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### Pragmatic comparison of outcome measures before and after the introduction of a crisis and home treatment service for older people

We found admission rate decreased after introduction of the crisis resolution and home treatment team (CRHTT; Dibben

*et al*, 2008) but believe this was not due to bed cuts. Reducing the number of beds will reduce total number of admissions but not necessarily admission rate (total number of admissions over number of crisis events). We tested (Chi-squared) differences in this proportion and not total number of admissions *per se*.

Beds for older people were cut from 42 to 24. We did not examine bed occupancy but during the study period no patients were admitted out of area. Even if occupancy rate remained the same after the introduction of the CRHTT, one could argue that the CRHTTs were effective because they were operating on a total reduced in-patient capacity.

Our study is one of the first in examining the impact of CRHTTs for older adults. We mentioned that our findings are consistent with results from studies of CRHTTs in working age adults, but we do not claim that the work in general adult psychiatry is generalisable to our sample.

A research question may be answered in many ways using different epidemiological designs. We are aware a double-blind randomised control trial is the gold standard for measuring effectiveness of an intervention, but we used a pragmatic design with a 6-month period before introduction of the CRHTT as control. We defined case appropriately, compared

groups at baseline, examined several outcome measures and used appropriate statistical methods, which make our findings valid and reliable.

The introduction of the CRHTT for older people, it should be noted, took place in the context of a service with well-established community mental health teams. A recent report from another old age psychiatry service supports the encouraging conclusions of our study (Warner & Lowery, 2008).

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