

TREATMENT SATISFACTION AND ITS FACTORS AMONG PATIENTS WITH AFFECTIVE AND DEPRESSIVE DISORDERS (LITERATURE REVIEW AND ANALYSIS OF METHODOLOGY OF STUDYING)

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According to scientific literature treatment satisfaction results better compliance, increases the frequency of repeated visits, expressing positive customer feedbacks and decreases expenses of both clinics and patients. Basket of factors of satisfaction depends on level of medical service facility (outpatient/inpatient/emergency), specifics of medical subspecialty and facility. Our studies have revealed that both structure and weight of factors of patient satisfaction vary on 1) moment of conducting the study (when comparing factors of satisfaction of recurrent patients with previous treatment at hospitalization versus current treatment at discharge) and 2) patients' treatment experience (when comparing factors of satisfaction of patients at first hospitalization versus recurrent patients at discharge). Therefore, the important question is "When should we study factors of treatment satisfaction?" There are 3 main variants of study of revealing factors of treatment satisfaction depending on period of time after discharge (at discharge, 2 months after discharge, at readmission) - each of them is characterized with advantages, disadvantages and options (such as preferable methodology of fieldworks, response rate, answer accuracy and rate, and predict different types of patients' consumption behavior. According so scientific literature and the results of our studies other important methodological aspects of conducting studies in field of factors of patients' satisfaction include: methodology of finding out the key factors of satisfaction (direct questions, correlation, SEVQUAL methodology), preferable method of statistical analysis (Student test, Spearman rank correlation, Multiple linear regression, Factorial analysis, SEVQUAL methodology); studying of extent to which patients are satisfied with specific characteristics of medical facility (Mean and Standard deviation or Top-2); benchmarking (which is the only way to estimate if factors' importance is enough, over evaluated or under evaluated); adjustability of factors of satisfaction (should the number of factors be limited with adjustable factors only or we should include on adjustable factors unto questionnaire); usage of standard questionnaire (which would allow is to compare our studies to studies of other authors) Vs ad-hoc questionnaires (which includes wide range of factors fitting best the goals of current study); inclusion of open-ended questions into questionnaire (which allows to get the information not included into standard factors - such as something patients were surprised with disgusted with - that is something patients share each other with enthusiasm); conducting of fieldworks (by medical facility staff or independent emergency staff; methodology of data collecting - Paper and Pen, Internet survey, Telephone interviews); regularity of conducting of studies which allows evaluate both efficiency of interventions and shift in importance of factors of satisfaction (which is an quintessence of Deming Cycle: Plan - Do - Check - Act).

Key words: patient satisfaction - research design - methodology

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SELF-MEDICATION DURING PRE-ADMISSION PERIOD AND ITS FACTORS AMONG INPATIENTS WITH DEPRESSIVE AND NEUROTIC DISORDERS

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Objectives: Self-mediation is widespread among patients with depressive and anxiety disorders. Most of studies describe drug and alcohol abuse among patients. Only few researches describe self-medication and its factors.

Aim: To study self-medication and its factors among patients with depressive and neurotic disorders during preadmission period Material The sample included 131 first-time admission inpatients and 85 rehospitalized inpatients with depressive or neurotic disorders, who mentioned that they were taking medication to cope their symptoms during preadmission period. Men age was 43.8±12.7 year), Half of patients were suffering from mixed anxiety and depressive disorder, 15% were hypochondriac, 12% experienced panic disorder. The combined share of depressive and recurrent depressive disorder was 26%.

Methods: Lazarus coping strategies test, Shmishek personality test, test on disease attitude and patient activation were used. Social and demographic characteristics, disease effects at patients' life, medical literacy and behavioral coping strategies were studied as factors of self-medication. In total effect of 167 factors at probability of self-medication were analyzed.

Results: Over 50% of first-time admission and rehospitalized inpatients use self-medication to cope their symptoms during preadmission period. Coping anxiety and insomnia is a key motivation to self-medication. Most frequently consumed medications included barbiturate - over 30% in each sample (which can be bought without prescription) and benzodiazepine tranquilizers and herbal anxiolytics and antidepressive therapy (13% Vs 2%, $p=0.0008$), in contrast first admission patients were using more frequently herbal anxiolytics (38% Vs 21% in rehospitalized patients, $p=0.009$) Misunderstanding of origin of their state, searching for information about treatment of disease up the Internet, increased emotiveness and tension and lack of their correction with psychotherapy are the factors of self-medication.

Conclusion: To prevent self-medication at preadmission period in recurrent inpatients psychic education and teaching to psychotherapeutic techniques of coping anxiety are needed. To prevent self-medication in first onset inpatients informing them of origin, symptoms and treatment of depressive and neurotic disorders through internet can be used.

Key words: self-medication - depression - anxiety - multifactorial model

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THE NEED FOR A MULTIDISCIPLINARY APPROACH AND INDIVIDUAL SCOPE IN FOCUS

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Introduction/Objectives: As there were several methods in practice commonly used in treatment of patients with alcohol dependencies (known as patients with high comorbidity and several mental disorders), there are common expectations about multidisciplinary approach as the best way to treat these patient. This article is also dealing with the second, very important need- the need for detailed insight in patient's specific somatic(biological), psychological, and social status, system of beliefs, working habits, motivation, expectation, responsibility built within the family, referral group and common society. Individual approach includes use of specific knowledge about patient, impression taken at screening, but also during regular treatment what improve possibility for best individual approach and implementation of adaptive training, new learning what brings functionality and practice, and implementation strategies with idea to support individual to learn skills that may help patient to adapt to specific requests after being treated at Department for treatment of alcoholism and /or within Daily hospital.

Experiences taken in daily work with patients are described and summarized and serve as a starting point for short overview and efforts for implementation of specific programs that meets the needs of patients and daily practice. Treatment should be beneficial for patient, make him/her much stronger, but also functional and able to cope with daily requirements.

Subjects and methods: Descriptive method; summary of activities performed with 20 patients within the treatment for patients treated at the Department for alcohol and other dependencies in Hospital Popovaca/ Daily Hospital for alcohol dependencies -working at two locations(city Popovaca and city Sisak/-is to be provided; include different methods that activate need for learning, adoption of new sights, adaptation, education process, learning about group and in the group, individual experience , training in self-presentation and self-esteem, emotions expression, sharing and taking emotions, building trust and criticism, group spirit, interest for others, mirror experience, copying, taking responsibilities, playing roles, talking about planned steps when leaving safe "treatment area" and treatment period etc.

Results: Qualitative data summarized for several patients and families are considered as positive feedback and support idea to use similar methods for future practice and patients improvement; results motivate professional team to continue to use multidisciplinary approach and individually centered methods with focus and awareness on patients specific characteristics and needs.

Conclusions: Results support use of psycho-bio-social model and underline importance of sharing all important data within multidisciplinary team with continued efforts for further investigation how to improve individual plan and treatment in accordance with patient's specific needs. These efforts are with a purpose to enable patient to achieve best adaptation in accordance to family, work and social requests from one side, and feel good, self-confident, relaxed, motivated and accepted, from other side. From social and health- insurer-s level, it is also very important to keep stable remission and make individual strong within local community, also included in different support groups (including groups as strong support for treated alcoholics) trying to avoid return to the hospital within short timeframe. These efforts may be productive if relevant instances are cooperating closely and as active support while planning and organizing these activities. Active politics on country level may do much more here.