Recruitment for Schizophrenia Research: Exploring the Differences Between Community Mental Health Centers and National Alliance for the Mentally Ill for the Mentality III

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Abstract

Objective: To evaluate sample differences associated with recruiting strategies in a study of people with schizophrenia.

Methods: In June 2000 and 2001, participants were identified through community mental health centers (CMHCs) and chapters of the National Alliance for the Mentally Ill (NAMI) for a study designed to understand, explain, and predict the health care attitudes and behaviors of people with schizophrenia. Data were collected using self-administered questionnaires.

Results: As expected, CMHC (n=416) and NAMI (n=430) respondents differed demographically. CMHC respondents were more likely to be older (P<0.001), non-Hispanic (P<0.002), living in group homes (P<0.001), and concentrated in urban regions of the country (Northeast and West; P<0.001). CMHC respondents were less likely than NAMI recruits to participate in productive activities (P<0.001). However, respondents from both facilities had similar health histories. They experienced schizophrenia symptoms for similar durations and had similar symptom severity, as measured by the Psychological General Well-Being Index. The two groups were also equally as likely to be overweight or obese, diagnosed with high cholesterol, and to use alcohol. CMHC and NAMI respondents also had similar patterns of care. They were equally as likely to have been hospitalized in the past 6 months and to be insured by Medicaid. Most respondents from both groups were on atypical antipsychotics and received mental healthcare from community mental health centers. The groups had had almost identical attitudes about medication compliance (P=0.989), as measured by the Drug Attitude Inventory. They also had similar medication compliance behaviors: 32% of CMHC recruits and 38% from NAMI organizations reported at least occasionally missing their psychotropic medication (P=0.116).

Conclusion: Despite large demographic differences between respondents recruited through NAMI and CMHC, there were few differences in health history and no significant differences in patterns of schizophrenia care.

Introduction

The recruitment process is an integral part of psychopharmacologic research. If patient demographics in a trial are too uniform, for example, the results may not be generalizable to larger groups. Similarly, selection biases can affect the generalizability of results if they are not identified and their effects estimated.1

Since 1997, Consumer Health Sciences (CHS) has been conducting concomitant surveys among people with schizophrenia to understand, explain, and predict their healthcare attitudes and behaviors. To date, eight waves of data have been collected in the United States. In June 2000, recruitment was extended to include respondents from community mental health centers (CMHCs). The goal was to explore differences between patients recruited through CMHCs and those recruited previously through local chapters of the National Alliance for the Mentality III (NAMI).

Objective

To determine whether differences exist between patients with schizophrenia recruited from NAMI and those recruited from CMHCs in terms of demographic, health history, and schizophrenia characteristics.

Subjects and Methods

Data were collected using self-administered questionnaires, which were developed by CHS and an advisory board of experts on schizophrenia.

Questionnaires included the Psychological General Well-Being (PGWB) Index, a scale designed to measure individuals’ subjective feelings of well-being or distress.

The Drug Attitude Inventory (DAI), consisting of 10 self-reported questions about the perceived effects of drug therapy,2 was used to measure drug compliance attitudes in patients.

Respondents had to be at least 18 years old and diagnosed with schizophrenia or schizoaffective disorder.

Data were collected in two waves: wave 5 (June 2000) and wave 6 (June 2001).

Each site was given $150 for every five questionnaires completed at that site, and $500 was available for additional completed questionnaires. Respondents were offered a 6-month subscription to a health newsletter for completing the survey.

Results

A total of 846 respondents were recruited: 416 (49%) from CMHC sites, and 430 (51%) from NAMI centers.

Demographics

As expected, CMHC and NAMI respondents differed demographically.

Compared with their NAMI counterparts, CMHC patients were significantly more likely to be older (≥50 years of age; Figure 1) and female (Figure 2; P<0.001 for both comparisons).

The survey also found that minority respondents were significantly more likely to be living in northeastern or western regions of the United States than their NAMI counterparts (P<0.001; Figure 3).

Healthcare

There were no significant between-group differences in types of health insurance (P=0.703; Table 3).

Most respondents received mental health care from CMHCs. More NAMI patients, however, received their care elsewhere (eg, psychiatrist’s office) than CMHC respondents (36% versus 30%; P=0.063).

Both groups had equal rates of hypercholesterolemia (28%) and similar rates of alcohol use (CMHC: 27%; NAMI: 24%). However, there was a significantly higher rate of diabetes in the CMHC group (18% versus 12% in the NAMI group; P=0.039).

The two groups were similar in rates and duration of hospitalization (Table 4).

Conclusion

Our survey identified large (and expected) differences in demographic characteristics between patients recruited through CMHC versus NAMI sites.

The two groups had very similar health histories, however, importantly, no significant differences in patterns of schizophrenia care between CMHC and NAMI recruits were found.

References


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Figure 2. Distribution by race: CMHC vs NAMI recruits

Figure 3. Geographic distribution: CMHC vs NAMI recruits

Figure 4. Employment patterns: CMHC vs NAMI recruits

Figure 5. Severity of schizophrenia: CMHC vs NAMI recruits

Table 1. Racial makeup: CMHC vs NAMI recruits

Table 2. Living arrangements: CMHC vs NAMI recruits

Table 3. Types of health insurance: CMHC vs NAMI recruits

Table 4. Hospitalization: CMHC vs NAMI recruits

Table 5. Antipsychotic medication use: CMHC vs NAMI recruits

Medication Use

Types of antipsychotic medication taken by CMHC and NAMI patients were very similar (Table 5).

Drug Attitudes

CMHC and NAMI respondents proved to have identical mean (and scores (6.0) with respect to attitudes about medication compliance (P=0.989; Figure 7).

Conclusion

Medication compliance behaviors were also similar between the two groups (P=0.118).

66% of CMHC respondents and 62% of NAMI respondents claimed never to have skipped their antipsychotic medication.

Corresponding percentages for those who skipped even very infrequently to almost always were 32% and 38%, respectively.

Figure 6. Employment patterns: CMHC vs NAMI recruits

Figure 7. Drug attitudes: CMHC vs NAMI recruits

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