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T137. Socio demographic and clinical characteristics in first episode psychosis

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Background: In this study the relation between socio-demographic variables, alcohol and substance use, the environmental factors such as traumatic life events and psychotic symptoms in the first episode psychosis patients were examined.

Methods: The study sample consisted of 60 First Episode Psychosis patients and 60 healthy control subjects. Psychosocial risk factors were assessed using Social Environment Measurement Tool, Life Events Scale, Tobacco Alcohol Use Scale and Substance/Marijuana Use Scale. In addition to the clinical evaluation of the patient group PANSS, the Young Mania Symptoms Scale and Insight Scale were used for detecting psychiatric symptoms.

Results: We found statistically significant differences regarding the last year life events, birth season, obsessive compulsive symptoms, familial liability of schizophrenia and psychosis in 1st degree relatives, and attempted suicide in patients with first psychotic episode compared to healthy controls.

Discussion: Family liability and substance use were significant risk factors related to psychotic symptoms in patients with first episode psychosis.

T138. Schizophrenia-spectrum disorders and violent reoffending: a national cohort study of convicted prisoners

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Background: There are more than 10 million currently imprisoned, of which around 4% have schizophrenia-spectrum disorders according to systematic reviews. In the US and UK, over one-third of released prisoners are reconvicted for a new crime within 2 years. Evidence on whether schizophrenia-spectrum disorders increase the risk of reoffending is inconsistent. With large numbers of individuals with psychotic disorders in jails and prisons, clarification of this association is important to inform mental health services in criminal justice and on release from custody.

Methods: We undertook a longitudinal cohort study of 47,326 prisoners who have been imprisoned since January 1, 2000 and released before December 31, 2009 in Sweden. Data on diagnosed psychiatric disorders were obtained from both inpatient and outpatient registers. Socio-demographic and criminological factors were obtained from other population-based registers. Hazard ratios (HRs) for violent reoffending were calculated by Cox regression.

Results: 1,237 (3%) of the men 130 (4%) of women had schizophrenia-spectrum disorders. A significantly increased hazard was also found for male prisoners with schizophrenia-spectrum disorders after adjustment for socio-demographic and criminological factors (adjusted HR = 1.20 (1.09-1.33), but not in the women (HR = 0.74 (0.45-1.20)). Comorbid substance use disorders increased these hazards (Adjusted HR in the men = 2.68 [2.41-2.98]).

Discussion: Contrary to expert opinion and previous research, we found that schizophrenia-spectrum disorders are independent risk factors for violent reoffending in male prisoners. National violence prevention strategies should consider the role of prison psychiatry.
Background: Agitation is frequently reported with newly hospitalized patients suffering from schizophrenia, and may result in substantial adverse outcomes for themselves, others, and property. This study was designed to investigate the prevalence rate and treatment of agitation among newly hospitalized schizophrenics between psychiatric hospitals and general hospitals.

Methods: We conducted a non-interventional, multicenter, observational study in 10 psychiatric hospitals and 4 general hospitals.

Information about agitation and treatment of all enrolled patients were investigated including general demographic data, disease characteristics, Clinical Global Impression-Severity (CGI-S), Positive and Negative Syndrome Scale (PANSS), and CGI-S. The instruments used to collect data include the PANSS, Mini International Neuropsychiatric Interview (M.I.N.I. for psychosis and general psychiatric symptoms), the Clinical Global Impression-Severity (CGI-S), the Clinical Global Impression-Severity (CGI-S), the Clinical Global Impression-Severity (CGI-S), the Clinical Global Impression-Severity (CGI-S), and the Clinical Global Impression-Severity (CGI-S).

Results: 1. Of 1512 patients enrolled in the study, 1400 (92.6%) were eligible; the prevalence of agitation among psychiatric hospitals was significantly higher than that of general hospitals (52.8%, \(P = 0.01\)). 2. The general hospitals had higher proportion of oral medication (\(P = 0.05\)), whereas the psychiatric hospitals had higher proportion of intramuscular medication (\(P = 0.01\)) and a combination of oral medication with intramuscular medication (\(P = 0.01\)).

Discussion: Our study indicated that, in China, the prevalence of agitation among psychiatric hospitals was significantly higher than that of general hospitals (64.3% vs. 52.8%, \(P = 0.01\)). In addition, patients in the psychiatric hospitals experienced a significantly older age, longer illness duration, more numbers of hospitalizations and higher CGI score, higher proportion of history of aggressive behaviors and involuntary admission than the general hospitals. These findings suggest that the psychiatric hospital group were more likely to be in more complex situations, higher risk of uncooperativeness and refractory schizophrenia, which may contributing to the different treatment. For the agitation sample, the psychiatric hospitals were more inclined to use intramuscular medication in managing this condition with schizophrenia, mainly haloperidol and ziprasidone. While no one used ziprasidone intramuscular in general hospital, considering the high price, uneven availability and deficient clinical practice play a role. As to clozapine, the use frequency in psychiatric hospitals and general hospitals was 9.8% and 23.4% respectively. Over the last decade, there was a falling trend in using frequency of clozapine in China. Since its unique advantages in psychiatric illness, it is significant to avoid the low utilization of clozapine and improve the rational use in the indication.

T141. The Gothenburg research and investigation on psychosis-grip: outcomes from a standardized clinical protocol for psychotic patients

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Abstracts

Background: Patients with schizophrenia-spectrum disorders often have other mental and physical health problems. This complexity poses challenges for clinicians to make correct judgements regarding diagnosis and treatment. A standardized clinical protocol was developed in order to improve diagnostics and provide the most adequate support for patients who are referred to the Department of Psychotic Disorders at Sahlgrenska University Hospital in Gothenburg, Sweden. The Department of Psychotic Disorders serves roughly 3000 patients. The standardized protocol consists of a somatic examination that includes health blood tests, a spinal tap, magnetic resonance imaging, and a neuroiological examination. Further, the protocol includes structured and semi-structured interviews with patients and family members that cover family and patient history, substance habits, and psychotic symptoms. Moreover, screening instruments for general psychotic symptoms, psychosis symptoms, and neuropsychiatric symptoms are used. Finally, neuropsychological, physical, and social functioning is also evaluated. All patients who are referred to the Department are offered an investigation according to the clinical protocol and can decline if they wish. The patients who agree to take part in the clinical investigation are also asked to participate in a research project (GRIP) attached to the clinical investigation. If they choose to give written informed consent, all data collected with the standardized clinical protocol can be coded and used for research purposes. The only difference between the patients who participate in GRIP and those who do not is that the blood and liquor from research subjects is stored for future use (including genetic analyses). All patients who agree to take part in the clinical investigation are also asked to participate in a research project (GRIP) attached to the clinical investigation. If they choose to give written informed consent, all data collected with the standardized clinical protocol can be coded and used for research purposes. The only difference between the patients who participate in GRIP and those who do not is that the blood and liquor from research subjects is stored for future use (including genetic analyses). All patients who agree to take part in the clinical investigation are also asked to participate in a research project (GRIP) attached to the clinical investigation. If they choose to give written informed consent, all data collected with the standardized clinical protocol can be coded and used for research purposes. The only difference between the patients who participate in GRIP and those who do not is that the blood and liquor from research subjects is stored for future use (including genetic analyses). All patients who agree to take part in the clinical investigation are also asked to participate in a research project (GRIP) attached to the clinical investigation. If they choose to give written informed consent, all data collected with the standardized clinical protocol can be coded and used for research purposes. The only difference between the patients who participate in GRIP and those who do not is that the blood and liquor from research subjects is stored for future use (including genetic analyses). All patients who agree to take part in the clinical investigation are also asked to participate in a research project (GRIP) attached to the clinical investigation. If they choose to give written informed consent, all data collected with the standardized clinical protocol can be coded and used for research purposes. The only difference between the patients who participate in GRIP and those who do not is that the blood and liquor from research subjects is stored for future use (including genetic analyses). All patients who agree to take part in the clinical investigation are also asked to participate in a research project (GRIP) attached to the clinical investigation. If they choose to give written informed consent, all data collected with the standardized clinical protocol can be coded and used for research purposes. The only difference between the patients who participate in GRIP and those who do not is that the blood and liquor from research subjects is stored for future use (including genetic analyses). All patients who agree to take part in the clinical investigation are also asked to participate in a research project (GRIP) attached to the clinical investigation. If they choose to give written informed consent, all data collected with the standardized clinical protocol can be coded and used for research purposes. The only difference between the patients who participate in GRIP and those who do not is that the blood and liquor from research subjects is stored for future use (including genetic analyses).

Methods: The GRIP study has been approved by the Swedish Ethics Committee. The study design is naturalistic. The study is built into the ordinary clinical practice. All subjects who give written consent are included regardless of wards diagnosis. There are no interventions suggested. The instruments used to collect data include the PANSS and M.I.N.I. for psychosis and general psychiatric symptoms, the RAADS-R, ASSQ, and BAARS-IV for neuropsychiatric symptoms, the RAND36 for general health, the AUDIT and DUDIT for alcohol and substance habits, the WAIS-IV, TMT, and Tower of London for neuropsychological functioning.

Results: To date, 45 patients have been asked to participate in GRIP. 38 have given written informed consent, and three have withdrawn their consent. Of the 35 participants, 13 were women and 22 were men. The mean age was 41 years (SD = 10.31). Eighteen participants have agreed to a spinal tap whereas eight have declined. We are in the process of analyzing the first results from the GRIP study and will present clinically relevant results from spinal taps, MRI, and health blood samples. We will also describe the symptom profiles of the...