Discussion

The shorter hospitalizations in the USA were probably caused by influences and by discharging patients to aftercare facilities. However, this difference probably originated from the different healthcare pressure that was put on doctors to discharge patients much earlier.

But what is the reason for such a difference? Another question is what influence is responsible for such a change in the patient and hospital discharge practices? Is it at all possible to transfer some of the differences found in the German system of inpatient treatment to the USA? If so, why not use the experience of psychiatric patients for the German health system?

It is not assumed that length of stay figures in hospitals can be used to evaluate the efficacy of inpatient treatment. Consequently, in psychiatry, such figures are considered doubtful because of the lack of homogeneity of various hospitals.

Fig: 2: Presentation of the average inpatient stay in mean days until 2000 in the USA and Germany.

Additional data was collected during two months on the acute ward from 24 patients, number of patients included in this study. To adjust these patients' mean age, gender, race, legal status, number of previous admissions, treatment, and length of stay. To adjust comparisons between these two countries, not only were these patients included in this study but, as this sample size was very small, a comparison was also made on inpatient individuals discharged from inpatient facilities within 5 years.

The total number of 11,937 patients were treated between 1996-2000 in the Charity Hospital. A total number of 5,544 patients were treated during the study period. The average stay was significantly shorter in the USA compared to Germany. The average stay for schizophrenic patients was 21 (37) days, for patients with bipolar disorder 15 (40) days and for patients with major depressive disorder 11 (50) days. The data revealed also that psychiatric patients in the USA were not discharged with a lower score on the BPRS test.