Day Hospital Vs Outpatient Care for People With Schizophrenia

Elena Shek1,2, Airton T. Stein3, Flavio M. Shansis4, Max Marshall5, Ruth Crowther6, and Peter Tyrer7

1Institute of Clinical Research India, 242A, 13th Cross, CMH Road, Bangalore 560038, Karnataka, India; 2Department of Public Health, Universidade Federal de Ciências da Saúde, Porto Alegre, Brazil; 3Hospital Psiquiátrico São Pedro, Porto Alegre, Brazil; 4The Lantern Centre, Preston, UK; 5Psychiatry and Behavioural Sciences, University of Manchester, Preston, UK; 6Paterson Centre for Mental Health, London, UK

Background

This review considers the use of day hospitals as an alternative to outpatient care. Two types of day hospital are covered by the review: “day treatment centers” and “transitional” day hospitals. Day treatment centers offer more intense treatment for people who have failed to respond to outpatient care. Transitional day hospitals offer time-limited care to people who have just been discharged from inpatient care.

Objectives

The objective is to assess effects of day hospital care as an alternative to continuing outpatient care for people with schizophrenia and other similar severe mental illness.

Search Methods

We searched the Cochrane Schizophrenia Group Trials Register (May 2009) and references of all identified studies for further citations. If necessary, we also contacted authors of trials for further information.

Selection Criteria

Randomized controlled trials (RCTs) comparing day hospital care with outpatient care for those with schizophrenia and other similar severe mental illness were selected.

Data Collection and Analysis

We extracted and cross-checked data independently. We analyzed dichotomous data using random-effects relative risk (RR) and estimated the 95% confidence interval (CI). If continuous data were included, we analyzed these data using the random-effects weighted mean difference (MD) with a 95% CI.

Results

We identified 4 relevant trials all dating from before 1986 (total n = 309 participants) but one of which (n = 37) evaluated day treatment centers. Across time, less people allocated to day hospital care tend to be admitted to hospital (beyond 1 y: n = 242, 2 RCTs, RR = 0.71, 95% CI = 0.56–0.89—day treatment centers), but data are heterogeneous (I2 = 74%, P = .05, figure 1). Data on time spent as an inpatient seem to support this finding but are poorly reported. We found no clear difference between day hospital and outpatient care for the outcome of “lost to follow-up” (at 6 mo: n = 147, 3 RCTs, RR = 0.97, 95% CI = 0.48–1.95; at 12 mo: n = 117, 2 RCTs, RR = 0.97, 95% CI = 0.48–1.95—day treatment centers/transitional day hospital). Scale-derived findings on social functioning are equivocal (Social Adjustment Scale: n = 37, 1 RCT, MD = 0.36, 95% CI = −0.07 to 0.79—transitional day hospital), but there was some suggestion from small studies that day hospital care may decrease the risk of unemployment (at 12 mo: n = 80, 1 RCT, RR = 0.86, 95% CI = 0.69–1.06—day treatment center). Different measures of mental state showed no convincing effect (symptom checklist: n = 30, 1 RCT, MD = 0.31 CI=0.20 to 0.82 day treatment center). Poorly reported economic data from decades ago suggested that day hospitals were more costly to establish and run than outpatient care but took no account of other costs such as inpatient stay.

Authors’ Conclusions

Evidence is limited and dated. Day hospital care may help avoid inpatient care, but data are lacking on missing on a raft of outcomes that are now considered important, such as quality of life, satisfaction, healthy days, and cost. Full details of this review are published on the Cochrane Library.
### References


### Fig. 1. Service Use: Admitted to Hospital During Study.