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Objective: To verify whether most compliant patients with outpatient postdischarge follow-up plan remain in the community longer before readmission than those who don't adhere to outpatient follow-up plan.

Methods: From a total of 120 consecutive admissions to a psychiatric general ward, 63 patients were consecutively readmitted along a 2 year period after their reference first admission.

Out of the 63 patients, 25 patients were attended in an Outpatient Unit (OU) previously to their re-admission (group A), whereas 38 patients had not been attended in the OU between reference admission and readmission (group B). Patient's socio-demographic data (age, gender, marital status, and years of education) were obtained and a case-mix scale (Severity Psychiatric Illness Scale) was administered. Length of survival in community of both groups was compared by means of Analysis of Covariance, controlled for gender, age, diagnosis, clinical severity and number of previous admissions.

Results: Group A had a mean length of survival in the community of 47.7 days (SD=44.3). Group B had a mean length of survival in the community of 23.2 days (SD=37.9). This difference was statistically significant (F=4.74, df=6, 63, p=0.034).

Conclusions: Being attended by OU after the discharge of reference admission lengthen significantly survival in the community after controlling for gender, age, diagnosis, clinical severity and number of previous admissions. Further research will be conducted to determine the cause of the observed differences in patient attendance to post-discharge appointments.

P0245

Factors predicting compliance with postdischarge outpatient plan in a Spanish sample

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Objective: To determine which factors are associated with compliance with outpatient follow-up plan of discharged patients from a psychiatric ward of a general hospital.

Methods: A sample of 120 patients consecutively admitted to a psychiatric general ward, and referred to an outpatient clinic after discharge formed the sample.

To explore the factors predicting whether patients attended or did not attend to the outpatient clinic, a logistic regression analysis was conducted.

Results: After controlling for age, gender, and overall clinical case severity (assessed by the Severity Psychiatric Illness Scale), have been previously attended in the outpatient clinic was the only factor that predicted the compliance with post-discharge outpatient plan (as dichotomous variable: attended/not attended), Odds Ratio (OR) = 12.53, P=0.042. Overall clinical case severity did not predict attendance to the outpatient clinic after discharge, OR=0.937, P=0.452.

Conclusions: Patients who were attended in an outpatient clinic prior to admission had 12-fold more likely to adhere with post-discharge outpatient plan than patients who were not previously attended. This result highlights the importance of strengthening community-hospital liaison strategies.

P0246

Role of blood lipid metabolism in mechanisms of interrelationship of ischemic heart disease, anxious and depressive disorders

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Objective: To study interrelationships of indices of blood lipids with anxious and depressive disorders in IHD patients.

Material and Methods: The investigation has included 85 patients with IHD (50,63±7,86 years). of Borderline States Department with anxious and depressive disorders of neurotic and affective level. Blood lipids: TCh, TG, Ch-LPHD have been identified with standardized methods. With calculation we assessed Ch-LPLD, Ch-LPVLD, and index of atherogeneity.

Results: Two-factor disperse analysis has identified relationship between fraction of Ch-LPLD and depressive disorders (p=0,0083), and functional class (FC) of angina pectoris (p=0,0116). We have detected effects of interrelationship of depressive disorders, angina and level of Ch-LPLD (p=0,0072) in progressing angina against the background of a depressive episode or prolonged depressive reaction. 19 patients of FC II-III with anxious and depressive disorders were identified as having hypoalphacholesterolemia (Ch-LPHD<0,9 mmol/l; level of TG 2,44±0,5 mmol/l; level of Ch-LPLD 4,42±0,54 mmol/l, TCh 6,52±0,75 mmol/l, IA 4,5. Maximal low level of Ch-LPHD (0,74-0,82 mmol/l) has been revealed in 13 patients with IHD and anxiety disorders. In FC III and progressing angina in 23 patients with leading depressive syndrome level of TCh 7,48±0,55 mmol/l, Ch-LPLD 5,29±0,55 mmol/l, Ch-LPHD 1,04±0,13 mmol/l.

In patients with IHD we have detected effects of interrelationship of neurotic and affective disorders, FC of angina and disturbances of metabolism of lipids. Anxious and depressive disorders were associated with atherogenic dyslipidemia conditioned by imbalance of Ch-LPLD and Ch-LPHD. The most substantial reduction of level of ''antiatherogenic'' fraction has been revealed in patients with IHD and phobic disorders.

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