HAC 2016 ABSTRACT for Oral Presentations

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Project title
Randomized- controlled study of the effectiveness of a new psychiatric specialist outpatient service model - the Multidisciplinary Assessment and Psychosocial Intervention Program (MAP) vs standard psychiatric out-patient care

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Keyword(s)
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Approval by Ethics Committee: Y

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Introduction
Lack of discharge pathway, and coordinated multidisciplinary care to patients with common mental disorders (CMD, such as mild to moderate depression and anxiety disorders) at local tertiary psychiatric clinics has led to congestion of service, unsatisfactory outcomes and risks diverting scarce resource from care of high-risk and complex mental illnesses. The Multidisciplinary Assessment & Psychosocial Intervention Programme (MAP), consisting of psychiatrists, an advanced practice nurse, a clinical psychologist and an occupational therapist, based on a bio-psychosocial formulation and multidisciplinary management, had been delivered to patients with CMD at Li Ka Shing Psychiatric Clinic, Prince of Wales Hospital since 2009.

Objectives
To examine effectiveness of the MAP programme compared to standard care.

Methodology
240 patients assessed to have CMD by triage clinic, were recruited in this study. In a randomized controlled trial, MAP (n=120, mean age = 49.5, SD=11.4) was compared with standard care (n=120, mean age = 47.2, SD=12.3). Data collection points were at baseline (first clinical intake), 3 months, 6 months and 12 months at follow-up, with treatment outcome measures including change in mean global psychiatric symptom scores (SCL-90R global severity index) and quality of life (SF-36) scores, Clinical Global Impression scale (CGI), Hospital Anxiety and Depression Scale (HADS), appraisal of service using Patient Satisfaction Scale (PSS). Chi-square analysis and analyses of variance (ANOVA) were used to compare baseline characteristics. Repeated measure ANOVA was used for analyzing treatment effects on all outcome variables within and between participants over time. Subgroup analysis was conducted for each outcome measure within each severity subgroup.

Result
Results indicate MAP group showed higher level of improvements rated by clinicians (CGI-I, $p<0.001$), and higher level of patient satisfaction on services (PSS, $p<0.001$) compared to the control group, despite that both groups showed statistically significant improvements on most outcomes by time. Subgroup analyses also showed significant differential improvements over time by treatment on subscales of SCL-90R including depression ($p=0.03$), obsessive-compulsive ($p=0.04$), interpersonal sensitivity ($p=0.02$), hostility ($p=0.02$), and paranoid ideation ($p=0.04$) among the less severely depressed participants.   CONCLUSION   Present

results provide support for multidisciplinary care to patients with CMD, to standard care in a certain extent. Patients assigned MAP service were more satisfied with the help they received than those of standard care. Preliminary results also indicate that early intervention with bio-psychosocial and multidisciplinary management model, especially for depressed patients, is effective for reducing patients' symptoms.