Pattern of Defaulting from a Nigerian Child and Adolescent Psychiatric Clinic

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ABSTRACT

Background: Despite the availability of effective treatment for childhood psychiatric disorders, the successful treatment of children who access mental health services could be undermined by defaulting from treatment.

Aim: To determine the pattern of defaulting from the Child and Adolescent clinic of the Federal Neuro-Psychiatric Hospital, Yaba.

Methods: The case notes of all patients registered at the Child and Adolescent Clinic of the Federal Neuro-Psychiatric Hospital Yaba, within a period of one year, were retrospectively reviewed to determine their pattern of default from clinic appointments.

Results: A fifth of the sample missed their first clinic appointment. By the 2nd and 4th appointment, the percentage of defaulters had increased to 51.0% and 61.7% respectively. The median number of out-patient clinic attendance before defaulting was 2 (IQR 1 to 6). Patients who missed their first appointment were more likely to drop-out from treatment (p<0.001).

Conclusion: There is a high rate of defaulting from child psychiatric clinic in this environment. This highlights the need for interventions that could facilitate the retention of children in treatment.

INTRODUCTION

According to global and local epidemiological evidences, about 20% of children and adolescents have psychiatric disorders (Costello, 2003; Gureje et al, 1994). Despite the availability of effective evidence-based treatment for these disorders, 70 percent of children and adolescents with psychiatric disorders do not undertake the required therapy (Edlund et al, 2002 Angold et al, 2002; Merikangas et al, 2010). Out of the small fraction of children that eventually access mental health services, the majority default and end up dropping out from treatment (Harpaz-Rotem et al, 2004). Mental health treatments received for inadequate durations have been shown to be ineffective (Melfi et al, 1997). Defaulting from psychiatric treatment increases the risk of relapse, predisposes to poorer outcomes in the patient and also constitutes an enormous waste of scarce mental health resources (Kilaspy, 2006).

Previous studies, conducted predominantly in Europe and America, have shown that about 40 to 60 percent of children who attend psychiatric out-patient clinic drop out from follow-up after the first few visits to their service providers (Andrade et al, 2000; Little et al, 2001). However, specific rates of defaulting from treatment vary widely across studies and service settings.

In a study of the pattern of out-patient service use among 180 adolescents, Goldston et al (2003) reported that seventy-three percent of the sample complied with out-patient clinic appointment in the first month. However, after six months, 43% had defaulted from treatment. Similarly, Ghaziuddin et al (1999) assessed the pattern of out-patient attendance in a sample of 71 adolescents with psychiatric disorders. Within a 6 month period, 33% of the sample had defaulted from treatment. The mean number of out-patient clinic attendance before defaulting was 5.4.

Safer et al (1996) determined the rate of defaulting in a sample of children newly referred to out-patient services following discharge from in-patient care. They found that forty-four percent defaulted from out-patient clinic following discharge from in-patient services. Lloyds et al (1998) followed up 97 children and adolescents in out-patient services for 12 to 18 months, in order to determine their pattern of adherence with out-patient appointments. Sixty-two percent defaulted from pharmacotherapy-based out-patient services, while 43% defaulted from psychotherapy-based out-patient services.

According to previous studies, the factors associated with high rates of defaulting from child and adolescent psychiatric clinics include high levels of caregiver burden, presence of parental psychopathology, low level of education of caregivers, parental separation, low socio-economic status, unfavourable clinical profile, negative attitudes to treatment, frequency of appointments, presence of co-morbidities, and poor level of functioning (King et al, 1997; Goldston et al 2003; Daniel et al, 2004; Harpaz-Rotem et al, 2004).

There is limited information on the pattern of defaulting from child and adolescent psychiatric services in our environment, as the few Nigerian studies on this subject focused majorly on adult patients (Ogunlesi and Adelekan, 1990;