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found to be ideal for analysis and clarity. These clusters separated patients with a high number of events per year before onset of care at the clinic from those with lower numbers (mean 8.0, SD 8.4, range 0–157 events), and patients with different trajectories. In all clusters, the service use increased during the time before outpatient care admission and decreased after the care. In all clusters, the service use was at a high level from admission to 12 month follow-up, and decreased between the following months 12 to 18.

Emergency care visits in the year before the initial visit at the clinic was 1.2 (SD 3.0), which reduced to 0.6 (SD 1.7) in the following year.

The economic impact of the use is under analysis and the figures will be presented.

Conclusion

Specialist outpatient care for patients with functional disorders decreases the total use of health care services, especially in emergency care. The HCRU begins to decline 12 to 18 months after the onset of rehabilitation. A 12-month follow-up may be too short to find out the effect in this patient group.

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Characterization of psychosocial distress in somatic hospital inpatients: First results from the stepped-wedge cluster randomized trial 'SomPsyNet' (NCT04269005)

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Background

Psychosocial distress is a significant but often overlooked problem in somatic hospital inpatients. It is associated with

increased morbidity, more frequent re-hospitalization, higher healthcare costs, poorer treatment outcomes, and reduced quality of life. Early identification of psychosocial distress and appropriate treatment options are crucial to reducing it. The "SomPsyNet" project targets patients from SOMatic acute hospitals and aims to prevent PSYchosocial distress consequences in their course of disease by establishing and evaluating a stepped and collaborative care NETWORK. In this contribution, we present preliminary results on the characterization of psychosocial distress in somatic hospital inpatients.

Methods

This study included adult patients from selected wards of three somatic hospitals in Basel-Stadt (University Hospital Basel, Bethesda Hospital, University Geriatric Medicine Felix Platter). The recruitment period was from 09th June 2020 to 16th December 2022. Psychosocial distress was operationalized using previously validated cut-off values of the following three instruments: increased depression - Patient Health Questionnaire-8 (PHQ-8) ≥ 10 , anxiety - Generalized Anxiety Disorder-7 (GAD-7) ≥ 10 or/and somatic distress - Somatic Symptom Disorder-B Criteria Scale (SSD-12) ≥ 23 . In addition, somatic symptom severity was recorded - Somatic Symptom Scale-8 (SSS-8) ≥ 9 .

Results

Preliminary analyses based on 3178 patients (53.7% female) showed that a significant proportion exceeded the cut-off values for increased depressivity (PHQ-8 ≥ 10 : 24.2%, 95% confidence interval (CI): 22.7–25.7%), anxiety (GAD-7 ≥ 10 : 15%, 95% CI: 13.8–16.3%) or somatic symptom burden (SSD-12 ≥ 23 : 25.4%, 95% CI: 23.9–27%). Somatic symptom severity (SSS-8 ≥ 9) was elevated in 52.4% (95% CI: 50.6–54.2%). Overall, a total of 1156 of the 3178 participating patients (36.4%; 95%CI: 34.7–38.1%) were found to be psychosocially distressed in the sense that they scored at or above at least one of the cut-off scores in PHQ-8, GAD-7, and/or SSD-12. Stratified analyses allowed the identification of particularly burdened subgroups.

Discussion

The results confirm psychosocial distress as a relevant factor in somatic hospital inpatients and emphasize the importance of its systematic, early detection followed by a treatment offer. The high prevalence of 36.4% psychosocially distressed patients in somatic hospitals and the identification of vulnerable subgroups emphasize the need for individually adapted care strategies for psychosocial distress within somatic hospital inpatient settings and beyond.

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The 'nest position' – an innovative physiotherapeutic intervention in the treatment of dissociative disorders

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