptoms** (BPRS) – OR=0,122 (95% CI 0,042-0,355) decreased risk of coercion.

Number of coercive events and length of applied coercion was lower during common working hours at the ward than during the rest of the day.

Coercive events (15.00-8.00 > 8.00-15.00)	Z = 2,84 p = 0,005
Length of appliance (15.00-8.00> 8.00-15.00)	Z = 4,49 p < 0,001

There were no differences between coercive measures applied during working days and on holidays.

References:

1) Hoge, S.K., Lidz,C.W., Eisenberg,M., Gardner,W., Monahan,J., Mulvey,E., Roth,L., Bennett,N., Perceptions of coercion in the admission of voluntary and involuntary psychiatric patients. *Int.J.Law Psychiatry 1997;20 (2),167–18.*