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Determinants of perceived coercion and outcome in involuntarily committed patients

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Background

Most involuntarily admitted patients show substantial clinical improvement over time. However, a substantial number of patients (between 19% and 67%) retrospecively do not feel that their admission was justified or beneficial [1].

Objectives

To identify clinical factors associated with perceived coercion and outcome of involuntarily admitted patients who are considered to be dangerous to themselves or others.

Method

We conducted a one-year prospective cohort study in 207 patients committed by court order and assessed demographic characteristics, perceived coercion, insight, symptoms, and levels of dangerousness at 6-month intervals.

Results and conclusion

We will present the outline of the study and results using primarily baseline assessments. Specifically, we will test the hypothesis that higher levels of perceived coercion will be associated with less insight, higher levels of paranoid symptoms, and higher levels of danger to others as compared to danger to self.

References

Katsakou C, Priebe S: Outcomes of involuntary hospital admission: a review. Acta Psychiatr Scand 2006, 114:232-241.