Prompts to Encourage Appointment Attendance for People With Serious Mental Illness

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Background
Prompts to encourage attendance at clinics are often used in day-to-day practice by diligent carers of people with mental health problems. These may take the form of telephone prompting, financial incentives, or issuing a copy of the referral letter to the appointee.

Objectives
To estimate the effects of simple prompting by professional carers to encourage attendance at clinics for those with suspected serious mental illness.

Search Methods
We searched the Cochrane Schizophrenia Group Trials Register (April 2009) and reference lists, as well as contacting authors of studies.

Selection Criteria
All relevant randomized (or quasi-randomized) studies comparing the addition of “prompts” to standard care for those with serious mental illnesses such as schizophrenia. Prompts had the stated purpose of encouraging attendance or contact with mental health teams and could be text based, (eg, in the form of a letter), electronic, by telephone call, by personal visit, or could employ financial or other rewards.

Data Collection and Analysis
Studies and data were independently selected and extracted. For homogeneous dichotomous data, the random effects relative risk (RR), the 95% CIs and, where appropriate, the number needed to treat were calculated on an intention-to-treat basis. For continuous data, the reviewers calculated weighted mean differences.

Results
Four relevant trials were identified (total, n = 789). It is not clear whether there is any real difference between attendance of those prompted by telephone 1 or 2 days before the appointment and those given the standard appointment management system (2 Randomized Controlled Trials [RCTs], n = 457, RR missed appointment 0.84 CI 0.7–1.1). Text-based prompts in the form of a letter, a few days before the appointment day, may increase clinic attendance when compared with no prompt (3 RCTs, n = 326, RR missed appointment 0.76 CI 0.43–1.32; figure 1). Only one small study (n = 61) reported data on the combination of telephone and text-based prompts vs no prompt, no real difference between groups was apparent (RR missed appointment 0.7 CI 0.4–1.2). When telephone prompts were compared with text-based prompts (1 RCT, n = 75), the latter, in the form of an “orientation statement” (a short paragraph, taking about 30 s to read, explaining the programme of care, the fee system, and providing gentle encouragement) may be somewhat more effective than the telephone prompt (RR missed appointment 1.9 CI 0.98–3.8; figure 2). One study (n = 120) compared a standard letter prompt with a letter orientation statement. Overall, results tended to favor the orientation statement approach rather than the simple letter prompting attendance but the results did not reach conventional levels of statistical significance (RR missed appointment 1.6 CI 0.9–2.9). When prompts were considered regardless of their type, the results were of greater significance and suggested an effect to increase the rate of attendance (RR missed appointment 0.80 CI 0.65–0.98).
Authors’ Conclusions

There is evidence that a simple prompt to attend clinic, very close to the time of the appointment may encourage attendance, and a simple orientation-type letter may be more effective than a telephone prompt. This simple intervention could be a more cost-effective means of encouraging compliance at first attendance, but supplementing these data with the results of large, well-designed, conducted, and reported randomized studies would be desirable. Full details of this review are published on the Cochrane Library1.

Reference