

Sex-Dependent Differences in Person-Related and Disease-Related Characteristics of Patients from a Psychiatric Day Hospital

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Abstract

Background: Do women and men in a psychiatric day hospital differ in terms of person-related and disease-related characteristics? **Methods:** A naturalistic prospective longitudinal study over a period of 5 1/2 years. **Results:** Sex-dependent differences were found inter alia in those seeking treatment at a day hospital, distribution across diagnostic categories, co-morbidity, mode of referral and with regard to socio-demographic characteristics. **Conclusions:** Sex-dependent differences need to be taken into greater account during general psychiatric outpatient treatment (*German J Psychiatry* 2008; 11: 56-63).

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Introduction

In the past several years, psychiatric literature has devoted increasing attention to meaning of an individual's gender for the emergence, course, diagnosis and therapy of psychiatric disorders. Yet the treatment setting, especially that of outpatient therapy, has barely been explored by existing studies (review articles, see i.a. (Davar, 2002; Ebner and Fischer, 2004; Kapala and Keitel, 2003; Leibenluft, 1999; Lewis-Hall et al., 2005; Prior, 1999; Riecher-Rössler and Rohde, 2001; Rohde and Marneros, 2007; Seeman, 2004; Worell, 2001)).

A search of the databases MEDLINE and PSYCINFO revealed only one article explicitly concerned with differences between women and men during partial inpatient psychiatric treatment. Gearhart, in an unpublished dissertation from 1995, investigated whether women and men suffering from a schizophrenic disorder make differing progress during partial inpatient treatment. The results of the study showed evidence that verbally oriented, partial inpatient treatment for developing social skills was more beneficial for women than men (Gearhart, 1995).

The aim of the present study is to investigate whether women and men treated in a general psychiatric outpatient program differ according to person-related and disease-related characteristics and regarding their work and private life situation.

Materials and Methods

A survey of the person-related and disease-related characteristics took place within the framework of a naturalistic, prospective, longitudinal study at the psychiatric day hospital of the Hanover Medical School. The study period began in July 1999 and ended in December 2004. For the year 2004, we conducted a differentiated survey of the patients' situation in work and private life.

The psychiatric day hospital of the Hanover Medical School resembles in structure and therapy offerings other general psychiatric day hospitals for adults in Germany. A team of multiple professionals collaborates. Treatment is administered primarily as group therapy (e.g. topic-centred group sessions, socio-therapeutic and occupational therapy groups,

concentrative movement therapy, social competence training, psychoeducation, among others). Moreover, single, couple and family sessions also take place. Concerning psychotherapy cognitive-behavioural, systemical and psychodynamic elements are integrated. Psychopharmacological treatment depends on the diagnosis and is orientated with regard to guidelines. The single therapeutical elements are individually adapted. Apart from patients with primary dependency disorders or specific gerontopsychiatric disorders, we treat patients from the entire spectrum of psychological disorders.

The diagnostic classification was conducted following the clinical descriptions and diagnostic criteria for research and practice according to the classification of the ICD-10 (Dilling et al., 2004) at the beginning and end of treatment. Up to three psychiatric diagnoses were documented. The diagnosis that led to admission and was the focus of treatment was denoted as the primary diagnosis. Somatic diagnoses were also documented. In the statistical analysis we used the diagnosis at release instead of that at admission since we regarded the former to have greater validity due to additional information and treatment experience.

The psychological level of functioning was measured using the Global Assessment of Functioning Scale (GAF) (Saß et al., 1998). At the start and conclusion of treatment, the therapist used the GAF score as a measure to estimate the severity of the disorder on a scale from 0-100, although in the present study the GAF score refers only to the psychological level of functioning.

In the internal basic psychiatric documentation of the day hospital, we also noted health-related characteristics and any special events occurring during treatment – such as attempted suicide or threatening behaviour – in addition to socio-demographic data. The Clinical Global Impression Scale (CGI) (US National Institute of Mental Health, 2003) was integrated into the basic documentation, in which we estimated the severity of the illness at the beginning and end of treatment on a scale from 1 to 7 (1 meaning “Patient is not at all ill” and 7 meaning “Patient belongs to the extremely ill patients”). In the present study, the degree of severity referred to all symptoms. Moreover, we documented the changes in condition from the beginning of therapy to the end (1 corresponding to “Condition is very much improved” and 7 corresponding to “Condition is much worse”). The evaluation was made by the physician or psychologist of the day hospital.

The therapist evaluated his or her satisfaction with therapy using a five-tiered scale with assessments ranging from “not at all satisfactory” to “very satisfactory”.

The Questionnaire on the Situation in Private Life and Work was compiled to supplement the basic documentation. It covers questions about living arrangements, children within or outside the household, partnership, care of relatives and the current employment and financial situation.

The dataset was analysed using SPSS 13.0 for Windows. The independence of two measurement values was tested for discrete or nominal characteristics using Fisher’s exact test. In the case of multiple tests, we performed a Bonferroni correction. In the case of four-field tables where there was sufficient representation in the individual fields, we used Pearson’s chi-squared test.

Results

Person-related and disease-related characteristics

Table 1 compares the socio-demographic characteristics of the 318 women and 193 men who were treated. Only the work situation shows a highly significant difference between men and women. Women were more frequently employed part-time or at home. The proportion of persons without employment was higher among the men than the women. The higher proportion of men in military or civilian service requires no further explanation.

Table 2 contrasts the mode of referral to the outpatient clinic, prior psychiatric and psychotherapeutic treatment, and the presence of a legal guardian among the men and women. Women were referred to treatment more frequently by their general practitioner than the men, from inpatient psychotherapy or they came of their own accord without a referral. Men were more frequently transferred from inpatient psychiatric treatment to the day hospital. 28 % of the women as opposed to 12 % of the men received psychotherapeutic treatment previous to the outpatient treatment.

Table 3 shows the disease-related characteristics of the patients. The most frequent primary diagnosis was an affective disorder (36 %). 24 % of the patients had schizophrenia as their primary diagnosis, schizotypal or delusional disorder (ICD-F2). In the following we use the term “schizophrenic disorders” to refer to this group. 21 % of the patients suffered from a neurotic stress or somatoform disorder (ICD-F4). 15 % of the patients received a primary diagnosis of personality disorder. The remaining diagnostic groups comprised only 4 % of the entire sample and could therefore not be taken into account in the diagnosis-dependent analyses.

53 % of the patients had a further psychological disorder apart from the primary diagnosis. The most frequent instance of comorbidity was with an addiction or substance abuse (18 %), followed by personality disorders (13 %). Taking into account both primary and secondary diagnoses, 29 % of the patients suffered from a personality disorder. 5 % had comorbidity with a psycho-traumatic disorder (ICD-10: F43.1 and F62.0).

The proportion of men with a schizophrenic disorder was significantly higher than the women. Women, on the other hand, suffered proportionately more frequently from neurotic stress disorders, somatoform disorders and personality disorders. 29 % of the men as opposed to 12 % of the women demonstrated comorbidity with an addiction.

Since women and men differed highly significantly in the distribution across the diagnostic categories, we examined whether the significant sex-dependent differences found in person-related and disease-related characteristics remained verifiable within the most frequent diagnostic categories (ICD-10: F2, F3, F4 and F6) (see Table 4). With regard to the schizophrenic disorders (F2), a significant difference only arose in terms of prior psychotherapeutic treatment. Only 6 % of the men were known to have had prior psychotherapeutic treatment – as opposed to 25 % of the female pa-

Table 1. Socio-demographic characteristics of female and male patients (N = 511)

Characteristic	Men n = 193	Women n = 318	p
Age (median)	38 years	38 years	n.s.
Marital Status			n.s.
Single	135 (70 %)	200 (63 %)	
Married	43 (22 %)	74 (23 %)	
Divorced	15 (8 %)	35 (11 %)	
Widowed	0 (0 %)	8 (2.5 %)	
Unknown	0 (0 %)	1 (0.3 %)	
Education Level			n.s.
Less than secondary general school certificate	21 (11 %)	25 (8 %)	
At least secondary general school certificate	48 (25 %)	91 (29 %)	
At least secondary modern school certificate	57 (30 %)	99 (32 %)	
At least (subject-specific) university entrance certificate	65 (34 %)	97 (32 %)	
Unknown	2 (1 %)	6 (2 %)	
Profession/Training			n.s.
Unskilled or skilled	68 (36 %)	112 (36 %)	
Completed apprenticeship	95 (50 %)	162 (52 %)	
Completed technical or master craftsman school	4 (2 %)	9 (3 %)	
(Associate) University degree	24 (12 %)	28 (9 %)	
Unknown	4 (2 %)	7 (2 %)	
Work situation at admission			<0.001*
Full-time employment	51 (27 %)	76 (24 %)	n.s.
Part-time employment	7 (4 %)	27 (9 %)	<0.05 [†]
Housework for the family	0 (0 %)	20 (6 %)	<0.001 [†]
School or professional training	10 (5 %)	18 (6 %)	n.s.
Military or civilian service	3 (2 %)	0 (0 %)	<0.05 [†]
Protected work, work therapy, rehabilitation	5 (3 %)	13 (4 %)	n.s.
Without work	116 (60 %)	163 (51 %)	<0.05 [†]
Unknown	1 (0.5 %)	1 (0.3 %)	n.s.
Financial status at admission			n.s.
Own income	69 (36 %)	107 (34 %)	
Through labor administration	36 (19 %)	39 (12 %)	
Federal pension	20 (10 %)	44 (14 %)	
Old-age pension or pension payments	5 (3 %)	15 (5 %)	
Partner or relative	23 (12 %)	60 (19 %)	
Social welfare for living expenses	40 (21 %)	52 (16 %)	
Unknown	0 (0 %)	1 (0.3 %)	
Living situation			n.s.
Alone in own house or apartment	102 (53 %)	149 (47 %)	
Living independently with partner or relatives	86 (45 %)	162 (51 %)	
Attended living	3 (2 %)	4 (1 %)	
Therapeutical home	1 (0.5 %)	1 (0.3 %)	
No permanent residence, homeless shelter	1 (0.5 %)	2 (1 %)	

n.s. not significant

* Fisher's exact test, 2-sided – after Bonferroni correction

† Pearson's chi-squared test

tients. In the category of affective disorders (F3), a very significant difference arose with regard to employment situation at the time of admission and highly significant differences regarding prior psychotherapeutic treatment and comorbidity with an addiction or substance abuse. Only 28 % of the women were employed full-time, in contrast to 46 % of the men (Pearson's chi-squared $p < 0.05$). The proportion of women employed part-time was 8 %, in men 1 %, and only women worked as housewives for the family (5 %). Prior psychotherapeutic treatment was known in 10 % of the men as opposed to 26 % of the women. The comorbidity with an addiction or substance abuse in this group was 27 % among the men, while this type of comorbidity was diag-

nosed in 6 % of the women. In the group of neurotic, stress and somatoform disorders (F4), there were significant gender differences regarding the employment situation upon admission and in comorbidity with an addiction or substance abuse. In this group, women were more frequently employed full or part time (Pearson's chi-squared $p < 0.05$) than men (41 % vs. 20 %). 33 % of the men and 12 % of the women showed comorbidity with an addiction or substance abuse. Among those patients with a personality disorder (F6), women and men differed only in terms of the presence of comorbidity with an addiction or substance abuse, with a frequency of 50 % in male patients and 19 % in female patients.

Table 2. Referral mode, prior treatment and legal guardian of the female and male patients (N = 511)

Characteristic	Men n = 193	Women n = 318	p
Referral to treatment			<0.05*
General practitioner or non-psychiatric medical specialist	1 (1 %)	12 (4 %)	<0.05
Psychiatrist or psychotherapist	45 (23 %)	64 (20 %)	n.s.
Social-psychiatric services or specialized care unit	29 (15 %)	47 (15 %)	n.s.
Psychiatric day hospital	4 (2 %)	2 (1 %)	n.s.
Psychiatric care unit or ward	87 (45 %)	114 (36 %)	<0.05 ⁺
Somatic care unit or ward	1 (1 %)	2 (1 %)	n.s.
Psychiatric or psychotherapeutic rehab unit	0 (0 %)	14 (4 %)	<0.01 ⁺
Psycho-social counseling centre	3 (2 %)	5 (2 %)	n.s.
Legal guardian	0 (0 %)	1 (0.3 %)	n.s.
Police, fire department, emergency medical services	0 (0 %)	1 (0.3 %)	n.s.
Partner, relative, other attachment person	2 (1 %)	1 (0.3 %)	n.s.
Patient's own accord	11 (6 %)	41 (13 %)	<0.01 ⁺
Unknown/unclear	10 (5 %)	14 (4 %)	n.s.
Previous psychotherapeutic treatment			<0.001*
PT with regular sessions	18 (9 %)	68 (21 %)	<0.001 ⁺
PT with irregular sessions	6 (3 %)	21 (7 %)	n.s.
None	148 (77 %)	173 (54 %)	<0.001 ⁺
Unknown/unclear	21 (11 %)	57 (18 %)	<0.05 ⁺
Entire duration of inpatient treatment			n.s.
No previous stay in inpatient care	32 (17 %)	62 (20 %)	
Less than one week	3 (2 %)	3 (1 %)	
More than one week – less than one month	12 (6 %)	19 (6 %)	
More than one month – less than one year	92 (48 %)	160 (50 %)	
More than one year	18 (9 %)	38 (12 %)	
Unknown	36 (19 %)	36 (11 %)	
Legal guardian			n.s.
None	165 (86 %)	297 (93 %)	
Application pending	1 (1 %)	2 (1 %)	
Existing	23 (12 %)	17 (5 %)	
Unknown/unknown	4 (2 %)	2 (1 %)	

n.s. not significant

* Fisher's exact test, 2-sided – after Bonferroni correction

+ Pearson's chi-squared test

Work and Living Situation

Out of the 84 patients who began their treatment in the outpatient clinic in 2004 and have since concluded treatment, we were able to gather differentiated data for 67 (42 women, 25 men) on their work and private life situation. Significant differences between men and women did not arise in the relatively small sample size with regard to their private life situation.

60 % of the men and 45 % of the women lived alone. 24 % of the men lived with their wife and 26 % of the women with their husband or another partner. Two women shared a flat with another person.

Only one male patient and three female patients lived with their parents, and no one lived with their grandparents. No one lived in a three-generation household. Two male patients and one female patient had a sibling living in their household, and another female patient had two siblings.

28 % of the men and 19 % of the women had either their own children or other children living in their household. 6 women (14 %) and one man (4 %) were single parents. The children ranged in age from 4 to 23 years.

24 % of the women and 20 % of the men had children who no longer lived in the parental household. The children were aged 7 to 39 years. The average household size was 1.75 persons and did not differ between women and men (women: 1.74; men 1.76).

33 % of the women lived in a relationship that in 64 % of the cases had existed for less than 2 years. 36 % of the women with a partner were completely satisfied with their relationship, 21 % satisfied, 21 % neither satisfied nor dissatisfied, 7 % fairly dissatisfied, and 14 % were completely dissatisfied.

Of the men, 28 % lived with a partner. The duration of the partnership ranged from 2 to 20 years. 14 % of the men with a partner were completely satisfied with their relationship, 29 % were satisfied and 14 % each were neither satisfied nor dissatisfied, fairly dissatisfied, or completely dissatisfied.

Only one of the men bore responsibility for the care of a relative needing care. In this single case, the patient took care of his mother, expending about 10 hours per week doing so. Among the women, five looked after relatives in need of care. The time expended for the care ranged from one to 14 hours per week.

60 % of the men and 43 % of the women were not employed. Six men were employed full time. Among the women, seven were employed either full or part time. Six of the women described themselves as housewives, but none of

the men described themselves in a corresponding manner. The work situation among the men and women differed significantly (Fisher's exact test < 0.05). Women were significantly more frequently employed part-time or were housewives (Pearson's chi-squared $p < 0.05$).

Prior to admission in outpatient care, 62 % of the women and 72 % of the men were on disability (unfit to work). The duration of disability among the men ranged widely from 2 weeks to 34 months. The length of disability among the women ranged from one week to 24 months.

53 % of the women and 44 % of the men were dissatisfied with their professional standing, 10 % of the women and

8 % of the men were neither satisfied nor dissatisfied. Only 13 % of the women and 12 % of the men were fairly satisfied with their professional performance. This question did not apply to 36 % of the men and 25 % of the women. When asked about their financial situation, 32 % of the men and 27 % of the women were fairly to completely satisfied. 12 % of the men and 17 % of the women were neither satisfied nor dissatisfied, while 56 % of the men and 57 % of the women were fairly to utterly dissatisfied with their financial situation. Regarding satisfaction with their professional standing, women and men did not differ significantly from each other.

Table 3. Disease-related characteristics of female and male patients (N = 511)

Characteristic	Men n = 193	Women n = 318	p
ICD 10: Diagnostic groups (primary diagnosis)			<0.001*
F0	2 (1 %)	0 (0 %)	n.s.
F1	4 (2 %)	4 (1 %)	n.s.
F2	65 (34 %)	58 (18 %)	<0.001
F3	68 (35 %)	114 (36 %)	n.s.
F4	30 (16 %)	76 (24 %)	<0.05
F5	1 (1 %)	9 (3 %)	n.s.
F6	22 (11 %)	57 (18 %)	<0.05
F9	1 (1 %)	0 (0 %)	n.s.
Multiple diagnosis/comorbidity			
No multiple diagnosis	95 (49 %)	143 (45 %)	n.s.
Multiple diagnosis present	98 (51 %)	175 (55 %)	n.s.
Comorbidity with personality disorder	26 (14 %)	42 (13 %)	n.s.
Comorbidity with psycho-trauma	5 (3 %)	18 (6 %)	n.s.
Comorbidity with addiction or substance abuse	55 (29 %)	37 (12 %)	<0.001*
Severity of illness at admission			n.s.
Patient is only mildly ill	14 (7 %)	19 (6 %)	
Patient is moderately ill	84 (44 %)	129 (41 %)	
Patient is distinctly ill	84 (44 %)	142 (45 %)	
Patient is severely ill	9 (5 %)	26 (8 %)	
Not assessable	2 (1 %)	2 (1 %)	
Severity of illness at discharge			n.s.
Patient is not at all ill	3 (2 %)	1 (0,3 %)	
Patient has a marginal case of psychiatric illness	4 (2 %)	6 (2 %)	
Patient is only slightly ill	51 (28 %)	105 (34 %)	
Patient is moderately ill	71 (38 %)	114 (37 %)	
Patient is distinctly ill	42 (23 %)	62 (20 %)	
Patient is severely ill	13 (7 %)	22 (7 %)	
Not assessable	9 (5 %)	8 (3 %)	
Change in condition of illness			n.s.
Condition is very much improved	11 (6 %)	10 (3 %)	
Condition is much improved	47 (24 %)	101 (32 %)	
Condition has only improved a little	57 (30 %)	83 (26 %)	
Condition is unchanged	35 (18 %)	61 (19 %)	
Condition is somewhat worse	9 (5 %)	25 (8 %)	
Condition is much worse	19 (10 %)	16 (5 %)	
Not assessable	14 (8 %)	22 (7 %)	
Therapist's satisfaction with outcome of treatment			n.s.
Not at all satisfied/very dissatisfied	42 (22 %)	53 (17 %)	
A little satisfied/somewhat dissatisfied	38 (20 %)	63 (20 %)	
Fairly satisfied/so-so	20 (10 %)	39 (12 %)	
Generally satisfied	62 (32 %)	97 (31 %)	
Very satisfied	29 (15 %)	59 (19 %)	
Not assessable	2 (1 %)	7 (2 %)	
GAF upon admission (median)	51,2	52,7	n.s.
Change in GAF (median)	5,1	5,4	n.s.
Duration of stay (median)	57 days	66 days	n.s.
Type of discharge			n.s.
Regular discharge or transfer	167 (87 %)	286 (90 %)	
Avoided/broke off treatment	24 (12 %)	27 (9 %)	
Discharge against professional advice	1 (1 %)	0 (0 %)	
Died	1 (1 %)	0 (0 %)	
Unknown/unclear	0 (0 %)	4 (1 %)	

n.s. not significant

* Fisher's exact test, 2-sided – after Bonferroni correction

+ Pearson's chi-squared test

Discussion

Distinctly more women than men were treated in the day hospital under investigation during the study period. In contrast to this, the annual statistical report of the Hanover Medical School notes that the sex distribution across patients treated on an outpatient and inpatient basis is nearly balanced. This might indicate that women especially take to the day hospital setting. The therapy offerings of the day hospital could appeal to the resources of women who are socialized as relationship experts (House et al., 1988; Keupp, 1987), are socially more adept, can express themselves to others faster, are more interested in relationship issues and react in an intimate manner (Barbee et al., 1990; Röhrle, 1994; Rook, 2001; Winstead, 1986; Worell, 1988).

With regard to the disease-related characteristics, what initially stands out the most is the different distribution of women and men across the diagnostic groups as well as the more frequent comorbidity with an addiction or substance abuse in the men, which at least partially reflect the distribution of psychological disorders in the general population.

The women received a referral to treatment more frequently from outpatient realm or from inpatient psychotherapy. Distinctly more women than men had undergone ambulant psychotherapy prior to treatment in the day hospital. Men, in contrast, were more frequently transferred from inpatient psychiatric treatment to the day hospital than women. The differences between women and men in mode of referral might indicate that for women the treatment in a day hospital more frequently acted to intensify the ambulant therapy, while men tended to use the day hospital as a transition from inpatient to ambulant treatment. The differing function of the outpatient treatment could also be linked to longer average stay of the women in the day hospital and the earlier breaking off of treatment among the men.

Regarding the socio-demographic characteristics, the commonalities of the female and male outpatients are initially more striking than the differences. 2/3 of the patients are single and nearly half live alone. Educational level and training level are relatively high. The proportion of patients who are employed is contrastingly low. Over half the patients are unemployed, although the proportion of men without employment exceeds that of the women. The proportion of women employed part-time or as housewives is higher than that of the men, which reflects the ratio in the general population. The day hospital appears to appeal to male and female patients who are not gainfully employed. It is precisely these patients who benefit from the daily structure of the day

hospital that ambulant forms of treatment cannot offer.

Significant differences regarding employment situation upon admission only arose in patients with affective, neurotic, stress or somatoform disorders. Women with an affective disorder were more seldom employed full-time than men. In contrast, women with neurotic, stress or somatoform disorders were more frequently employed full or part-time than men. This is an example of the fact that sex-dependent differences can vary across various diagnostic categories.

Assuming that sex-dependent differences in the outpatient treatment could be due to the work and private life situation, in 2004 within the framework of this study we examined a sub-sample as to the extent to which women and men differ in this regard.

In terms of the private life situation, we found no significant differences between the sexes. The proportion of married patients was at 20 % distinctly lower than the general population of Germany where the proportion is 45 % (Breiholz et al., 2005). Where a partnership existed, the majority of patients were fairly satisfied with it. Both the women and men showed evidence of relative social isolation. Over half of the patients lived alone. The average household had 1.75 persons and as such was clearly below that of the general population in Germany of 2.12 persons (Breiholz et al., 2005).

Where the patient's own children lived in the household, they were mostly only children. In the general German population, in contrast, 63 % of children who live with their parents grow up with a sibling in the household (Breiholz et al., 2005). We had no three-generation households in our sample. The care of relatives in need of care did not play an essential role in our sample, however when it arose, it was almost exclusively performed by female patients.

The day hospital with its therapeutic community appears to be especially attractive to this clientele who is characterized by relative social isolation as opposed to ambulant treatment, offering patients the opportunity to build up their own social competence in the sense of a "school for living" (Finzen, 1977). At the same time, by remaining within the existing social context, the danger of advancing social isolation is reduced, as would be conceivable for a longer inpatient stay.

In the random sample from 2004, we found neither women nor men who had a child under four years of age. This might be evidence that single mothers and fathers in particular have trouble finding care for children below the age of preschool so that this clientele has great difficulty arranging for outpatient treatment. In the future it would be advisable to set up care systems for small children so that these patients are able to take part in outpatient treatment as well.

Six of the seven mothers and one of the four fathers living

Table 4. Socio-demographic and disease-related characteristics differing significantly between women and men in the entire sample, differentiated according to category of primary diagnosis

Characteristic (median)	F2 (n = 123)	F3 (n = 182)	F4 (n = 106)	F6 (n = 79)
Referral to treatment	n.s.	n.s.	n.s.	n.s.
Prior psychotherapeutic treatment	p < 0.05	p < 0.001	n.s.	n.s.
Comorbidity with an addiction or substance abuse	n.s.	p < 0.001	p < 0.05	p < 0.05

The level of significance was determined using the Fisher's exact test
n.s.: not significant

with their own children were single parents. This proportion lies well above that of the general population in Germany, where only every fifth parent-child household is headed by a single parent (Breiholz et al., 2005). The average age of children of single parents was 10 years in our random sample (range: 4-23 years). This is evidence that the outpatient setting is a good therapeutic option for single mothers and fathers as long as the children have alternative care during the day (day care centers, after-school care, nannies). The rest of the day and on the weekends the mothers and fathers can then care for their children.

The work situation of women and men differed significantly in the 2004 sample. Women were more frequently employed part-time than men or housewives. The proportion of patients without work was high, both in women and men. Half of the patients were dissatisfied with their professional standing and 56 % were dissatisfied with their financial situation. Apart from the medical-therapeutic program, the day hospital of the Hanover Medical School also offers patients the opportunity to participate in an occupational therapy program to help prepare them for occupational rehabilitation.

The differences that have come to light in our study between women and men with regard to person-related and disease-related characteristics call upon us to take gender aspects into greater consideration in outpatient research, diagnostics and therapy.

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