ECONOMICS

A standardised psychiatric consultation lowered costs of care and improved physical functioning in somatising patients


Objective
To evaluate health costs and outcomes after standardised psychiatric consultations and letters to primary care physicians who refer somatising patients.

Design
Randomised (by physician) controlled trial with a 2-year follow-up comparing an immediate with a delayed (for 1 year) standardised psychiatric consultation.

Setting
Primary care practices in central Arkansas.

Patients
56 somatising patients (mean age, 43 y; 75% women) seeing any of 51 study physicians for lifetime histories of 6 to 12 unexplained medical symptoms severe enough for the patients to take medicine, see physicians, or change their lifestyles. Exclusion criteria were documented physical disorders or inability to complete the study. 46% of the patients had major depression; 37% had generalised anxiety disorder (GAD); and > 10% had obsessive-compulsive disorder, panic disorder, or phobia. 54 patients (96%) completed the study.

Intervention
Physicians randomly assigned to the treatment condition received a consultation letter recommending a specific management approach, which consisted of regularly scheduled appointments with a physical examination and the avoidance of hospitalisation, diagnostic procedures, surgery, and laboratory evaluations unless clearly indicated. Physicians assigned to the control group began to receive such letters 12 months later.

Main Cost and Outcome Measures
All medical and billing records were obtained and costed at Arkansas Blue Cross—Blue Shield charges, inflated at an annual compound rate of 7.3% to 1990 U.S. dollars. Health outcomes were assessed by RAND Health Status Measures (SF-36), which included self-reports of physical functioning, mental health, social functioning, and general health.

Main Results
The intervention reduced annual medical charges by 33%, or U.S. $289 (95% CI, $40 to $464). No single area of utilisation was statistically significantly decreased, but trends were documented in several areas, especially in hospital days. Physical function improved by 6.87 units during the year after the intervention (P = 0.002, judged clinically significant by the authors) and remained stable for at least 2 more years. Emotional health, social functioning, and general health rating did not change.

Conclusion
A standardised psychiatric consultation and recommendations for primary care physicians treating somatising patients resulted in reduced health costs and better physical function.

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Commentary
It is important to do cost-effectiveness studies in psychiatry because appropriate methods are still needed. Using a standardised psychiatric consultation procedure, Smith and colleagues concluded that they had shown a reduction of direct costs (especially through a reduction in the number of hospital days), even with increased therapeutic effectiveness (improved physical function). In patients who had subjective, unexplained medical symptoms with a high comorbidity of major depression (46%), GAD (37%), and dysthymia (30%), however, the indirect costs (e.g., ability to work) were often at least 7 times higher than the direct costs.

Within the 8 SF-36 domains of effectiveness, social functioning, vitality, mental health, and general health are relevant indicators of the ability to work. The standardised psychiatric consultation procedure, however, had no effect on these domains even though the patients had very low scores. The effect on physical functioning was not impressive. Before the intervention (at baseline), physical function was low: 33 for the treatment group and 26 for the control group. The change in physical functioning in the treatment group was 7 (that is, of the same magnitude as the insignificant difference at baseline).

Although the change in the effectiveness parameter of physical function was found to be statistically significant, it was of low clinical significance. The cost parameter measured by Smith and colleagues is more relevant but is still only a minor part of the overall cost parameter, in which the indirect costs are most important.

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