

**APA Annual Meeting abstract (Platform as well as Poster presentation)  
Partial Hospitalization Program (PHP) for Adults in Psychiatric Distress:  
Predictors and Characteristics of Clinical Response**

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Background: Evidence suggests that Partial Hospitalization Programs (PHPs) for adult patients with severe psychiatric symptoms may be as effective as inpatient hospitalizations. Yet, community studies on the effectiveness of PHP are limited. Research is warranted to identify characteristics and predictors of a successful clinical response to PHP treatment. Methods: Patients enrolled in a PHP (N=164) were administered serial clinical assessments using the BASIS-32 (Behavior and Symptom Identification Scale), a validated measure consisting of 32 self-reported questions representing 5 domains that include Daily Living and Role Functioning (DLRF), Relation to Self and Others (RSO), Depression and Anxiety (DAA), Psychosis, and Impulsive and Addictive Behavior (IAB). Multiple regression analysis was performed to identify whether demographic factors (such as age, gender, race, marital status, level of education and living arrangement) and/or baseline domain scores were associated with treatment adherence and improvement in symptom scores. Outcomes were compared between adherent and non-adherent individuals and between 5 domains of adherent individuals. Results: Out of 164, 82 (50%) patients received more than one assessment indicating adherence to the PHP. Among adherent individuals, 45 (27.43%) showed > 30 % improvement and 28 (17.07%) showed > 50% improvement in scores across all 5 domains. Although no significant ( $p<0.05$ ) differences were found between adherent and non-adherent individuals, a trend for non-adherence was associated with younger age ( $p=0.065$ ) and lack of marriage ( $p=0.073$ ). The largest improvement was found in RSO and DAA domains, whereas the IAB domain showed the smallest improvement. The response in each domain significantly ( $p<0.0001$ ) predicted the response in other domains. No significant statistical correlation was found between demographic factors or treatment duration and clinical improvement in any domain. When a question assessing psychosomatic symptoms (PS) was considered as a separate domain, Caucasian race ( $p=0.01$ ) was associated with improvement in PS. Conclusions: Phase dependent symptoms such as DAA may show relatively greater response in PHP than characterological symptoms such as IAB. As clinical response among the different domains is positively correlated, the presence of an early response in one domain may predict a response in other domains over time. Demographic factors and type of psychiatric symptoms do not appear to predict adherence to PHP treatment. Moreover, demographic factors do not appear to predict improvement in any psychiatric domain and so it should not be emphasized when considering PHP treatment. Small sample size and heterogeneous population were the limitations of the study.

References:

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2. Eisen SV, Wilcox M, Leff HS, Schaefer E, Culhane MA. Assessing behavioral health outcomes in outpatient programs: Reliability and validity of the BASIS-32. *The Journal of Behavioral Health Services & Research*, 1999; 26:5-17.

**American Psychosomatic Society Annual Meeting Abstract (Poster presentation)  
Adults with Psychosomatic Symptoms in Community Partial Hospitalization  
Program: Characteristics and Predictors of Clinical Response  
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Background: Psychosomatic symptoms (PS) are one of the most common forms of psychiatric illness to present in the community, affecting up to 59% of the population according to the Diagnostic Criteria for Psychosomatic Research. Intervention studies for the treatment of PS in the community setting are limited, particularly in partial hospitalization program (PHP) settings.

Methods: Patients enrolled in a PHP (N=81) were administered serial clinical assessments using the BASIS-32 (Behavior and Symptom Identification Scale) which consists of 32 self-reporting questions representing 5 domains that include Daily Living and Role Functioning (DLRF), Relation to Self and Others (RSO), Depression and Anxiety (DAA), Psychosis, Impulsive and Addictive Behavior (IAB) and which was found to be a valid measure for outpatient treatment. One question assessing PS such as headaches, aches and pains, sleep disturbance, stomach aches and dizziness was considered as a separate domain. Multiple regression analysis (MRA) was performed to determine if the change in the PS domain during PHP treatment was correlated with demographic factors such as age, gender, race, marital status, level of education and living arrangement. The correlation between magnitudes of change in PS and within each domain was also explored.

Results: Thirteen (16 %) patients showed a 30% or greater reduction of PS score and race was the only significant demographic factor ( $p=0.01$ ) associated with this improvement with whites showing greater improvement than blacks. The improvement in PS scores were found to correlate with improvements in IAB ( $p=0.03$ ) and DLRF ( $p=0.06$ ) but not with DAA scores.

Conclusion: PHP treatment appears modestly effective in improving PS and White/Caucasian race was associated with greater improvement. In addition, impulsive and addictive patients showed greater improvement in PS scores than depressed and anxious patients. Future studies are needed to confirm if race and IAB are moderators of PS improvement.

References:

1. Smith GC. The future of consultation-liaison psychiatry. *Aust N Z J Psychiatry*. 2003;37:150-9.
2. Mangelli L, Semprini F, Sirri L, Fava GA, Sonino N. Use of the Diagnostic Criteria for Psychosomatic Research (DCPR) in a community sample. *Psychosomatics*. 2006; 47:143-6.

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