

1. Abstract:

Background: Outcome study of patients with chronic schizophrenia discharged to community placements in local scene was incomplete and predictors for re-hospitalization and community living could have important implications for clinicians, patients and mental health resources.

Aim: To find the re-hospitalization rate of long-stay patients with chronic schizophrenia discharged to community and study the predictors for re-hospitalization and length of community living

Method: A total of ninety-nine patients with schizophrenia more than two years and index hospitalization more than one year were selected with data of demographic factors and clinical factors gathered retrospectively and outcome measures of re-hospitalization within two years were traced and length of community living calculated. Regression analyses were performed to find the predictors for re-hospitalization and length of community living

Results: The 2-year re-hospitalization rate in this sample was 33.3%. Poor treatment compliance, substance abuse, treatment with 1st generation anti-psychotics and 2nd generation anti-psychotics, more past psychiatric hospitalizations predicted re-hospitalization while depot injection and co-morbid physical illness lower the risk of re-hospitalization. Poor treatment compliance, substance abuse, treatment with 1st generation anti-psychotics and residence at home (compared with residence in private hostels) predicted shorter length of community living

Conclusion: Re-hospitalization and community living of patients with chronic schizophrenia were the result of complex interaction of various clinical and treatment factors.

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