Factors Associated with Non-Attendant Appointment Out-Patients at The Psychiatric Clinic in Chiang Mai University Hospital, The Preliminary Study

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Background: In psychiatric patients, non-attendant appointment may result in increased frustration of health care providers, decreased levels of providers’ empathy. But factors associated with non-attendance were rarely explored. We purpose to examine the prevalence and risk factors associated with non-attendant appointment in psychiatric out-patients.

Methods: A cross-sectional, observational study in 311 outpatients routinely followed-up at the outpatient psychiatric clinic was conducted. Demographic data was corrected in the first appointment (visit o). The associated factors were obtained by using questionnaire developed from the framework of factors influencing adherence1 in the next visit (visit 1) and the revised Helping Alliance Questionnaire (HAq-II) was also obtained in the same visit. The missed-appointment patients were identified by not appearing at appointment date or making new appointment less than 1 day from ex-date, and then obtained information next visit. We contacted the non-attendant patients after the appointment twice within 5 and 10 workdays to revisit. Failed making new appointment or missing twice calls were identified as the loss-follow-up group and excluded from the factor associated analysis.

Results: Seventy-five patients (24.12%) had not appeared at appointment date: forty-nine patients (15.76%) had missed appointment and twenty-six patients (8.36%) were loss follow-up. Marital status had significantly difference (p=0.013) in an attendant appointment, a non-attendant appointment and a loss-follow-up group. Mann-Whitney correlation analyses were used to assess the risk factors. Previous non-response to treatment (p=0.03), forgetting the appointment (p=0.016) and insufficient medical supply (p=0.009) in the psychiatric outpatients are associated with the non-attendant appointments. However, helping alliance tends to not significantly different

Conclusions: This preliminary data showed that about one-quarter of psychiatric patients were not attend the appointment on time. Previous non-response to treatment, forgetting the appointment and insufficient medicine were the most common associated factors. This preliminary report may contribute some information for improving quality of appointment system.