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PSYCHIATRIC CO-MORBIDITY PREDICTS ACUTE HOSPITALIZATION AMONG ADOLESCENTS WITH TYPE 1 DIABETES MELLITUS

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Introduction: During the 90's, there was a dramatic increase (more than 200%) of the incidence of type 1 diabetes in the Polish pediatric population. During the first decade of onset of the disease, 48% of the prospectively monitored children developed psychiatric disorders.

Objectives: To determine the influence of psychiatric co-morbidity on hospitalization for complications among children and adolescents with type 1 diabetes (T1DM).

Methods: One hundred seventy patients (age range: 8-18 years) with T1DM were evaluated using semi-structured diagnostic interview (K-SADS-PL). Current and past episodes of psychopathology were assessed according to DSM-IV criteria. The effect of psychiatric symptoms for number and times of hospitalizations due to medical complications per year was assessed by using General Linear Model. The mean time of observation was 4,0_±2,0 years.

Results: The median number of days per year of acute hospitalizations was 4,0 (Interquartile Range 0.0-6.8) for group with co-morbidity and 2.6 (0.0-4.6) for group without; also the median of average number of hospitalizations was 0.4 (0.0-0.8) and 0.3 (0.0-0.5) respectively. Psychiatric co-morbidity was associated with number (beta= 0.19; p< 0.05) and duration of hospitalizations (beta= 0.16; p< 0.05) per year.

Conclusions: Young people with type 1 diabetes and psychiatric co-morbidity are at increased risk of hospitalization for disease complications. Interventions aimed at routine psychiatric screening followed by treatment may decrease the number of acute hospitalizations.