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## ANTIPSYCHOTICS AND READMISSION IN A POPULATION OF PSYCHOTIC PATIENTS IN A PSYCHIATRIC UNIT OF A GENERAL HOSPITAL

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**Introduction:** The poor compliance to antipsychotic medication is a major problem in ambulatory treatment of patients with psychotic symptoms, leading to an increased risk of exacerbation and inpatient readmission.

**Objectives:** Our objective is to clarify if the administration of prolonged release antipsychotics (PRAP) is a relevant factor in the decrease of inpatients readmissions.

**Methods:** Through a retrospective study, we assessed the socio-demographic and psychopathological features of a sample of patients with diagnostic of Schizophrenia and Schizoaffective disorder (DSM-IV-TR), who were admitted to a psychiatric inpatient unit, in the period of two years (January 2007 to December 2008). This sample was divided in two groups (with readmissions/without readmissions), considering as having readmissions the patients that were readmitted in the nine months after the first medical discharge. We compared the use of PRAP versus oral antipsychotics (OAP) at the time of the first medical discharge, assessing if these differences had any impact in the readmissions.

**Results:** Sample of 88 patients, 55,68% (n=49) male, 53,41% (n=47) unemployed, 64,77% (n=57) single. The most frequent diagnostic was Paranoid schizophrenia (73,86%, n= 65), followed by Schizoaffective disorder (17,05%, n= 15). Of the patients that had readmissions (n=15; 17,05%), 40,00% were medicated with PRAP (n=6) compared with 49,32% (n=36) of the patients with no readmissions (n=73). These differences had no statistic significance.

**Conclusions:** Taking in consideration the small sample of patients, the frequency of readmissions was low. About 50% of the patients were medicated with PRAP+OAP, with no evidence that this decision had reduced the readmissions.