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INVOLUNTARY ADMISSION IN PSYCHIATRIC INPATIENT WARD IS RELATED TO ANTIPSYCHOTIC POLYTHERAPY

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Introduction: Involuntary admission of mentally ill patients tends to be related to clinical severity and worst therapeutic response.

Objectives: To evaluate whether there is a relationship between involuntary admission and prescription of two or more antipsychotics (that is, polytherapy) among patients with schizophrenia and other psychosis.

Methods: A total of 241 patients (40.2% females, mean age 39.7+/-13.0 years) consecutively admitted during 2009 to a psychiatric inpatient ward with diagnosis of schizophrenia and other psychoses were assessed.

Results: Out of the total sample, 150 (62.2%) patients were on polytherapy, and of the 241 patients 134 (55.6%) were involuntarily admitted. Involuntary admission was unrelated to age ($p=0.335$), specific diagnosis ($p=0.452$), or length of psychosis ($p=0.234$). On the contrary, it was related to gender (61.8% of males vs. 46.4% of females were involuntary, $p=0.018$) and to polytherapy/monotherapy prescription (62.0% of patients on polytherapy vs. 45.1% of patients on monotherapy were involuntarily admitted; and 53.3% of voluntary patients vs. 69.4% of involuntary were on polytherapy $p=0.010$). After controlling for age, gender, specific diagnosis and length of psychosis the association between involuntary admission and being in polytherapy remained significant ($p=0.047$).

Conclusions: Patients involuntarily admitted are more prone to be on antipsychotic polytherapy.