AstraZeneca

# STUDY REPORT SUMMARY

## ASTRAZENECA PHARMACEUTICALS

**FINISHED PRODUCT:** FAST-Observation Rating Scale (FAST-O)
**ACTIVE INGREDIENT:** Not applicable

| Study No: NIS-NSE-DUM-2008/1 |
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**Developmental Phase:** Not applicable
**Study Completion Date:** 14 Oct 2009
**Date of Report:** 15 Nov 2009


**OBJECTIVES:**
Presently there is a lack of observational assessment methods for acute psychiatric ill patients, which makes it possible to identify immediate needs even if a patient is unable to participate in a structured interview. The FAST-O scale was developed in order to follow rapid changes in certain symptoms during the initial treatment phase of an acute psychiatric episode, and to monitor long-stay patients with respect to key symptoms that must be addressed and reduced if the patient will be able to continue with her/his rehabilitation. The FAST-O contains 11 observational items of which five are inspired by NOSIE items/dimensions namely; dressing, daily personal care, table manners, speech and social interest. The remaining six items; depression/suicidality, hostility, excitement, tension, lack of cooperativeness and poor impulse control are items which are found in many different instruments, (BPRS, PANSS/PECC,and Hamilton).
The purpose of this non-interventional, real-life project was to test the reliability and validity in real patients at Swedish acute psychiatric wards or psychiatric intensive care units (PICU).

**METHODS:**
The participating patients were acutely admitted to the in-patient units and displayed at least some psychotic symptom at admission. There were no specific inclusion or exclusion criteria in order to maximize the possibilities to generalize the findings to the whole range of patients typically seen in PICU units. Patients were rated with the FAST-O scale and the Clinical Global Impression scale (CGI), by two independent raters after the first 24 hours at the unit, and then re-rated either when transferred to another unit, or after 14 days, again by two independent raters. Raters were trained previously. The study was approved by the Ethics Committee of Lund University (registration number: 2009/84).

**RESULTS:**

The PICU units of five hospitals and a forensic PICU and assessment unit participated, in all, 111 patients were included, and of whom 20 were forensic. 2 patients were excluded from all calculations because of too many missing values. 19 patients were assessed only at admission, a large majority of them from one unit, and for administrative reasons. Data were analyzed for 109 patients. 20 patients were treated at a forensic unit, the remaining patients at five different PICU units. All patients were scored in association with acute admissions to inpatient care (Session A) and then scored again when transferred from the admitting ward, or after 14 days (Session B). Reliability was adequate on item (>0.75) as well as scale (>0.85) level. There was no bias related to the rater's professional background. The instrument was sensitive to change. Percentile-based algorithms allow characterization of patients and groups. Tentative treatment mile-stones are defined; a clinical state "half-way" between the acute state and remission.