

Rus og medisinbruk ved
akuttinnleggelse.
Læringsmål og læresituasjoner
for leger i utdanning.
Pasienttilfredshet.

John Christian Fløvig

Descriptive data for 227
consecutive admissions to a
psychiatric acute ward

	All	Men (46.3%)	Women (53.7%)	
Age	39.5 years	SD 15.5 years	39.2 years	39.7 years
Admission by coercion	10.6 %	95%CI: 6.5-15%	14.3 %	7.4% ns
Observation by coercion	9.3 %	95%CI: 5.5-13%	9.5 %	9.0% ns
Applied for coercion, not approved	9.7 %	95%CI: 5.8-14%	9.0	10.5 % ns
Median length of stay	6 days		6 days	6 days
Median stay when substance abuse diagnose	3,5 days			
Median stay when only substance abuse	2 days			

Substance use at admission to an acute
psychiatric department

JOHN CHR. FLØVIG, ARNE E. VAALER, GUNNAR MORKEN

Fløvig JC, Vaaler AE, Morken G. Substance use at admission to an acute psychiatric department. *Nord J Psychiatry* 2008;52:900. Cite. ISSN 0803-9488.

Substance use is prevalent in patients with psychiatric disorders and may cause severe symptoms in addition to complicating the diagnosis of psychiatric disorders. The aims of the study were to find the prevalence in use of alcohol, drugs, benzodiazepines, hypnotics, opiates and stimulants, and to find the prevalence of substance use disorders at admission to an acute psychiatric department receiving all admissions from a catchment area. Patients were interviewed about use of medications and intoxicating substances during the last week before admission in 227 consecutive admissions. Urine samples were analyzed with the liquid chromatography with mass spectrometry (LC-MS) method. Use of substances was determined from reported use and findings in urine samples. Diagnoses were set at discharge according to ICD-10 research criteria. In 31.9% of the admissions, the patient had used alcohol, drugs, benzodiazepines, hypnotics, opiates or stimulants prior to admission. More men used alcohol, cannabis and stimulants, whereas more women used benzodiazepines. In 31.7% of the admissions, 49.5% of men and 16.4% of women, the patients had a substance use disorder (ICD-10, F10-F19). Patients with substance use disorders had a shorter stay in hospital than other patients, and patients with no psychiatric disorder other than substance use disorders had a median length of stay of 2 days. Most patients had used psychoactive substances before admission to the acute psychiatric department, and half of the men had a substance use disorder.

Acute psychiatry, Alcohol, Drug, Medication, Substance.
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Use of psychoactive substances among patients is one men though adequate information has been available.

Table 1. Use of substances before admission for 227 consecutive admissions to an acute psychiatric department detected in interviews or in urine tests. Urine samples were analyzed in 196 admissions.

	Interview*	Urine †	Interview or urine	Urine only	Prescribed
Alcohol	93	11	94	1 (1%)	
Opiates	25	15	29	4 (14%)	16 (64%)
Cannabis	19	20	28	9 (32%)	
Stimulants	11	9	16	5 (31%)	1 (6%)
Benzodiazepines	115	89	119	4 (3%)	98 (85%)
Hypnotics	48	‡	48	‡	48 (100%)
Any substance	179	110	186	23 (12%)	123 (66%)

* Reported use during the last week before admission or prescribed as medication
† Analyzed with the LC-MS method.
‡ The urine tests were not analyzed for non-benzodiazepine hypnotics

Table 2a. Gender differences in use of substances in 227 consecutive admissions to an acute psychiatric department.

	Female	Male	Total	χ^2	P
N	122	105	227		
Use of substances	102	84	186	0.496	NS
Alcohol*	39	55	94	9.70	0.002
Opiates†	16	13	29	0.03	NS
Cannabis*	4	24	28	20.0	0.000008
Stimulants‡	4	12	16	5.72	0.017
Benzodiazepines§	72	47	119	4.60	0.032
Hypnotics‡	31	17	48	2.88	NS

* Used last week or found in urine samples at admission
† Prescribed or used last week or found in urine samples at admission
‡ Prescribed non-benzodiazepine hypnotics
§ Fischer's exact test

Table 2b. Gender differences in substances use disorders in 227 consecutive admissions to an acute psychiatric department.

	Female	Male	Total	χ^2	P
N	122	105	227		
Substance use disorders	20	52	72	25.03	0.001
Alcohol (F10)	12	31	43	14.25	0.001
Opiates (F11)	2	3	5		NS§
Cannabis (F12)	2	14	16	11.78	0.001
Stimulants (F15)	0	7	7		0.004§
Benzodiazepines (F13)	7	11	18	1.74	NS
Multiple substances (F19)	1	4	5		NS§

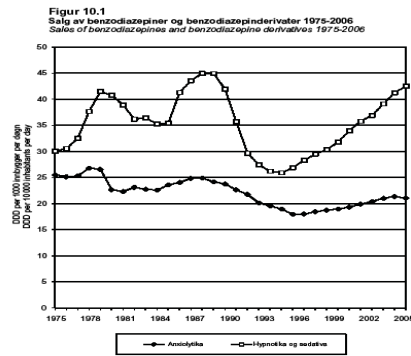
* Used last week or found in urine samples at admission
† Prescribed or used last week or found in urine samples at admission
‡ Prescribed non-benzodiazepine hypnotics
§ Fischer's exact test

Table 3. Use of substances distributed on disorders in 227 consecutive admissions to an acute psychiatric department. Values **higher** or **lower** than expected are marked with bold or underlined italics, respectively.

	Substance use disorders [†] (F10-19)	Psychotic disorders (F20-29)	Affective disorders (F30-39)	Personality disorders (F60-69)	Other disorders [§]	Total
N	26	45	59	39	58	227
Alcohol [‡]	20****	14	26	18	16	94
Opiates [§]	5	3	4	11*(FE)	6	29
Cannabis [‡]	9***(FE)	6	4	4	5	28
Stimulants [§]	6*(FE)	5	1	2	2	16
Benzodiaz. [§]	17	18	27	27*	30	119
Hypnotics	6	<u>3**</u>	<u>22***</u>	10	7	48

* P<0.05, ** P<0.01, *** P<0.001, **** P<0.0001.
[†] No other psychiatric diagnosis than substance use disorders.
[‡] Used last week or found in urine samples at admission.
[§] Prescribed or used last week or found in urine samples at admission.
^{||} Prescribed non-benzodiazepine hypnotics.
[¶] Neurotic, stress-related and somatoform disorders (F40-49) (n=24), organic mental disorders (F00-09) (n=20) and other diagnosis (n=14).

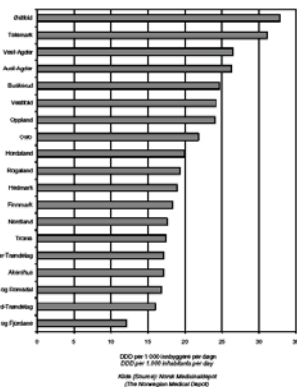
Salg av avhengighetsskapende legemidler
Sales of Dependence Inducing Substances



Figur 10.1
Salg av benzodiazepiner og benzodiazepinderivater 1975-2006
Sales of benzodiazepines and benzodiazepine derivatives 1975-2006

Kilde (Source): Norsk Medisinaldepot
 (The Norwegian Medical Depot)

Figur 10.2
Salg av anxiolytika fordelt på fylke 2006
Sale of tranquillisers by county 2006



“A CALL FOR EUROPEAN UNION GUIDELINES ON THE PRESCRIBING OF BENZODIAZEPINES, EUROPE’S MOST HARMFUL DRUGS

Beat the Benzos Campaign

Introduction

The misuse of benzodiazepines (benzos) presents a major public health problem across Europe.”

MEDICATION COMPLIANCE IN ACUTE ADMISSION TO PSYCHIATRIC CARE

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Objectives
 To compare the clinical assessment of compliance done by doctors in an acute psychiatric department with the patients' reports of compliance and with serum levels of medication. The information about compliance given at admission was also compared with all the information concerning compliance given in the whole stay at the hospital and with the diagnosis at discharge.

Methods
 All admissions to an acute psychiatric ward from October 2001 to February 2002 were systematically assessed at admission for medication compliance during the last week. The physicians' assessments are compared with reports from the patients and with levels of psychoactive drugs in blood samples. The patients are diagnosed according to ICD-10 research criteria at discharge. Diagnoses are set in a weekly diagnostic consensus meeting where all psychiatrists and psychologists in the hospital participate. The patients will be assessed again 6 and 12 months after discharge.

Results
 227 admissions are included. Some patients were admitted more than once, so admissions comprise 186 different patients. Some characteristics of the 227 admissions are listed in Table 1.

Conclusion
 The results of this study show that most patients reported to have taken their medication as prescribed when they are acutely admitted to a psychiatric hospital. It is also clear that physicians at daily monthly agree with the patients' report even though they assess the compliance to be somewhat lower than that reported by the patients. Compliance is not only a question of taking too little medicine, as it is not unusual for patients to take more medicine than prescribed. The above levels of medicine are not yet clinically evaluated, and these data will provide future information about the precision in the physicians' assessments.

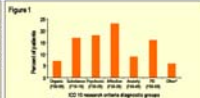
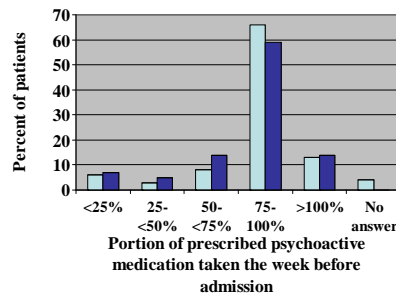


Figure 2 shows the portion of prescribed medication that is taken the last week before admission, as reported by the patients and assessed by the physicians. The physicians' assessment is fairly consistent with patients' reports, but still statistically significantly lower than the compliance reported by the patients. 13% of the patients reports having taken more psychoactive drugs than prescribed. Table 2 reports compliance for the psychiatric diagnostic groups. Figure 3 reports how certain the physicians feel about their assessment.

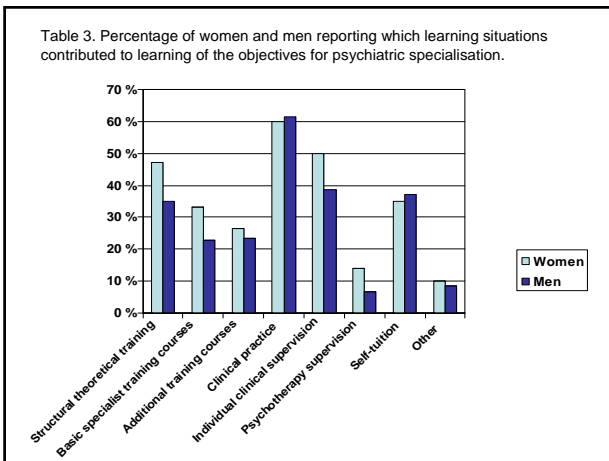
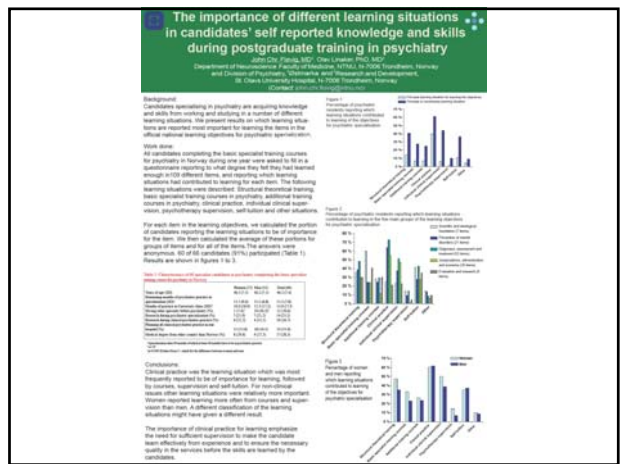
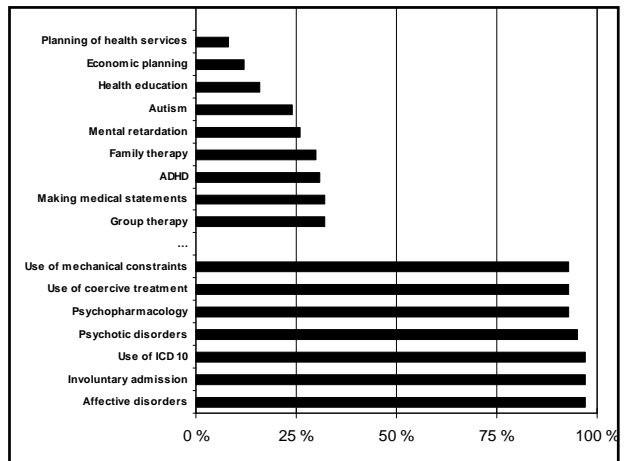
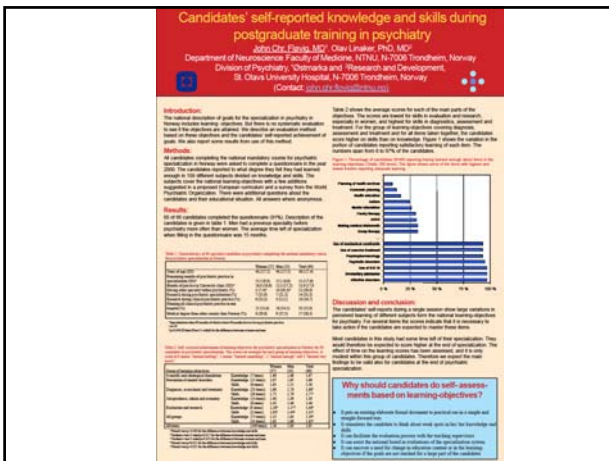
Table 2
 Medication compliance for different main groups of principal diagnosis measured as the patient reported amount of prescribed medication that is taken for week before an acute admission (n=208)

Principal diagnosis	Number of patients	Compliance (%)
Psychotic disorders	45	75
Affective disorders	59	70
Personality disorders	39	65
Other disorders	58	60
Substance use disorders	26	55
Total	227	68

Patients' report and physicians' assessment of medication compliance at acute admission (n=188)



* physicians' assessment is lower than patients' report (Wilcoxon signed ranks test, p<0.01)



Et mål for pasienttilfredshet

- Ahlfors, UG, Lewander, T., Lindström, E., Malt, UF, Lublin, H. and Malm, U. (2001) Assessment of patient satisfaction with psychiatric care. Development and clinical evaluation of a brief consumer satisfaction scale (UKU-ConSat). *Nord J Psychiatry* 55:Suppl 44, pp. 71-90
- Finnes også en selvtuttyllingsversjon

UKU-ConSat (Consumer Satisfaction Rating Scale)
 Vurderingskala for tilfredshet med behandling hos brukere av psykiatriske helsetjenester

Pasientens navn/initialer: _____ Intervjuer: _____
 Fedteltid: _____ Intervjuets dato: _____
 Kjønn: Mann Kvinne

Periode for kronisk med behandlingssoppgjør: _____

Intervjuet involvert i behandling av/omsorg for pasienten: Ja Nei

Vurderingsgrader: Tildelt Daglig Utdelt

Tilsvarende psykisk helsevern Fysisk psykisk helsevern

A. Spørsmål og svar

1. **Tilfredshet med behandlingssoppgjør**
 Utvalgte for å hjelpe med å vite hvilken behandlingssoppgjør du er mest tilfreds med. Utvalgte for å hjelpe med å vite hvilken behandlingssoppgjør du er minst tilfreds med. Utvalgte for å hjelpe med å vite hvilken behandlingssoppgjør du er mest tilfreds med. Utvalgte for å hjelpe med å vite hvilken behandlingssoppgjør du er minst tilfreds med.

2. **Behandlingsmiljø og styrke**
 Utvalgte for å hjelpe med å vite hvilket behandlingsmiljø du er mest tilfreds med. Utvalgte for å hjelpe med å vite hvilket behandlingsmiljø du er minst tilfreds med.

3. **Behandlingsgjelder og behandlingstid**
 Utvalgte for å hjelpe med å vite hvilken behandlingstid du er mest tilfreds med. Utvalgte for å hjelpe med å vite hvilken behandlingstid du er minst tilfreds med.

4. **Behandlingsgjelder**
 Utvalgte for å hjelpe med å vite hvilken behandlingstid du er mest tilfreds med. Utvalgte for å hjelpe med å vite hvilken behandlingstid du er minst tilfreds med.

5. **Medisinsk behandling**
 Utvalgte for å hjelpe med å vite hvilken behandlingstid du er mest tilfreds med. Utvalgte for å hjelpe med å vite hvilken behandlingstid du er minst tilfreds med.

6. **Psykiatriske tiltak**
 Utvalgte for å hjelpe med å vite hvilken behandlingstid du er mest tilfreds med. Utvalgte for å hjelpe med å vite hvilken behandlingstid du er minst tilfreds med.

7. **Styrke**
 Utvalgte for å hjelpe med å vite hvilken behandlingstid du er mest tilfreds med. Utvalgte for å hjelpe med å vite hvilken behandlingstid du er minst tilfreds med.

8. **Alt annet**
 Utvalgte for å hjelpe med å vite hvilken behandlingstid du er mest tilfreds med. Utvalgte for å hjelpe med å vite hvilken behandlingstid du er minst tilfreds med.

Subtotal, ledd 1-6: _____
 Subtotal, ledd 7-8: _____
 Totalpoeng: _____

• "Staff teaching efforts regarding medication, illness management, substance abuse, outpatient treatment and living skills were significantly associated with greater levels of satisfaction with care, controlling for demographic and clinical variables. This may reflect value consumers place on staff time, attention and communication. Teaching may enhance self-efficacy and hope thereby facilitating recovery."

– Community Ment Health J. 2007 Dec;43(6):551-64. Epub 2007 Jul 20. Consumer satisfaction with inpatient psychiatric treatment among persons with severe mental illness. Hackman A, Brown C, Yang Y, Goldberg R, Kreyenbuhl J, Lucksted A, Wohlheiter K, Dixon L.

• <http://folk.ntnu.no/flovig>