Author's response to reviews

Title: Predictors of involuntary admissions among non-psychotic patients with substance use disorders and comorbidity: a cross-sectional study

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Author's response to reviews: see over
Dear, Danrolf de Jesus,

Manuscript MS: 1959391252775934 - “Predictors of involuntary admissions among non-psychotic patients with substance use disorders and comorbidity: a cross-sectional study”

Thank you for your support and interest in our paper and for allowing us to resubmit a revised version for publication in *BMC Health Services Research*.

We appreciate the valuable and constructive comments from the editor and have, as much as possible, revised the paper according to your suggestions. We feel now that the paper addresses the scientific issues and put this issue in an international perspective.

We hope the revised paper is now acceptable. Please do contact me again if additional issues need to be addressed.

Detailed responses are provided below.

Yours Sincerely,

Anne Opsal
(on behalf of the authors)

Sørlandet Hospital, Addiction Unit
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BMC Health Services Research concern stated below:

“Our findings of which factors that are associated with involuntary admissions to hospital of these patients may provide useful knowledge that clinical practitioners and authorities would benefit from.". However, they fail to clarify what the implications of their study are for an international scientific audience. I encourage the authors to resubmit a revised version of this manuscript, addressing the scientific issues and putting this issue in an international perspective (what can health services researchers in other countries learn from this study)

Reply: Thank you for your suggestion. We have added following paragraph to the paper:

Page 4. **Background**

Comorbid disorders are pervasive in mental health and SUD treatment settings, and there is a need for health service providers both in Norway and in other countries to develop better integrated services that addresses both problem areas [9].

Page 12. **Discussion**

Therefore, health service providers in countries that are applying involuntary admission pursuant to a social services act should take in consideration these factors. We found that injecting illicit drugs, repeated experience of overdoses and polydrug use were all associated with involuntary hospitalization. Injection of drugs implies both the strongest involvement with drug use and the highest risk of substance-related morbidity and mortality.

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This is an often neglected problem that health service providers should take into consideration. SUD patients as demonstrated in this study illuminate characteristics among a vulnerable group of
patients that often exhibit combined SUD and mental health problems, but also exhibit somatic disorders in addition. Therefore, comorbidities appear to be particularly relevant. To provide adequate care, treatment centers caring for the needs of these and similar patients would likely benefit from combined expertise in substance use disorders, psychiatric disorders, and somatic disorders [9].

The main objective of this study was to explore the relationship between substance use patterns and involuntary admission to hospitals. Although the social services acts may differ in different countries the characteristics of IA patients found in this study may be similar for patients involuntarily admitted in other countries. We found that 60% of patients IA pursuant to a social services act had comorbid SUD and psychiatric disorder. This comorbidity renders treatment more difficult. Patients diagnosed with comorbidities often require longer treatment duration and more carefully planned care to optimize treatment outcomes. This need presents a major challenge to the health service providers indicating the need to diagnose and treat these patients within a highly competent system. Therefore, clinical routines that better identify and treat SUD and psychiatric disorders among IA patients should be given high priority, as many of the patients would likely benefit from integrated specialist treatment [9].

**Page 15. Conclusions**

This study addresses the knowledge gap and focuses on SUD patients who have been involuntarily admitted to institutions pursuant to a social services act. Our findings of which factors that are associated with involuntary admissions to hospital of these patients may provide useful knowledge
that clinical practitioners and authorities in countries using involuntary admissions and treatment of SUD patients would benefit from.

We found that, rather than ICD-10 diagnoses, demographic characteristics and severity of drug use (injecting drugs, overdoses) were associated with involuntary admission to a treatment institution in this study. Female gender, receiving public welfare benefits, frequent visits to physicians for somatic complaints, and drug injection during the past 6 months were all associated with involuntarily admission pursuant to the Social Services Act.

In sum, the factors associated with involuntary admission presented in this study indicate that “poverty”, somatic complaints, and a perception of females who use injection substances as “victims of addiction” characterize patients involuntarily admitted to treatment for substance use disorders. The concurrence of SUD, mental, and somatic complaints presents a major challenge to health service providers also in an international perspective, indicating the need to educate the health providers and to diagnose and treat these patients within a highly competent system.