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Need-based, personalized and transdiagnostic Common Mental Disorder Clinic (CMDC) of NTEC-a pilot cross-section study of characteristics of adult patients newly admitted to the CMDC of Li Ka Shing psychiatric out-patient clinic.

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Introduction

Common Mental Disorder clinic (CMDC), which started off in July 2017, employed the need-based, personalized, and trans-diagnostic approach. Advantages of an individualized approach are obvious- patients should receive treatments that are effective, better tolerated and at a lower health care costs by avoiding those that are unnecessary.

Objectives

In order to accomplish this, a pilot cross-sectional study was conducted to examine the characteristics of consecutively arriving adult patients, of the ages from 18 to 65, newly admitted to the CMDC of the Li Ka Shing Psychiatric out-patient clinic (LKSPC) from 1 Oct. 2017 to 31 Dec. 2017.

Methodology

They are required to complete four questionnaires, namely Patient Health Questionnaire-9 (PHQ-9); General Anxiety Disorder Questionnaire-7 (GAD-7); Insomnia Severity Index (ISI); Connor-Davidson Resilience Scale (CD-RISC-10). A standardized case report form is designed and employed for collecting data concerning demographic and clinical characteristics, and correlates including duration of untreated symptoms (DUS) and family history of mental illnesses (FHx), for example.

Result

95 patients, were 21 to 65 (mean=49) years of age, and 70.5% were women. Among them, 55 (57.9%) were diagnosed to have various common mental disorders (CMD), while others (42.1%) were not given any formal psychiatric diagnoses as they became symptom-free or sub-syndromal upon admission to the CMDC. Uni-variate analysis comparing the patients with CMD and patients without psychiatric diagnoses

revealed that the CMD group was associated with FHx (OR= 7.6; 95% CI, 2.1-27.8); higher PHQ-9 score (11.7 vs 8.6; mean difference: 3.1, $p=0.02$) and ISI score (15.7 vs 11.3; mean difference: 4.4, $p=0.002$). Multivariate regression analysis, taking into consideration of significant interaction between housing type and resilience level, i.e. CD-RISC-10 score of private self-owned housing group is higher than private rented housing group by 5.1, revealed that CMD group was associated with higher ISI score ($p=0.003$); lower CD-RISC-10 score ($p=0.008$); longer DUS ($p=0.006$); and FHx ($p=0.001$).

With regard to network theory of mental disorders, the family history of mental illnesses, persisting insomnia and phenotype of lower resilience level, as shown by current pilot study, might play a role in the hysteresis, i.e. maintenance factor of common mental disorders. Thus, group Cognitive Behavioral Therapy for Insomnia and mindfulness-based counseling are included in our batteries of psychological interventions accordingly. Further follow-up studies are going to be conducted in the future to examine the effectiveness and outcomes of our need-based, personalized, and trans-diagnostic intervention for common mental disorders.