

Psychiatric illnesses represent a substantial part of civilization diseases and their frequency is rising. Depressive episode and alcohol addiction are among the 10 most serious conditions of our time. Epidemiological studies show that every year 100 million people worldwide will suffer depression. At one stage in our lifetime 17% of us will go through a depressive episode.

According to Scheene, psychiatric day hospitals fulfil four major tasks:

(Scheene, A. H. et al, 1988):

- They are an alternative to classical psychiatric inpatient care
- They follow after classical psychiatric inpatient care
- They are an intensive form of outpatient care
- They are used for long term rehabilitation of patients with chronic psychiatric disorder

One of the major shortcomings of psychiatric day hospital research is the fact that over the last two decades particularly, a broad variety of conceptual models have proliferated through the whole of Europe and the US. They range from crisis intervention and drop-in centres to long term rehabilitative services or highly specialized day centres and there are not many surveys being carried out to assess the detailed characteristics of these services. Therefore the research focuses mainly on comparing acute psychiatric day care with traditional inpatient treatment.

Systematic reviews of randomized controlled trials conclude that day hospital treatment indicates no difference in improvement of psychopathological symptoms or quality of life compared to traditional inpatient care. The patients in day care are more satisfied with treatment. There was no difference found on the burden to relatives in both settings. Some studies show more improvement of social functioning in day care setting. Interpretations of findings on economic data are often limited due to different time, and countries using different methodologies for day centres, which vary in the level of care they provide.

Although the knowledge of the feasibility of day hospitals is rather scarce, the Cochrane review presents estimation that psychiatric inpatient admission could be reduced by approximately one fourth if the patient were diverted to acute day care. This reduction could be achieved without increasing loss to follow up or burden on relatives. On the other hand there are about 40% of all patients for whom the day care is completely unsuitable.

The above mentioned facts should result in the recommendation to decrease the number of beds in hospitals and increase the number of places for acute care in psychiatric day hospitals; however, reality is somewhat different.

The survey of day hospitals in the Czech Republic published in 2003 showed that only 2.5% of all psychiatric patients were treated in day care centres. It is clear then, that finding alternatives for traditional psychiatric care, which are as effective and cheaper, or at least not more expensive, should be one of our priorities.

Within the framework of the EDEN (European Day hospital Evaluation) study we have compared the effectiveness of integrated day treatment with standard psychiatric inpatient treatment in RCT trial. The integrated day treatment doesn't happen in specialised day hospitals, but takes place in standard psychiatric wards with other inpatients. Compared to other RCT's focusing on day care treatment, the advantage of such an approach is high comparability of both settings, because they share the same therapeutic program and staff. After the day program finishes, integrated day care patients go home and come back the following working day.

The goal of the study is:

- To compare psychopathology and the quality of life of patients in an

integrated day treatment setting with a standard inpatient setting.

- To replicate for integrated day treatment setting, the finding that day care patients are more satisfied with treatment.
- To estimate the feasibility of day care treatment for general psychiatric patients

We have used psychopathology, satisfaction with treatment and subjective quality of life as outcome criteria. Psychopathology was evaluated by the questionnaire BPRS (Brief Psychiatric Rating Scale), satisfaction with treatment by the questionnaire CAT (Clients Scale for Assessment of Treatment) and quality of life by the instrument MANSA (Manchester Short Assessment of Quality of Life). For calculating feasibility estimation we have used modified Kluiter's formula according to Cochrane review on effectiveness of psychiatric day hospitals.

85 patients were randomized to integrated day care treatment, and 100 patients randomized as inpatients. Treatment results of both settings were comparable in psychopathology and subjective quality of life at each time point.

Unlike day patients, the psychopathological score of inpatients was improving even after 3 months of discharge. We didn't replicate findings on superiority of satisfaction with the treatment of day care for the integrated day treatment.

The day care treatment was suitable for 20.9% of all patients admitted for acute psychiatric treatment at the Psychiatric Clinic of 1st Medical Faculty of Charles University between December 2000 and June 2002.