Community treatment orders: clinical and social outcomes, and a subgroup analysis from the OCTET RCT

Rugkása J, Molodynski A, Yeeles K, Vazquez Montes M, Visser C, Burns T, for the OCTET Group. Community treatment orders: clinical and social outcomes, and a subgroup analysis from the OCTET RCT.

Objective: Despite widespread use internationally, there is no convincing evidence that community treatment orders (CTO) (legal regimes making out-patient treatment compulsory), reduce readmission rates or have wider patient benefit. The primary and secondary outcomes of the Oxford Community Treatment Order Evaluation Trial (OCTET) (hospitalisation) showed no benefit. This article will, first, test the effect of community compulsion on wider clinical and social outcomes and on patients’ experiences of services and the use of treatment pressure and second, explore differential effects in different groups of patients.

Method: OCTET is a RCT of CTO effectiveness. Three hundred and thirty-six patients were randomised and data for the 333 eligible patients were collected from interviews and medical records at baseline, 6 and 12 months.

Results: There was no significant difference at 12 months between the two arms in any of the reported outcomes, except a small difference in patients’ view of the effectiveness of treatment pressure, which is unlikely to be clinically meaningful. Two statistically significant interactions were found in the subgroup analysis: symptoms interacted with age and with education, but no pattern was demonstrated.

Conclusion: CTOs do not have benefit on any of the tested outcomes, or for any subgroup of patients. Their continued use should be carefully reconsidered.

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Key words: coercion; community psychiatry; psychotic disorders; randomised controlled trial.

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Accepted for publication November 8, 2014