FEDERAL SCIENCE POLICY.

EFFECTIVENESS OF INPATIENT TREATMENT PROGRAMS FOR DUALLY DIAGNOSED PATIENTS.

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Last year these researchers developed a research protocol to examine the functioning of dually diagnosed patients with coexisting severe psychotic and substance use disorders[1]. The results of this evaluation can be found in the report called "Effectiveness of inpatient treatment programs for dually diagnosed patients".

At present the research team discusses the preliminary results of sixteen dually diagnosed patients. These patients all participate in a long-term residential integrated treatment program. This treatment program can be seen as a combination of a specialised assessment, outreaching work, motivational interviewing, individual and group counselling, a pharmacological treatment, psycho education and social network factors. Each patient has been examined at the beginning of his or her treatment (X_0) and three month after the beginning of his or her treatment (X_1) (non-experimental research).

The majority of these patients (14 men and 2 women – age: 29 ± 6 years) is badly educated and unemployed (table 1). Before they participated in this treatment program nine patients lived in their own home and six patients lived in a residential setting[2].

Table 1: Education and employment.

Education	
Number of patients without a diploma:	1
Number of patients that finished primary school:	9
Number of patients with a high school diploma:	4
Number of patients that finished a higher education:	1
Employment	
Number of patients that work full-time:	2
Number of patients that work part-time:	1
Number of unemployed patients:	7
Number of invalid patients:	5

The present research team found out that the scores on the Brief Psychiatric Rating Scale (BPRS, Overall & Gorham, 1962) and the Positive And Negative Syndrome Scale (PANSS, Kay et al., 1986) significantly decrease ($t(15)_{BPRS} = 5{,}410$, $p < 0{,}001$ – $t(15)_{PANSS} = 5{,}128$, $p < 0{,}001$) (figure 1 – figure 2). This means that the psychotic symptoms become less significant.

[1] See www.belspo.be/belspo/home/publ/pub_ostc/Drug/rDR05_nl.pdf
[2] One patient did not fill in these data.

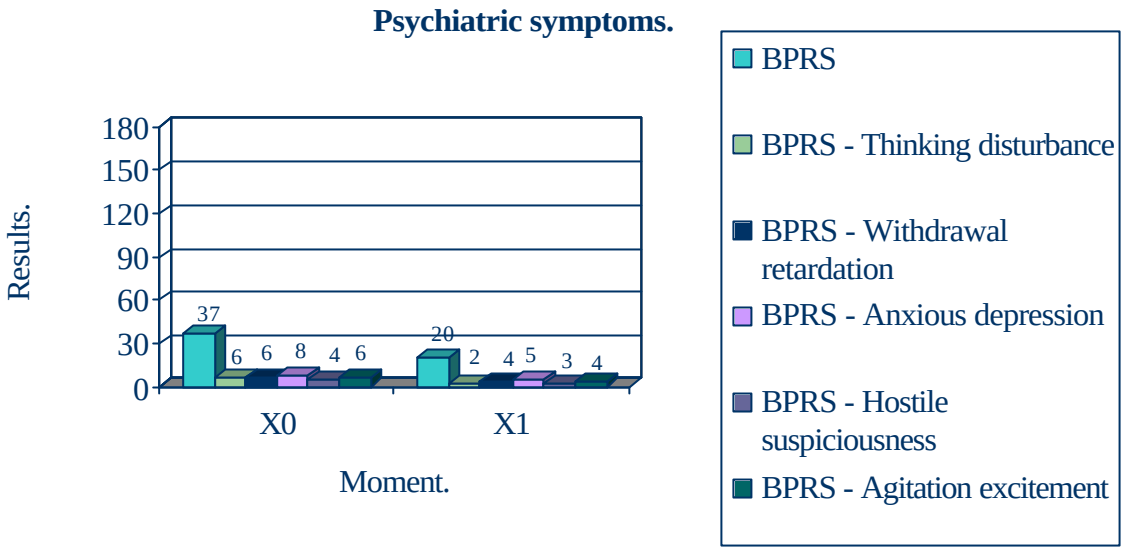

Figure 1: BPRS scales.

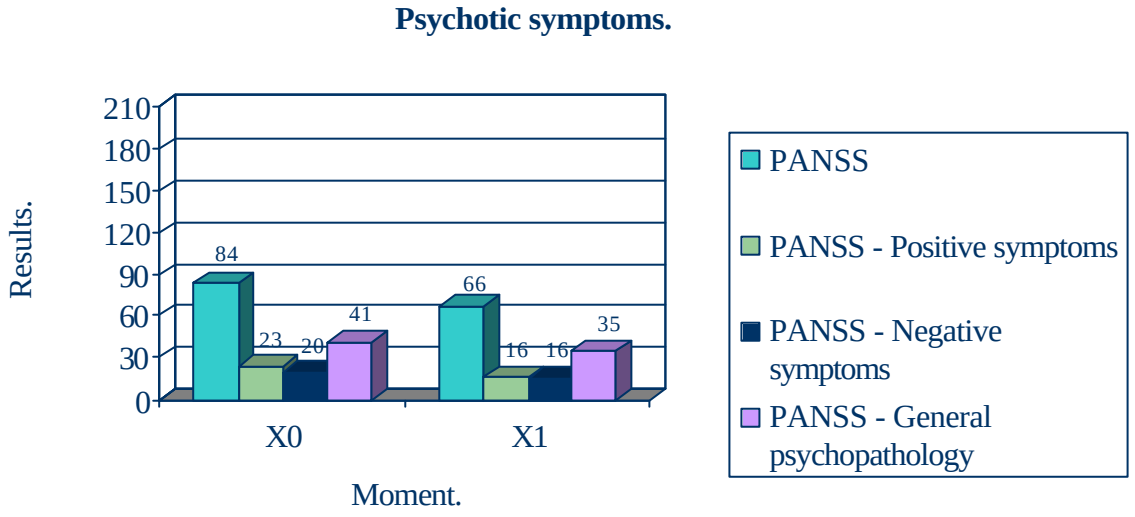

Figure 2: PANSS scales.

The research findings on substance use are less conclusive: the scores on the Addiction Severity Index (ASI) show us that the substance use did not change ($t(14)_{ASI\ Alcohol} = 0{,}116$, ns – $t(14)_{ASI\ Drugs} = 1{,}494$, ns, McLellan et al., 1980) while the scores on the Alcohol Use Scale (AUS, Drake et al., 1990) and the Drug Use Scale (DUS, Drake et al., 1990) show us that the use of alcohol and cannabis might diminish ($T(15)_{AUS} = -1{,}857$, $p < 0{,}10$ – $T(15)_{DUS\ cannabis} = -1{,}770$, $p < 0{,}10$). The readiness to change did not change at all ($T(7)_{RTQ\ alcohol}$: -0,577, ns – $T(13)_{RTQ\ drugs}$: 0,564, ns – Readiness to Change Questionnaire (RTQ, Rollnick et al., 1992)).

The clinicians argue that the global functioning of the patients gets better ($t(15)_{\text{Global Assessment of Functioning Scale (GAF)}} = -4{,}691$, $p < 0{,}001$ – Goldman et al., 1992) (figure 3).

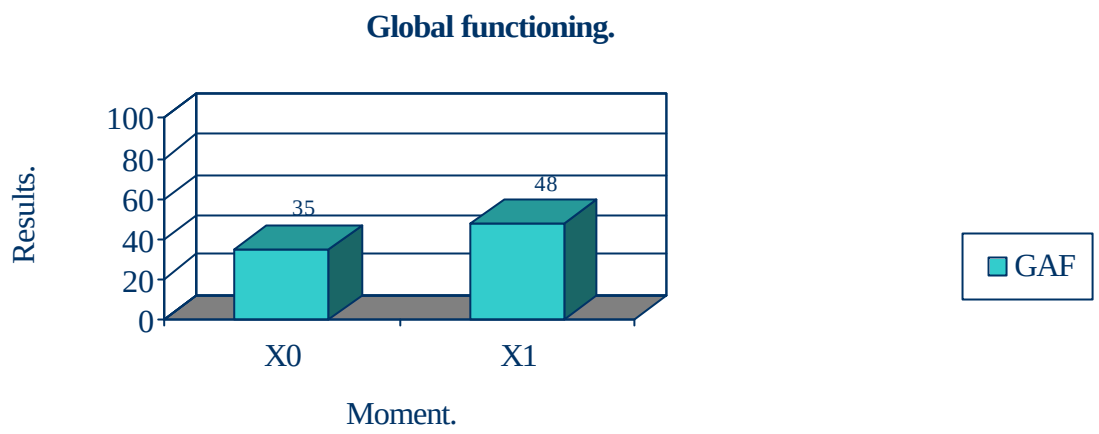

Figure 3: the GAF.

The residential integrated treatment did not change the quality of life (Schizophrenia Quality of Life Scale, SQLS, Wilkinson et al., 2000):

- $T(15)_{\text{SQLS quality of life}} = 1{,}624$, ns.
- $T(15)_{\text{SQLS psychosocial functioning}} = 1{,}970$, $p < 0{,}10$.
- $T(15)_{\text{SQLS motivation and energy}} = -0{,}997$, ns.
- $T(15)_{\text{SQLS symptoms and side-effects}} = 1{,}604$, ns.

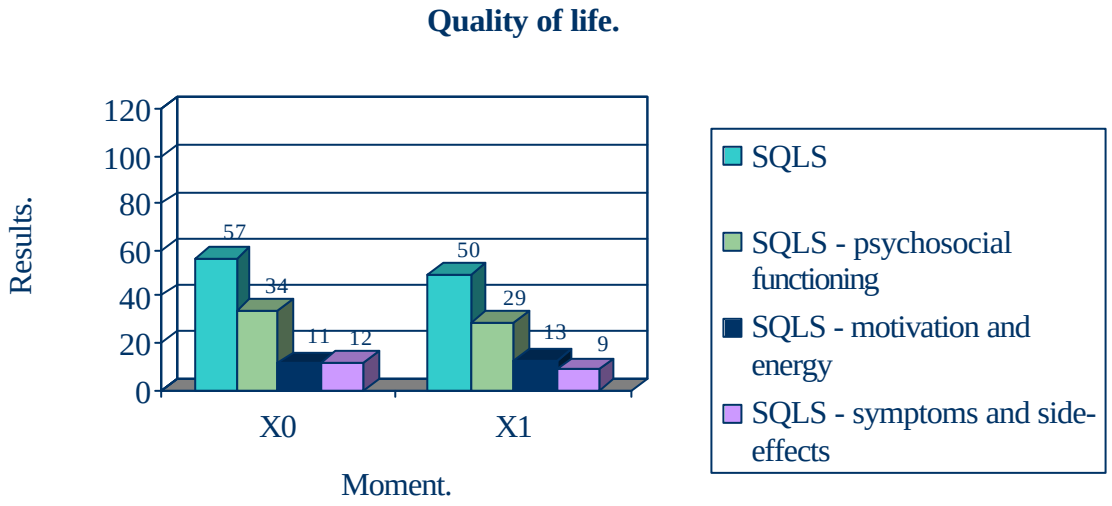

Figure 4: SQLS scales.

Three months after the beginning of their treatment dually diagnosed patients are more satisfied about their mental health than at the beginning of their treatment (Manchester Short Assessment of quality of life – $\underline{T}_{15\ MANSA} = -3{,}020$, $\underline{p} < 0{,}005$).

Since the above mentioned research findings are preliminary findings, it is not possible to formulate definite conclusions. Therefore the present research team states that it is necessary to expand the research sample (forty patients participating in a residential integrated treatment program – forty patients participating in a residential standard treatment program). They also think that it is important to examine the patients three or four times.

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