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CLINICAL INDICES OF INSTITUTIONAL STRESS IN RELOCATING TO A NEW HOSPITAL

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Relocating an entire state hospital population to a new facility poses stress for patients and staff. Preparation for 414 patients (57% hospitalized >2 years) proceeded over 18 months. Several scales for each patient: BPRS, a 4-point transition scale ("none" to "a lot"), and the 5-point Greystone Intrusiveness Measure (GIM) completed. Data are available for 195 patients both before and after the move. Total BPRS decreased from 41.4 ± 13.0 (mean \pm sd) to 34.7 ± 14.6 (paired $t=6.5$, df 194, $p < 0.001$), and mean GIM from 2.13 ± 1.28 to 1.78 ± 1.12 ($t=3.8$, df 193, $p < 0.001$). GIM pre-move correlated with concurrent ($r=0.43$, $p < 0.001$) and post-move ($r=.24$, $p < 0.001$) BPRS. Anticipated difficulty (35% some/11% a lot) was associated with pre-move BPRS ($r=.33$; $p < 0.001$) and GIM ($r=.28$, $p < 0.001$), but to only a lesser degree with post-move BPRS ($r=.18$; $p < 0.02$) and GIM ($r=.16$; $p < 0.03$). Reported post-move difficulties (23% some/6% a lot) were less than expected ($t=3.3$, df 194, $p < 0.001$) and not associated with anticipated difficulties ($r=0.06$, p ns). Only 37% of those predicted were reported to have post-move difficulty. Post-move difficulty was associated with pre-move BPRS ($r=0.21$, $p < 0.01$) and GIM ($r=0.17$, $p < 0.02$), more so with the concurrent post-move BPRS ($r=0.46$, $p < 0.001$) and GIM ($r=0.58$, $p < 0.001$). Hospital-wide antipsychotic polypharmacy spiked preceding the move, returning toward baseline in the post-move months. The findings suggest that anticipation of the event was associated with greater clinical stress than the move. The extensive hospital planning may account for both high anticipatory stress and reduced adverse consequences post-move. Clinicians have only a modest ability to predict who will have difficulty with clinical transitions.