

FC78

Disrupted thalamo-orbitofrontal but not fronto-temporal white matter connectivity in people with schizotypal personality disorder

T.Y. Lee*, S.N. Kim, J.S. Kwon

Seoul National University College of Medicine, Psychiatry, Seoul, Republic of Korea

* Corresponding author.

Introduction Despite patients with schizophrenia showed the deficits in the fronto-temporal and thalamo-frontal connectivity, the white matter connectivity in patients with schizotypal personality disorder had not been systemically investigated.

Methods This study involved 40 neuroleptic-naïve patients with schizotypal personality disorder (SPD), 60 patients with schizophrenia (SCZ), and 100 healthy controls (HC), and scanned on the 3T MRI scanner. Probabilistic tractography was performed using the FATCAT software in AFNI. The target brain regions (bilateral lateral frontal, medial frontal, orbitofrontal, temporal and thalamus) were extracted from the automated segmentation and cortical parcellation. Cross-sectional comparisons in mean fractional anisotropy (FA) performed on the thalamo-lateral frontal, thalamo-medial frontal, thalamo-orbitofrontal, lateral frontal-temporal and orbitofrontal-temporal pathway. We also analyzed the relationship between the white matter pathway and the Positive and Negative Syndrome Scale and GAF.

Results The diffusion tensor imaging showed that SCZ and SPD had decreased FA in the left thalamo-orbitofrontal pathway. However, SPD showed no alteration in the fronto-temporal pathway, despite SCZ showed decreased FA in the left temporo-orbitofrontal pathway. In SCZ, there were significant correlations between FA value in the left temporo-orbitofrontal pathway and negative symptoms score in PANSS and GAF score. However, SPD showed the trend level relationship between the GAF score and FA value in the left temporo-orbitofrontal pathway.

Conclusion These results suggest that the deficits in thalamo-frontal connectivity may be a trait marker of schizophrenia spectrum disorder, and the deficits in fronto-temporal connectivity may play a key role towards the vulnerability of psychosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.082>

FC79

Trends of hospitalization for schizoaffective disorder (SD) in USA: A nationwide analysis

Z. Mansuri^{1,*}, S. Shambhu¹, P. Yadav², M. Rathod¹, U. Mansuri³

¹ Drexel University, School of Public Health, Philadelphia, USA

² Thomas Jefferson University, Kimmel Cancer Center, Philadelphia, USA

³ Icahn School of Medicine at Mount Sinai, School of Public Health, New York, USA

* Corresponding author.

Objectives Schizoaffective disorder (SD) is an important cause of morbidity and mortality in hospitalized patients. While SD has been extensively studied in the past, the contemporary data for impact of SD on cost of hospitalization are largely lacking.

Methods We queried the Healthcare Cost and Utilization Project's Nationwide Inpatient Sample (HCUP-NIS) dataset between 1998–2011 using the ICD-9 codes. Severity of comorbid conditions was defined by Deyo modification of Charlson comorbidity index. Primary outcome was in-hospital mortality and secondary outcome was total charges for hospitalization. Using SAS 9.2, Chi² test, *t*-test and Cochran-Armitage test were used to test significance.

Results A total of 4,66,800 patients were analyzed; 50.90% were female and 49.10% male ($P < 0.0001$); 61.15% were white, 25.97% black and 12.88% of other race ($P < 0.0001$). Rate of hospitalization increased from 13,035.05/million to 26,703.21/million from 1998–2011. Overall mortality was 0.50% and mean cost of hospitalization was 20,995.19\$. The in-hospital mortality increased from 0.46% to 0.50% ($P < 0.0001$) and mean cost of hospitalization increased from 11,504.94\$ to 31,460.67\$. Total spending on SD related admissions increased from \$1.2 billion/year to \$6.6 billion/year.

Conclusions While mortality has slightly increased from 1998 to 2011, the cost has significantly increased from \$1.2 billion/year to \$6.6 billion/year which leads to an estimated \$5.4 billion/year additional burden to US health care system. In the era of cost conscious care, preventing SD related hospitalization could save billions of dollars every year. Focused efforts are needed to establish preventive measures for SD related hospitalization.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.083>

FC80

Trends of hospitalization for schizophrenia in USA: A nationwide analysis

Z. Mansuri^{1,*}, M. Rathod¹, A. Sutaria¹, S. Shambhu¹, P. Yadav², U. Mansuri³

¹ Drexel University, School of Public Health, Philadelphia, USA

² Thomas Jefferson University, Kimmel Cancer Center, Philadelphia, USA

³ Icahn School of Medicine at Mount Sinai, School of Public Health, New York, USA

* Corresponding author.

Objectives Schizophrenia is an important cause of morbidity and mortality in hospitalized patients. While schizophrenia has been extensively studied in the past, the contemporary data for impact of schizophrenia on cost of hospitalization are largely lacking.

Methods We queried the Healthcare Cost and Utilization Project's Nationwide Inpatient Sample (HCUP-NIS) dataset between 1998–2011 using the ICD-9 codes. Severity of comorbid conditions was defined by Deyo modification of Charlson comorbidity index. Primary outcome was in-hospital mortality and secondary outcome was total charges for hospitalization. Using SAS 9.2, Chi² test, *t*-test and Cochran-Armitage test were used to test significance.

Results A total of 443,659 patients were analyzed; 38.78% were female and 61.22% were male ($P < 0.0001$); 48.19% were white, 35.30% black and 16.51% of other race ($P < 0.0001$). Rate of hospitalization increased from 56,768.47/million to 79,444.66/million from 1998–2011. Overall mortality was 0.70% and mean cost of hospitalization was 23,568.47\$. The in-hospital mortality decreased from 0.75% to 0.73% ($P < 0.0001$) and mean cost of hospitalization increased from 12,775.64\$ to 36,768.58\$. Total spending on schizophrenia related admissions have increased from \$1.75 billion/year to \$6.23 billion/year.

Conclusions While mortality has slightly decreased from 1998 to 2011, the cost has significantly increased from \$1.75 billion/year to \$6.23 billion/year which leads to an estimated \$4.48 billion/year additional burden to US health care system. In the era of cost conscious care, preventing schizophrenia related hospitalization could save billions of dollars every year. Focused efforts are needed to establish preventive measures for schizophrenia related hospitalization.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.084>