

ABSTRACT

The proper management of psychiatric patients as inpatients in the hospital, is important to control the unnecessary readmissions, to reduce deterioration of the illness and to reduce the burden on health sector. A good follow-up care helps in the management of these patients in the community, preventing readmissions, following relapses.

According to statistics at Mental Hospital Angoda, it has been found that a major part of admissions consists of readmissions. Therefore this study was carried out to determine, relevant aspects of default in a group of patients suffering from schizophrenia, readmitted to Mental Hospital Angoda, during a period from 01.01.2004 to 31.03.2004. The main general objective is to describe the associated characteristics and reasons attributed of patients suffering from schizophrenia, with repeated admissions to Mental Hospital Angoda.

In this descriptive study, patients and their decision makers were interviewed by Registrars in Psychiatry, at the Mental Hospital Angoda at the time of their admission to describe the reasons attributed for defaulting. This study, consisted of 204 number of patients suffering from schizophrenia, with one or more admissions in the past. Patients were diagnosed according to ICD 10 research diagnostic criteria applied individually by the principal investigator. This was analyzed using the SPSS statistical package.

The number of admissions in the past was high for patients with lower educational groups. 77% of patients or decision makers' of the patients were unaware of cognitive changes as a part of prodromal symptoms of a relapse. Nearly half of the patients or decision makers' of the patients knew behavioural changes and early psychotic symptoms as part of prodromal symptoms of a relapse of schizophrenia.

Number of admissions was high when there was a good family support. Number of admissions depended on whether patients lived with the spouses or parents. The readmissions were greater when the patient lived with the parents.

Number of admissions was high when the patients were aged. Patients with co-morbid physical illnesses also had, increased number of repeated admissions of patients suffering from schizophrenia. When patients got schizophrenia in young age, number of admissions would be increased in the later age and physical illnesses may be contributing some part on these relapses as well. There was no relationship found with co-morbid drug and alcohol abuse in this study .

About 26 % of patients were forgetful to take medication and that can affect their proper adherence to treatment. About 28% thought that the symptoms were cured and need of treatment at the time of screening. About 12% of patients had life events and another 12% thought that no improvement with treatment and stopped treatment during the period of remission. About 7% had lack of insight for treatment during the remission period and only 0.5% of patients didn't attend the clinic due to poor insight.

About 22% live less than 5km distance from the clinic and 12% of patients live more than 31km distance from the clinic. About 33% of patients attributed reasons related to the job as a difficulty in attending regular clinic appointments to take treatment. Only 22% of patients attributed mainly financial reasons for the difficulty in attending the clinic. About 40% of patients were unemployed at the time of admission. Another 40% of patients are unskilled labourers. Only 7% of the patients were professionals.