

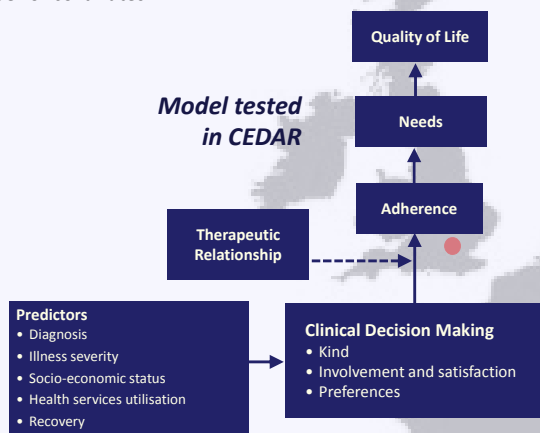
Background

A considerable amount of research has been conducted on clinical decision making (CDM) in short-term physical conditions. However, there is a lack of knowledge on CDM and its outcome in long-term illnesses, especially in the care for people with severe mental illness (SMI)¹⁻³.

Thus, CEDAR investigates the immediate, short- and long-term effect of CDM on crucial dimensions of clinical outcome (symptom level, quality of life, needs) by taking into account significant variables moderating this relationship.

Main hypotheses

- The quality of CDM is positively related to treatment outcome in the routine care of people with SMI.
- The quality of CDM can be adequately described by taking into account decision making styles, satisfaction with decision making, and type of decision making ("paternalistic" vs. "shared" vs. "informed").
- Actual CDM in routine care depends on the context, i.e. varies for different kinds of decisions and is susceptible to change over time.
- The relation between quality of CDM and outcome is affected by a number of covariates.



Methods

1) Preparation (04/09 - 10/09)

- Establish a methodology to assess CDM in people with SMI.
- Develop specific instruments to measure CDM style, key elements of CDM in routine care, as well as CDM involvement and satisfaction from patient and key worker perspectives.

2) Main study (11/09 - 10/11)

- Put to use instruments in a multi-national prospective observational study (bi-monthly assessments during a one-year period; **N = 560**, 94 per centre).

Instruments

Variable	Instrument	Perspective*	Time		
			T0	T1-T5	T6
Socio-demographic status, service use	CSSRI ⁴	R	✓	✓	✓
Illness severity	TAG ⁵	S	✓	✓	✓
Diagnosis	SCID ⁶	R	✓	✓	✓
CDM style	CDMS (CEDAR)	P / S	✓	✓	✓
CDM in routine care	CDRC (CEDAR)	P / S	✓	✓	✓
CDM involvement and satisfaction	CDIS (CEDAR)	P / S	✓	✓	✓
Outcome	HoNOS ⁷	S	✓	✓	✓
	QQ-45 ⁸	P	✓	✓	✓
Needs	CANSAS ⁷	P / S	✓	✓	✓
Quality of life	MANSA ⁹	R	✓	✓	✓
Therapeutic relationship	HAS ¹⁰	P / S	✓	✓	✓
Functioning	GAF ¹¹	S	✓	✓	✓
Recovery	STORI-30 ¹²	P	✓	✓	✓

* P: Patient; S: Staff; R: Research worker.

Inclusion criteria

- Adult age (18-60 years) at intake,
- Diagnosis of severe mental illness based upon validated criteria,
- Expected contact with community mental health services during study participation,
- Sufficient command of the host country's language,
- Capable of giving informed consent.

Exclusion criteria

- Mental retardation, dementia, substance use or organic brain disorder,
- Severe cognitive impairment,
- Treatment by forensic psychiatric services.

First results

Between 11/09 and 07/10, N = 359 patients (64.1% of total) meeting inclusion criteria have given informed consent to participate.

Participant characteristics (N = 255)*

Gender; female, n (%)	129 (50.6)
Age; years, mean (sd)	43.9 (57.5)
Marital status; single/unmarried, n (%)	140 (54.9)
General school education; years, mean (sd)	11.6 (6.2)
Completed secondary level of education or higher, n (%)	180 (70.6)

* Difference to number of participants included due to ongoing data collection.

Examples of decisions

Identified at first assessed treatment session at intake (T0).

Patients

- "When I get suicidal thoughts, I should imagine my key worker wagging his finger." *Denmark*
- "I should loose weight." *Hungary*
- "I should step out more frequently and invite friends". *Italy*
- "I am supposed to make a daily schedule and a barometer of my emotions." *Germany*
- "That my medication was to be reviewed in one month's time with my care co-ordinator". *U.K.*
- "Going to a gymnastic club in the free time." *Switzerland*

Key workers

- "The patient will start driving her car." *Italy*
- "Even though his marriage is threatened, the patient should constructively continue to work on getting a meaningful and 'normal' life." *Denmark*
- "To do volunteering will help him have a structured day." *U.K.*
- "Change taking medication and emergency plan (telephone number for the patient if I'm not available)." *Switzerland*
- "No change in medication, patient coming to controls more frequently in future." *Hungary*
- "A reduction of medication dosage, as desired by patient, is not possible given the current symptomatology." *Germany*

Summary and Outlook

Instrument development has been successfully completed in 2009, and the main study got off to a good start.

Results to come will guide informed delineation of quality indicators of clinical decision making. Furthermore, evidence to be generated in CEDAR will serve as a starting point for recommending specific interventions to improve health service provision for people with severe mental illness across Europe.

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