Psychosis Patients' Treatment with Medication within 2 days during wait in A&E, and its correlation with length of Inpatient Stay: A Retrospective Database Study

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BACKGROUND

NICE guidance outlines **reducing hospital stay for psychiatric patients** as one of the 'critical goals' for liaison services [*]. Psychotropic medication is an important tool in psychosis treatment, although research that determines the **efficacy of early administration of medication** is limited.

AIMS AND HYPOTHESIS

The aim of this project was to **assess the effects of early medication commencement** (within 2 days of arriving in A&E) on **length of inpatient stay for psychosis patients**. We hypothesized that psychosis patients who had medication started within 2 days of A&E wait-time would have shorter inpatient stays than those who did not.

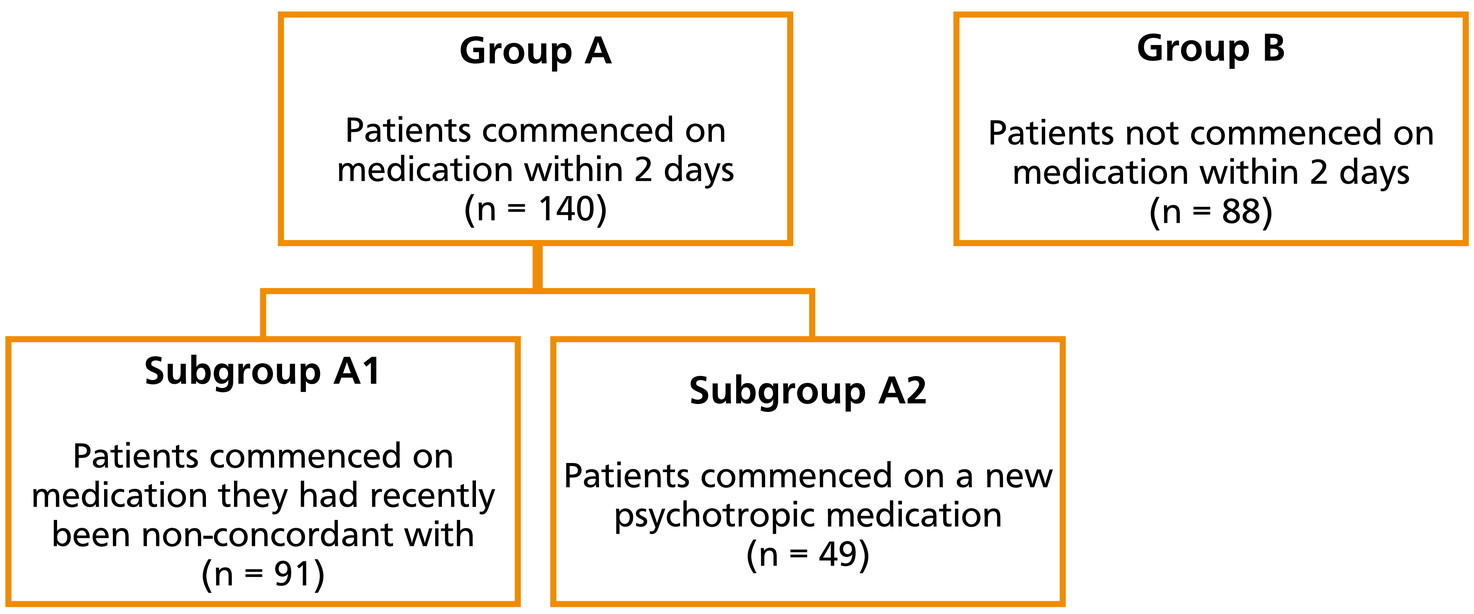

Figure 1. Flow diagram overviewing subgrouping of patients

METHODS

We gathered data on patients presenting to South London and Maudsley (SLAM) NHS Trust A&E sites (King's College Hospital, St Thomas' Hospital, Lewisham University Hospital, and Croydon University Hospital) who were subsequently admitted to, and discharged from, a SLAM Trust bed with a final discharge diagnosis of a psychosis presentation between 1st Jan 2015 to 31st Dec 2020. The analysis set consisted of **228 patients, of which 140 patients were started on medication within 2 days of A&E wait (group A), and 88 were not (group B).** *(See Figure 1.)*

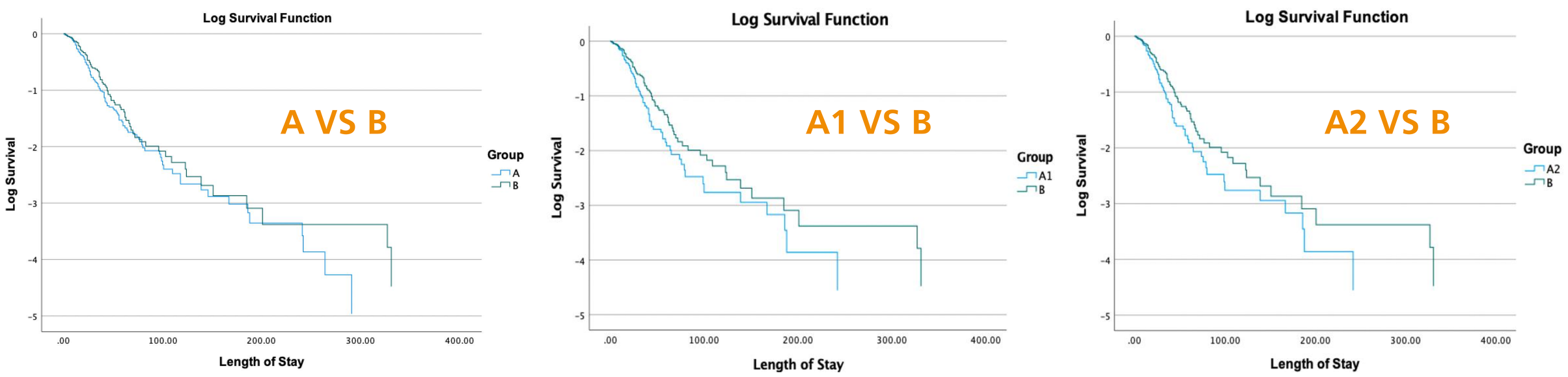

Figure 2. Kaplan-Meier survival plot for time to discharge between groups A and B, A1 and B, and A2 and B respectively.

RESULTS *(See Figure 2.)*

Kaplan-Meier survival curves with log-rank tests determined that although group A had a shorter inpatient stay than group B, this was not statistically significant (p= .214). Further analysis revealed that the **subgroup A1 (who were, while in A&E, restarted on the medication they had recently been non-concordant with; n= 91) had a significantly shorter length of stay than group B (p= .05).** While commencing psychotic patients on a novel medication (A2) has some effect on reducing the duration of inpatient admission, the effect did not reach statistical significance.

CONCLUSION

The results suggest that **restarting a psychosis patient on the medication they were recently taking, within 2 days of arrival at A&E, is associated with a shorter inpatient stay**. The limitation of a relatively small sample size should be addressed in future research.

REFERENCE
* https://www.nice.org.uk/guidance/ng94/documents/draft-guideline-23