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Randomized controlled trial of homeopathy for panic disorder

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Background: Panic disorder is one of the most disabling and costly disorders, which often unnecessarily use health care resources. Homeopathy has been discussed as a therapeutic alternative or add-on in relevance to psychiatry, but as yet no study has been conducted for panic disorder.

Objective: To analyze the effectiveness of homeopathy intervention treating panic disorder.

Design & Setting: Randomized, single-blind, controlled clinical trial conducted in 4 psychiatric clinics from May 2014 to April 2016.

Participants: 232 patients meeting DSM-IV criteria for panic disorder.

Intervention: 182 meeting DSM-IV criteria for panic disorder were randomized to receive either treatment as usual or an intervention combination with homeopathy for up to 4 months, with up to 6 follow-up during the next 10 months and pharmacotherapy provided by psychiatrist.

Main Outcome Measures: Treatment response was measured by the panic disorder severity scale (PDSS) and change over time by World Health Organization Disability Scale and SF-12.

Results: The combined intervention resulted in sustained and gradually better improvement than treatment as usual, with significant reduction in severity of panic symptoms ($p < 0.001$) and more likely to respond at treatment termination ($p < 0.002$). Greater improvements in World Health Organization Disability Scale (all points) and SF-12 mental health functioning were reported in combined homeopathy treatment.

Conclusion: Delivery of evidence-based homeopathy and medication using the collaborative care model and homeopathy is feasible and significantly more effective than usual care for panic disorder,

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Supporting mental health related crises: Building the evidence base

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Despite increasing emphasis on diverting care from acute, hospital based services, important knowledge gaps remain on crisis prevention, early intervention, appropriate management and recovery support for individuals presenting with a mental health or addictions related crisis. This presentation will briefly summarize existing literature and present findings from efforts related to improve timely crisis response and management, using mobile crisis interventions teams (MCITs) of police officers and mental health nurses, and case management interventions connecting emergency department (ED) service users to primary care and other community supports. Emerging findings of a mixed methods program evaluation, including comparison of MCIT process data with administrative databases of police-only responders, and qualitative interviews with service users and program and system stakeholders will be discussed. Lessons learned from a mixed methods randomized controlled trial of a brief intervention for frequent ED users will be presented, including barriers to continuity of care and frequent ED user care experiences in the ED. Building on the limited evidence base that exists of what works, when, and for whom can inform, in partnership with service users, our planning for services to improve experiences of care, health outcomes and health service use for individuals experiencing mental health related crises.

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