Effectiveness and Cost-Effectiveness of Needs-Oriented Discharge Planning and Monitoring for High Utilisers of Psychiatric Services

Submission date

Recruitment status No longer recruiting

28/09/2005

Overall study status

Registration date

Completed

28/10/2005 Mental and Behavioural

Last Edited

30/07/2008

Condition category

Disorders

Study completed

Prospectively registered

Protocol added

SAP not yet added

Results not yet added and study completed for more than 2 years

Raw data not yet added

Plain English Summary

Not provided at time of registration

Study website

http://www.uni-ulm.de/psychiatrieII/nodpam.html

Contact information

Type(s)

Scientific

Contact name

Prof Thomas Becker

Contact details

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Protocol/serial number

Reference number BE 2502/3-1 at German Research Foundation (DFG)

Study information

Scientific Title

Acronym

NODPAM

Study hypothesis

Primary: The intervention will lead to a significant reduction of length and number of psychiatric inpatient stays.

Secondary: The intervention will entail better quality of life and clinical outcome, and will show cost-effectiveness and cost-utility.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Study design

Randomised controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Not specified

Study type(s)

Treatment

Participant information sheet

Condition

Severe mental disorder

Interventions

Patients in the intervention group will be offered a manualised needs-led discharge planning and monitoring intervention consisting of two sessions. The first session (at discharge from the

inpatient service) will result in a needs-led post-discharge treatment plan which will be forwarded to the clinician responsible for aftercare. The second session (three months after discharge) will serve to monitor the adequacy of the initial treatment plan in cooperation with the outpatient clinician.

Control: Usual care

Intervention Type

Other

Phase

Not Specified

Primary outcome measure

High utilisers of psychiatric services who receive a needs-oriented discharge planning and monitoring programme will show fewer hospital days and readmissions to hospital

Secondary outcome measures

Subjects receiving the intervention will show better compliance with aftercare as well as better clinical outcome and quality of life. Furthermore, the intervention will show cost-effectiveness and cost-utility, and community-based psychiatrists whose patients receive the new discharge protocol will show better compliance with treatment recommendations.

Overall study start date

01/01/2006

Overall study end date

31/12/2008

Eligibility

Participant inclusion criteria

- 1. Adult age with a primary diagnosis of schizophrenia, bipolar disorder, or major depression
- 2. Have been identified as high utilisers of psychiatric inpatient services

Participant type(s)

Patient

Age group

Adult

Sex

Both

Target number of participants

490

Participant exclusion criteria

Primary diagnosis of substance abuse

Recruitment start date 01/01/2006

Recruitment end date 31/12/2008

Locations

Countries of recruitmentGermany

Study participating centre Ulm University Guenzburg Germany 89312

Sponsor information

Organisation

University Hospital Ulm (Germany)

Sponsor details

Albert-Einstein-Allee 29 Ulm Germany 89070

Sponsor type

Hospital/treatment centre

Website

http://www.uni-ulm.de/klinik/

ROR

https://ror.org/05emabm63

Funder(s)

Funder type

Research organisation

Funder Name

Reference number BE 2502/3-1 at German Research Foundation (DFG)

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	Protocol	21/07/2008		Yes	No