Abstract

Background: The acronym 'DAMA' stands for 'discharge against medical advice'. Previous studies showed that DAMA was associated with several socio-demographic and clinical factors, such as age, personality problem, and duration of stay in the hospital. DAMA was also associated with increased patients' morbidity and risk of hospital readmissions. However, related studies in Hong Kong Chinese adult psychiatric patients are still lacking.

Objective: The purpose of this retrospective case-control study was to evaluate the factors associated with DAMA and the possible adverse clinical outcomes of DAMA in Hong Kong Chinese adult psychiatric inpatients.

Methodology: Psychiatric inpatients in Kowloon Hospital gazette wards discharged in the period of January 2010 to December 2012 were recruited in the study. Several socio-demographic and clinical characteristics of DAMA and non-DAMA patients were analyzed. Differences between DAMA and non-DAMA groups were assessed by using bivariate analysis and logistic regression. Clinical outcomes such as the number of Accident and Emergency Department visits after DAMA, default on psychiatric outpatient follow-up consultations, psychiatric readmissions, and mortality were analyzed in this study.

Results: A total of 585 patients' records were studied. Several socio-demographic and clinical factors were found to be statistically significant with DAMA in bivariate analysis, namely: age, marital status, living status, employment status, psychiatric diagnosis, personality disorder, violence before admission, suicidal acts or thoughts before admission, previous violence records, being new to mental health services, length of stay in hospital, and previous psychiatric admissions. Logistic regression modelling revealed that younger age, shorter length of stay in hospital, the presence of previous verbal violence, fewer previous psychiatric admissions, and admission on Thursday of the week were independently related to DAMA. Re-

garding the clinical outcomes of DAMA, in logistic regression analysis, only mortality was found to be independently related to DAMA.

Conclusion: DAMA was a common problem in Hong Kong adult psychiatric patients with a period prevalence rate of 5%. Some socio-demographic and clinical factors were found to be associated with DAMA. Some of the findings were similar to the previous studies in the West such as younger age and shorter duration of stay. Lastly, the mortality risk was not higher in the DAMA group. This suggested that DAMA might not be a phenomenon as risky as many clinicians regard it to be so. By weighing the pros and cons of earlier discharge, we might be able to strike the balance between respecting patients' autonomy, yet preventing adverse clinical outcomes for both the patients and the public.