

ABSTRACT

Background

Admission experience has been shown to be related to insight and treatment adherence. Research in this area in Chinese patients has been impeded by the lack of a standardised instrument. This study translated the Admission Experience Survey (AES) into Chinese and evaluated the psychometric properties, cultural appropriateness and clinical correlates.

Methods

The Chinese version of the Admission Experience Survey (C-AES) was validated with a qualitative approach followed by quantitative methods. After translation and back-translation, the content validity was established by focus groups and expert panel review. C-AES was administered to 135 adult psychiatric patients in the Castle Peak Hospital within 48 hours of admission. Construct validity was assessed by comparing the scores from patients admitted voluntarily versus patients committed involuntarily, and those received physical or chemical restraint versus those who did not. The relationship between admission experience and psychopathology was examined by correlating C-AES scores with the Brief Psychiatric Rating Scale (BPRS) scores.

The validated C-AES was then applied in a four-week longitudinal correlation study to investigate the relationship between admission experience and clinical variables. The C-AES was administered to 40 patients with schizophrenia within 48 hours of admission as a baseline, followed by subsequent interviews at two weeks and four weeks post-admission. Insight, attitude towards prescription, medication side

effects and psychiatric symptomatology were assessed using the Scale to Assess Unawareness of Mental Disorder (SUMD), the Drug Attitude Inventory (DAI), the Extrapyramidal Symptom Rating Scale (ESRS), the Scale for the Assessment of Negative Symptoms (SANS) and Scale for the Assessment of Positive Symptoms (SAPS). Regression by Generalised Estimating Equations (GEE) was used to evaluate the relationship between the clinical variables.

Results

Spearman's item-to-total correlations of the C-AES ranged from 0.50 to 0.74. Three factors from the C-AES were extracted using factor analysis. Item 12 was omitted because of poor internal consistency and factor loading. The factor structure of the Process Exclusion Scale (C-PES) corresponded to the English version, while some discrepancies were noted in the Perceived Coercion Scale (C-PCS) and the Negative Pressure Scale (C-NPS). All subscales had good internal consistencies. Scores were significantly higher for patients either committed involuntarily or subjected to chemical or physical restraint, independent on severity of psychotic symptoms.

The correlation stage revealed that an improvement in insight was associated with a reduction in perceived coercion ($B = 0.261, p < 0.01$) during the four-week treatment. An increase in atypical antipsychotic dosage in milligram of chlorpromazine equivalents predicted insight improvement ($B = -0.001, p < 0.01$). There was an associated improvement in attitude towards medication ($B = -0.027, p < 0.01$). These observations were independent on schizophrenic symptoms or extrapyramidal side effects.

Conclusions

The C- AES is a psychometrically sound instrument assessing the three different aspects of the experience of admission, namely “negative pressure”, “process exclusion” and “perceived coercion”. Improvement in insight is associated with a reduction in perceived coercion and a more positive attitude towards prescription, and is predicted by a higher dosage of atypical antipsychotic.

Keywords: AES, treatment refusal, psychometrics, validation study