

5th International Conference and Exhibition on

Addiction Research & Therapy

October 03-05, 2016 Atlanta, USA

Predictors of involuntary hospitalizations to acute psychiatry

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The Multi-center study of Acute Psychiatry included all cases of acute consecutive psychiatric admissions in twenty acute psychiatric units in Norway, representing about 75 % of the acute psychiatric units during 2005-2006. Data included admission process, rating of Global Assessment of Functioning and Health of the Nation Outcome Scales.

Results: We found that 1453 (44%) of the patients were referred for involuntary hospitalization, 28% were referred for involuntary observation (maximum duration 10 days), 16 % for involuntary hospitalization with no time limit for stay. Regression analysis identified contact with police, referral by physicians who did not know the patient, contact with health services within the last 48 h, not living in own apartment or house, high scores for aggression, level of hallucinations and delusions, and contact with an out-of office clinic within the last 48 h and low GAF symptom score as predictors for involuntary hospitalization. We also found that . After reevaluation by specialist in the hospital within 24 hours of arrival 320 patients (21.8 %) were converted from involuntary refererd paragraph to voluntary hospitalization. This conversion was predicted by that the patient said he/ she wanting admission, had a better Global Assessment of Symptom score (GAFs), less severe symptoms of hallucinations and delusions and more use of alcohol.

Involuntary patients were older, more often male, non-Norwegian, unmarried and had lower level of education. They more often had disability pension or received social benefits, and were more often admitted during evenings and nights, found to have more frequent substance abuse and less often responsible for children and were less frequently motivated for admission. Involuntary patients had less contact with psychiatric services before admission. Most patients were referred because of a deterioration of their psychiatric illness.

Biography

Kjetil Hustoft born 1964 in Stavanger, Norway, had an intership at World Health Organization, Genève, Switzerland in 1988 with topic: "Social Marketing in Primary Health Care How to Sell Health." Master of Public Health (M.P.H.) at University of Texas, Health Science Center at Houston, School of Public Health in 1989. He has completed his M.D in 1991 at the age of 27 years from School of Medicine, University of Bergen, Norway, became Medical Specialist in psychiatry in 1999 (Psychiatrist). He has been a university lecturer at University of Bergen, School of Medicine 2000 - 2013. He is now Chief Psychiatrist at Stavanger University Hospital, division of Psychiatry. His main interest has been acute emergency psychiatry.

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