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Open general medical wards versus specialist psychiatric units for acute psychoses (Review)

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[Intervention Review]

Open general medical wards versus specialist psychiatric units for acute psychoses

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ABSTRACT

Background

As international healthcare policy has moved away from treating people with severe mental illness in large inpatient psychiatric institutions, beds for people with acute psychiatric disorders are being established in specialised psychiatric units in general hospitals. In developing countries, however, limited resources mean that it is not always possible to provide discrete psychiatric units, either in general hospitals or in the community. An alternative model of admission, used in the Caribbean, is to treat the person with acute psychosis in a general hospital ward.

Objectives

To compare the outcomes for people with acute psychosis who have been admitted to open medical wards with those admitted to conventional psychiatric units.

Search methods

We searched The Cochrane Schizophrenia Group's study-based register (April 2007). This register is compiled from searches of BIOSIS, CINAHL, The Cochrane Library, EMBASE, LILACS, MEDLINE, PSyCINFO, PSYNDEX, Sociofile, and many conference proceedings.

Selection criteria

We would have included all relevant randomised or quasi-randomised trials, allocating anyone thought to be suffering from an acute psychotic episode to either acute management on general medical wards, or acute management in a specialist psychiatric unit. The primary outcomes of interest were length of stay in hospital and relapse.

Data collection and analysis

We extracted data independently. For dichotomous data we would have calculated relative risks (RR) and their 95% confidence intervals (CI) on an intention-to-treat basis based using a fixed effects model.

Main results

We didnt identify any relevant randomised trials.



Authors' conclusions

The Caribbean practice of treating people with severe mental illness on general medical wards has been influenced by socio-economic factors rather than evidence from randomised trials. This practice affords an opportunity for a well designed, well conducted and reported randomised trial, now impossible in many other settings.

PLAIN LANGUAGE SUMMARY

Open general medical wards versus specialist psychiatric units for acute psychoses

Psychosis is disturbance of a person's thinking that causes them to have false perceptions of the senses (hallucinations) and see the world in a different way from the majority (delusions). Psychosis can cause the sufferer to become very distressed. The majority of people who need hospital treatment for psychosis receive it in specialist psychiatric wards. However in some parts of the developing world, especially the Caribbean, a system has grown up where people with psychosis are admitted and treated on general medical wards along with those who have non-psychiatric conditions such as diabetes and heart disease. They are treated with antipsychotics and are expected to help nurse others as they get better.

This review attempted to compare trials randomising treatment in a general medical ward with treatment in a psychiatric ward, however there are no trials which meet the inclusion criteria. Since there is a published article which suggests that people in a general ward recover faster and are more able to return to employment or education afterwards, it would be helpful to do a randomised controlled trial comparing these two treatments to see if this is the case.

(Plain language summary prepared for this review by Janey Antoniou of RETHINK, UK www.rethink.org).