

Measurement Issues In Assessing Premature Treatment Discontinuation

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Background

- During 2017, 7.6 million (22.1%) emerging adults ages 18 to 25 in the US were diagnosed with a mental illness and 5.2 million (15.1%) with a substance use disorder (SAMHSA, 2018).
- However, only 45% of young adults with behavioral health illnesses ever access treatment (Baekeland, & Lundwall,1975).
- For those who do seek care, premature discontinuation from treatment is common (Bryan et al., 2009; Henzen et al., 2016).
- One of the challenges associated with these studies involves how premature discontinuation from treatment is operationalized and measured.
- This poster summarizes the findings of a systematic review of the literature examining how “dropout” from behavioral health treatment is currently operationalized and measured in research.

Method

- Systematic review of empirical research.
- Conducted in the United States between 2014-2019.
- Published in English in peer-reviewed journals.
- Search Terms:**
 - Behavioral health** - behavioral health; mental health; mental illness; mental disorders; mental diagnoses; substance use and abuse; substance use and abuse disorders; and substance use and abuse diagnoses.
 - Behavioral health treatment** - behavioral health care; behavioral health treatment; mental health care; mental health treatment; psychiatric treatment; substance abuse treatment; therapy; group therapy; psychotherapy; counseling; and psychosocial treatment.



- Search Terms continued:**
 - Premature Discontinuation** - withdrawal; treatment withdrawal; dropout; termination; premature termination; discontinuation; premature discontinuation; completion; non-completion; and attrition.
 - Search terms were linked to premature discontinuation.
 - Search terms were used in various combinations when conducting this search.
- Data Bases Searched**
 - Seven electronic databases were searched - Cinahl, the Cochrane Central Registry of Controlled Trials, Embase, Google Scholar, PsycINFO, Scopus, and Web of Science.
- Exclusion Criteria**
 - Dissertations, case studies, or narratives
 - Gray literature such as conference abstracts or editorials
 - Studies conducted outside of the US or published in languages other than English
 - Studies published prior to 2014
 - Systematic reviews and meta-analyses
 - Studies in which significant proportion of the sample were children or adolescents
 - Studies focused on dropout from health care
 - Studies focused on discontinuation of psychotropic medications
 - Studies focused on adherence to online behavioral health interventions
- Review Process**
 - Application of the search terms in the seven databases identified 1,159 studies for possible inclusion in the review.
 - A brief review of the 1,159 article titles and abstracts reduce the number for inclusion to 772. The 387 articles were excluded based on exclusionary criteria (i.e., published before 2014, non-English, outside US).
 - A more thorough review of the article abstracts further reduced the number to 41. Most of the 731 articles were excluded due to a focus discontinuation of medication, dropout from medical treatment, or attrition from research.
 - Full text sources were reviewed for the 41 remaining articles; 13 were excluded for reasons such as a focus on smoking cessation, hypothetical study, or legally mandated populations resulting in 28 studies in the final review.

Results

- Definitions (See Table 1)**
 - There were six dropout definitions across the 28 studies.
 - The majority (64%) were duration- and/or dosage-based.
 - There was wide variation in operationalization within each category.

Table 1: Definitions of Premature Discontinuation

Definitions	Operationalization
Duration-based (25%)	No follow-up in 5 weeks – 2 years
Dosage-based (25%)	Completion of 3 – 16 sessions
Duration & Dosage-based (14%)	Specified # of sessions within a certain timeframe
Residential-treatment-based (18%)	Left program against medical advice or were told to leave for violations
Clinician-based (18%)	Clinical judgment of client progress
Client-based (4%)	Client self-reported progress

Table 2: Data Sources and Determiners

Data Sources	n/%
Medical records	8/29%
Administrative data	8/29
Research data	7/25
National surveys	3/11
Client-self report	2/7
Determiner	
Researchers	22/78%
Clinicians	6/18
Clients	3/4

- Data Sources & Determiners**
 - Medical records, administrative data, and research data were most often used to estimate dropout.
 - Researchers were the individuals who most often determined if dropout had occurred.

Conclusions

- There is a lack of standardization in how premature discontinuations defined and measured.
- The language and terms used varies greatly on how the construct is described.
- The lack of standardization resulted in vastly different dropout rates ranging from 21% to 60%.
- Discussions to work toward a common set of strategies for defining and measuring dropout would likely be beneficial.

References

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Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health. <https://www.samhsa.gov/data>. Published 2018.