

Oral presentation

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Joint crisis plans for people with psychosis: economic evaluation of a randomized controlled trial

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Background

To investigate cost-effectiveness of joint crisis plans, a form of advance agreement for people with severe mental illness [1,2].

Methods

Design: Single blind randomized controlled trial, with randomisation of individuals to Joint Crisis Plan or a standardized service information control. Setting: Eight community mental health teams in southern England. Participants: 160 people with a diagnosis of psychotic illness or non-psychotic bipolar disorder, with a hospital admission within the previous two years. Intervention: The Joint Crisis Plan was formulated by the patient, care co-ordinator, psychiatrist, and project worker, containing contact information, details of illnesses, treatments, relapse indicators, and advance statements of preferences for care for future relapses. Main outcome measures: Admission to hospital, and service use over 15 months.

Results

Joint Crisis Plan use was associated with relatively lower service use and costs on average than the control group, but differences were not statistically significant. Total costs during follow-up were £7,264 for each Joint Crisis Plan participant and £8,359 for the control group (mean difference £1095; 95% confidence interval – £2,814 to £5,004). Cost-effectiveness acceptability curves, used to explore uncertainty in estimates of costs and effects, sug-

gest there is a greater than 78% probability that Joint Crisis Plans are more cost-effective than the standardized service information in reducing the proportion of patients admitted to hospital.

Conclusion

Joint Crisis Plans produced a non-significant decrease in admissions and total costs. Whilst acknowledging the wide confidence intervals for the cost estimates, exploration of the associated uncertainty suggests there is a relatively high probability of Joint Crisis Plans being more cost-effective than standardized service information for people with psychotic disorders.

References

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