Background

The British Columbia Psychosis Program (BCPP), located at the UBC Hospital in Vancouver, provides leading-edge diagnostic and therapeutic services to British Columbians with complex refractory psychotic disorders. All patients admitted had a psychotic disorder refractory to at least two antipsychotic trials at adequate dose and duration, though most patients had failed more than two trials.

Objective

To examine the demographic and clinical characteristics of patients treated at the British Columbia Psychosis Program (BCPP), and to compare clinical outcomes when available at admission and follow-up at 26-50 weeks post-discharge.

Methods

We conducted a retrospective chart review examining 125 patients with follow-up data of the total 266 patients discharged from BCPP between January 2015 to November 2019. Clinical ratings obtained on each patient included CCG-S (1) and GAPS (2). Medication data included number of antipsychotics, the ratio of prescribed to defined daily dose (P/DDD) (3), and prevalence of clozapine use. Not all information was recorded for each time point, and follow-up data of patients discharged before 2015 or after November 2019 were not available. The statistical significance was tested using the Wilcoxon Sign-Rank test.

Results

Male (72.80%) Caucasian (60.80%) patients in their mid-30s with high school education or less (80.80%) represented the majority of the patients seen at BCPP (Table 1). Schizophrenia (62.40%) and schizoaffective disorders (23.20%) were the most common diagnoses, with an average illness duration of 12.21 years prior to admission. At follow-up, the median GAPS score improved by 42% (Z=-8.544, p = 0.000) and the median CGI-S improved by 33% (Z=-8.567, p = 0.000) compared to admission (Table 2). Over the same time period, the mean number of antipsychotics decreased from 1.72 to 1.51 (Z=-2.996, p = 0.003) and the P/DDD decreased from 1.65 to 1.33 (Z=-2.651, p = 0.008), while the number of patients taking clozapine increased from 57 to 85.

Discussion

Patients who were admitted to BCPP generally showed clinical improvement at discharge on illness severity ratings with fewer antipsychotic medications at lower doses and higher prevalence of clozapine use. These improvements were sustained during the first 8 months after discharge. This is consistent with data from other centres. The National Psychosis Unit (NPU), located in London, UK, reported almost a 50% improvement in appearance, behavior, speech, affect, abnormal beliefs and perceptions as measured by the Operational Criteria Checklist for Psychotic Illness and Computer Programs (OPCRIT) score from admission to discharge (4). A subsequent study at the NPU also showed decreases in mental health admissions and bed usages, inpatient days and level of support treatment required post-admission in comparing the 2 years before to the 2 years after the program (5). A study of a similar cohort from B.C. also showed a reduction of total antipsychotic use and P/DDD (3).

Limitations

Although all community case managers were contacted, only 25 to 50% responded which limited available follow-up data. Different assessors administered the clinical ratings at pre-, intra, and post-admission, which may have led to inter-rater variability.

Conclusion

The improvement in clinical outcomes and medication use from admission to follow-up at BCPP suggests the efficacy of the program in managing complex psychosis patients. Clinical improvement is attributed to individualized, multidisciplinary treatment addressing the patients’ medical, psychiatric, and social problems. Further studies with more longitudinal data are recommended to evaluate the efficacy of multidisciplinary tertiary psychiatric programs.

Reference / Bibliography


Abbreviations / Organizations

CGI-S: Clinical Global Impression of Severity
DID: Defined Daily Dose
GAPS: Global Assessment of Psychopathology Scale
PANSS: Positive and Negative Syndrome Scale
SOFAS: Social and Occupational Functioning Scale
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