Outcome Evaluation of the Treatment Of Disruptive Disorders

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Executive Summary

This is the first phase of a project to develop a systematic evaluation of the outcome of treatment of disruptive disordered children and adolescents seen in the outpatient clinic of the Child and Adolescent Program, Mental Health, of the Humber River Regional Hospital, Toronto.

This is a retrospective evaluation of the treatment outcome of patients with a diagnosis of disruptive disorder seen in the clinic during a two and a half year period from May 2004 to November 2006.

327 charts were reviewed and information regarding illness severity at assessment, degree of treatment participation (reflected in number of appointments) and treatment outcome (as indicated in the last progress note) was extracted onto prepared data collection sheets. This information was inputted into Microsoft Access for analysis. The relationship of severity of illness at admission, and of degree of treatment participation, to outcome will be determined.

It is anticipated that the degree of participation (which is considered a proxy for compliance) will be directly related to positivity of outcome. A second phase will study whether an increase in participation and standardized treatment will lead to increase in positive outcomes, systematically measured.

Purpose of Evaluation

The study attempts to answer the following questions:

1. How is treatment participation related to outcome?
2. How is severity of illness related to outcome?
3. Do illness severity and treatment participation interact?
4. Will the findings support the idea that a treatment contract may improve outcome?

Target populations are patients with diagnosis of ADHD, ODD or CD, seen in the clinic between May 2004 to November 2006. Stakeholders are the Clinic and Hospital, and the families of patients.
Methodology

The charts of all patients with primary or secondary diagnosis of ADHD, ODD or CD seen between May 19, 2004 to November 19, 2006 were reviewed for information regarding:

- severity at assessment
- the number of appointments kept
- the level of improvement at the last appointment as reflected in the clinician’s stated summary ‘Impressions’

The information was gathered onto data sheets developed for this study. The information was subsequently entered into the computer on Microsoft Access software. 318 cases have been inputted so far with 9 more cases remaining to be inputed.

Illness severity rating at assessment is based on an aggregation of severity rating on the CSI, Offord and Boyle (Parent and Teacher) questionnaires, and of the Conners ADHD rating scales when this is available. Ratings are ‘mild’, ‘moderate’ or ‘severe’.

The number of appointments include the initial appointment and all subsequent appointments. Assessments are usually completed in one or two sessions.

Treatment was recorded as being either ‘medication’ and or ‘psychosocial support’ (individual family, parenting, behaviour management etc.)

Outcome was rated as Improved (I), Same (S), Worse (W) or Not Indicated (NI), based on the clinician’s impressions stated in the progress note of the patients last visit.

The data input is almost completed.

Results

367 charts of patients who presented with disruptive behaviours between May 19 2004 and Nov 2006 were identified from the list of all admissions during that period. The 304 patients with a primary or secondary diagnosis of ADHD, ODD or CD were reviewed, and information extracted re: diagnosis, severity ratings on admission instruments, type of treatment(s), number of sessions attended, and clinician assessment of clinical status at time of discontinuation.

Analysis not available at this time. A consultant has been retained to review methodology and to assist with analysis.
Conclusion
Pending

Next steps
1. A consultant psychologist has been engaged to help with the refinement and analysis of the study, and with preparation of a final report for submission to the funder and with a view to publication at a large child psychiatry conference.

2. Planning will begin for Phase 2 to assess the impact on treatment outcome of a treatment contract with a treatment protocol.