Introduction: Despite the advance in pharmacotherapy for posttraumatic stress disorder (PTSD), poor treatment adherence to pharmacotherapy for PTSD is a critical issue.

Objectives: We intended to evaluate the predictors of premature discontinuation of psychiatric outpatient treatment after discharge for noncombat-related PTSD.

Aims: This study aimed to examine the sociodemographic and disease-related variables associated with the premature discontinuation of psychiatric outpatient treatment after discharge among patients with noncombat-related posttraumatic stress disorder.

Methods: We retrospectively reviewed the medical records of patients who were discharged with a diagnosis of posttraumatic stress disorder.

Results: Fifty-five percent of subjects prematurely discontinued outpatient treatment within 6 months of discharge. Comparing sociodemographic variables between the 6-month non-follow-up group and 6-month follow-up group, there were no variables that differed between the two groups. However, comparing disease-related variables, the 6-month follow-up group showed a longer hospitalization duration and higher Global Assessment of Function score at discharge. The logistic regression analysis showed that a shorter duration of hospitalization predicted premature discontinuation of outpatient treatment within 6 months of discharge.

Conclusions: The duration of psychiatric hospitalization for posttraumatic stress disorder appeared to influence the premature discontinuation of outpatient treatment after discharge.