



## Site of diagnosis an important factor in outcome for patients with schizophrenia

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Schizophrenia is difficult to treat and often has poor health outcomes. Researchers at the Nova Scotia Early Psychosis Program, led by Dr. Lili Kopala, are attempting to identify factors associated with these poor outcomes. They discovered that where a person is initially diagnosed may be an important variable influencing future hospitalization rates. People initially diagnosed with schizophrenia while in a hospital have a greater likelihood of being hospitalized within the next year than those diagnosed outside of a hospital.

Using Nova Scotia health services data from 1995 to 1998, the research team identified 434 patients under the age of 35 first diagnosed with schizophrenia. Fifty-three percent were hospitalized at the time of initial diagnosis; of these, 22 percent required re-hospitalization in the first year. But only 7 percent of patients first diagnosed outside of a hospital required hospitalization in the first year. Overall, there were four suicides, three of which were patients initially diagnosed in hospital. The Nova Scotia Early Psychosis Program served 119 of the 434 patients; there was also a higher first-year hospitalization rate for those in that group who were first diagnosed in hospital.

Two key findings emerge from this study. First, nearly half the patients were never hospitalized during initial diagnosis or in the first year of treatment. Second, patients first diagnosed in hospital differed from those first diagnosed in an outpatient setting by having a high rate (22 percent versus 7 percent) of hospitalization in the first year of treatment after diagnosis. A number of factors, including service organization and clinical practices, are likely to influence hospitalization rates. One potential factor emerged from the current results. Hospitalization rates during the first year of treatment were higher for patients who were initially diagnosed in an inpatient setting. This was also true among the patients seen by the NSEPP, suggesting this finding cannot be explained by differences in clinical practices alone.

If the site of initial diagnosis is a key variable in determining subsequent inpatient service use, it could be hypothesized that an early intervention program, detecting and treating new cases before they require hospitalization, would result in lower hospitalization rates during subsequent treatment. It is not unreasonable to expect a shift in the site of initial diagnosis as a result of an early intervention program that includes public and professional education, much as has been demonstrated for a reduction in the duration of untreated psychosis. More elaborate research designs will be needed to test this and related hypotheses.

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