

Winners of the 2015 IAPA Mentee Mentor Award



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Proposal Abstract:

Changes in Depression related hospitalizations in the United States over past 20 years

It has been estimated that approximately 2% -5% of the US population suffers from depression. Depression is a unique disease to analyze from an economic standpoint. The cultural heterogeneity of ethnic minorities accentuates the complexity of unraveling cultural issues in psychiatric presentations; the perceived complexity may partially lie in unfamiliarity with ways in which different peoples communicate distress. For example, the stigma of mental illness is one of the factors that prevent Asian Americans/Pacific Islanders from seeking formal mental health services. Very few studies have been reported narrating prevalence and economic burden of mental health issues in the United States. To our knowledge, there are no current studies that have analyzed trends in admissions, cost, and disposition of depression in the US.

This retrospective study aims to analyze trends related to depression in a nationwide database and to examine the health care burden of this disease.

We will gather information regarding nationwide hospital admissions from the 1991, 2001 and 2011 National Inpatient Sample (NIS) databases. The NIS is part of the Healthcare Cost and Utilization Project (HCUP), sponsored by the Agency for Healthcare Research and Quality (AHRQ) to gather data regarding hospital utilization across the US. The NIS is the largest all-payer care database containing data from 5 to 8 million hospital stays from about 1000 hospitals. All primary diagnoses with an ICD-9 code for Major depression as well as secondary diagnosis of Major depression will be selected to determine hospital admission frequency for depression based on types and locations of hospitals. We will also determine seasonal hospital admissions, Method of payment, Source of admission and Discharge status for the study. All the analyses will be performed using Statistical Analytical System version 9.0 (SAS Institute, NC) or

equivalent statistical analysis software. We will use weighed variables as per the methodology suggested by the NIS to determine national hospital admission and discharge estimates. Results of these analyses will provide better understanding about changes in health care utilizations by patients having depression over past 20 yrs. It would also show diversity of ethnic groups in hospital admissions due to depression. These key findings would enable health care providers to direct their resources for serving under reported groups and hopefully will provide access to mental health treatment to those who could not utilize the resources due to one factor or other. Results will also provide information about change in patients' age groups over times who were hospitalized for depression as primary or secondary diagnosis. We would also get information about type of hospitals playing key role in providing such mental health services and that would be helpful to allocate financial.



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Mentor:

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Proposal Abstract

An Examination of the Awareness, Utility and Barriers to the Utilization of Psychiatric Advanced Directives.

BACKGROUND

Psychiatric Advanced Directives (PAD) are legal documents that allow patients with severe mental illness, when well to document their preferences for psychiatric care or appoint a surrogate decision maker for use during an incapacitating psychiatric crisis. Historically, the Federal Patient Self Determination Act (enacted in 1990) addressed the rights of health care utilizers (including mental health) to detail in advance how they would like to be treated by health care providers in the event that they are incapacitated. These wishes could be expressed in a specific document (an advance directive) or by appointing a health-care proxy i.e. someone to represent on their behalf. As of 2007, laws defining PAD's have been passed in 25 US states while there is some form of advanced directives for psychiatric treatment in 46 states, but the specifications may vary from state to state. Thus, through this study we hope to examine the level of awareness about the availability of this health-care option among psychiatric patients and identify some of the possible barriers in their utilization.

METHODS

IRB approval for the proposal will be obtained. Eligible participants will be identified based on the inclusion and exclusion criteria. Eligible participants will be administered the survey by a member of the research team or a psychiatry resident at Einstein. The completed survey will be collected by or submitted to a member of the research team. The survey will be administered over a period of 3 months or until we reach a significant number of participants, whichever comes first. After administration of the survey, interested subjects will be given printed material on PAD's with a toll-free contact number to obtain further assistance the same.

DISCUSSION

In general, Psychiatric Advanced Directives include information on choice of treatment facility, choice of medications, administration of electroconvulsive therapy and participation in experimental studies or drug trials. Further, patients may also include information on emergency contacts, description of their crisis symptoms, relapse factors, protective factors that have helped keep them out of the hospital and instructions to staff on the use of seclusion, restraints or how they would like to be treated. These instructions aid in developing a better understanding of the patient's needs during a crises as most often, clinicians have access to very limited information when patients present to crisis centers or Emergency departments. Interestingly, though research indicates a high degree of interest by health care utilizers in learning about and obtaining PAD's, the rate of utilization or implementation is not as high. Literature indicates the existence of potential barriers at various levels ranging from the formulation and obtaining of PAD's to the implementation in addition to legal and ethical concerns.

SIGNIFICANCE

Despite the clinical utility and benefits of PAD's as described in literature, there is limited utilization of the same. Thus, by examining the level of awareness about PAD's and the potential barriers to their utilization, health care providers would be able to

1. Use education as a tool to increase awareness about this health-care option. This would indeed serve to empower our patients and may restore to a great extent, a sense of control in their healthcare experience in the event that they lack capacity to express their choices themselves.
2. Identify and address some of the modifiable factors that may be serving as a barrier to the effective utilization of PAD's. This could help in devising comprehensive after care plans addressing some of these issues.