

#3110 Title: Mixed-Methods Service Evaluation of a Multidisciplinary Inpatient Programme for FND & NEAD

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OBJECTIVES/AIMS

Evaluate longer-term outcomes of the multidisciplinary inpatient programme for Functional Neurological Disorder and Non-epileptic Attack Disorder using qualitative and quantitative measures. Compare quantitative measures to those gathered routinely at admission and discharge. Generate recommendations for service development and further evaluation.

METHODS

Approval was gained from Southmead Clinical Audit Department (CE10237). We contacted all inpatients discharged between December 2019 and March 2020 via telephone in August-September 2020. Quantitative outcomes were gathered on quality of life and psychological distress using the EQ-5D-5L and Core10 tools. Scores were compared to those gathered routinely at admission and discharge, using Wilcoxon's test for ranked pairs. Qualitative feedback was gathered using open-ended prompts, and thematic analysis of this data was conducted independently by two researchers.

RESULTS

19 of 22 patients successfully completed the service evaluation. Quantitative results tended toward improvement on all measures between admission and discharge, with a mixed pattern following discharge - sustained improvement in overall quality of life, and regression in other scores. Improvement in overall quality of life between admission and follow-up was statistically significant ($p=0.012$, $Z=2.52$). Changes in psychological distress (Core10) were also statistically significant, reducing between admission and discharge ($p=0.004$, $Z=-2.84$) and increasing between discharge and follow-up ($p=0.016$, $Z=2.42$). Changes in other scores were not statistically significant at the $p<0.05$ level.

Qualitative results highlighted the value of the individual therapies offered, the multidisciplinary approach, and the supportive environment. The stay was described as a "turning point" for 9 participants. Participants reported improved understanding of their diagnosis, and of self-management strategies. There was demand for more psychological therapies, and increased provision of follow-up. Some expressed dissatisfaction with the ward round format and excess "down-time".

CONCLUSIONS

Positive qualitative findings highlight strengths of inpatient model.

Mixed pattern in long-term quantitative outcomes, suggesting some benefits are sustained, and others are not.

A larger sample is needed to replicate findings, assess effect sizes, and assess which patients or which symptoms benefit most.

Improved collection of outcome measures, including routine collection of follow-up data, would enable this.

Recommendations for service development include increased provision of both psychological therapies and follow-up, and adjusting the ward round format and activity programme.