

Hospitalizations with a primary diagnosis of schizophrenia were selected and schizophrenia subtypes were grouped using the International Classification of Diseases version 9, Clinical Modification (ICD-9-CM) codes of diagnosis 295.xx.

Results: There was a total of 25,385 hospitalizations in public hospitals of Portugal between 2008 and 2015 with a primary diagnosis of Schizophrenia or other psychotic disorders. A total of 14,279 patients were hospitalized during the study period with an average of 1,78 hospitalizations episodes per patient in the 8-year interval (0.22 hospitalizations/patient/year). 68.0% of the hospitalizations occurred in male patients and the median length of stay was 18.0 days. Mean hospitalization charges were 3,509.7€ per hospitalization, summed to a total charge of 89.1M€. Throughout the study period there was a significant linear decrease in the number of hospitalizations ($r = 0.940$; $B = -47.488$; $p = 0.001$). The last year of the study (2015) had the lowest number of hospitalizations with a total of 2,958 (vs. 3,314 in 2008). When adjusted for the yearly population, there was also a decrease of the number of hospitalizations per 100,000 inhabitants from 31.39 to 28.56 hospitalizations per 100,000 inhabitants between 2008 and 2015, respectively.

Conclusions: We found differences in hospitalization characteristics by gender, age and primary diagnosis.

Disclosure: No significant relationships.

Keywords: schizofrenia; Big Data; Administrative Database

O252

Monitoring of antipsychotic plasma levels in the assessment of poor response and nonadherence to antipsychotics in delusional disorder

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Introduction: Over the last decades, antipsychotic plasma levels have been used to evaluate therapeutic response, adherence and safety of antipsychotics in schizophrenia. Their clinical utility in delusional disorder (DD) has been poorly studied.

Objectives: To investigate the relationship between plasma concentrations of risperidone (R), 9-OH-risperidone (9-OH-R) and olanzapine (OLZ), and clinical outcomes in DD.

Methods: Case-series of inpatients and outpatients with DD receiving treatment with risperidone (n=19) or olanzapine (n=2). Determination of R, 9-OH-R (active metabolite) and OLZ levels were obtained by high-performance liquid chromatography with electrochemical detection. Clinical variables such as treatment response or adverse events were recorded for all patients. These variables were correlated with two plasmatic ratios in patients treated with R: R:9-OH-R concentration ratio and total concentration-to-dose (C: D) ratio, indicating CYP2D6 activity and R elimination respectively.

Results: Twenty-one patients were included: inpatients (n=10) and outpatients (n=11). Dose range: R, 1-6 mg/day; OLZ, 5-10 mg/day. Three outpatients (R, n=2; OLZ, n=1) presented antipsychotic levels under the detection limit (non-adherence). All R patients showed CYP2D6 activity (R: 9-OH-R ratio <1). Eight patients presented C: D > 14, indicating a reduction of R elimination, which was associated with poor clinical response (n=3), adverse events (n=3) and no clinical relevance (n=2). OLZ (n=2), no association between levels and clinical outcomes.

Conclusions: The determination of antipsychotic plasma levels may be of clinical utility in the assessment of treatment resistance, antipsychotic-adverse events or non-adherence in inpatients or outpatients with DD. Therapeutic drug monitoring should be further studied in future works.

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Keywords: Delusional disorder; Antipsychotic plasma levels; psychosis; Antipsychotics

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Ethno-psychopharmacological aspects of treatment response in patients with delusional syndrome: A systematic review

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Introduction: Treatment response in schizophrenia can be influenced by cultural and ethno-biological factors. However, in delusional disorder (DD), these potential influences have been poorly investigated.

Objectives: This review aims to synthesize what is known about the influence that cultural and biological factors may have on treatment response in DD.

Methods: A systematic review was performed on PubMed from inception to 2020 in keeping with PRISMA directives. Search terms: [(cultural OR ethnic* OR ethno*) AND (treatment OR therap* OR antipsychotic response) AND (delusional disorder)]. We included all studies whose objective was to explore ethno-psychopharmacological aspects of treatment response in DD.

Results: A total of 182 papers were retrieved. Four studies tested ethno-biological factors and 10 reported cultural aspects of treatment response in DD. 1. Cultural hypothesis: 3 studies reported cultural differences in diagnostic practices; in 2 studies, culturally-determined long durations of untreated psychosis (DUP) and comorbidity with mood disorders was associated with response to both antipsychotics (AP) and antidepressants (AD); 3 studies reported that response and AP dose were similar among cultures and that culturally-sensitive psychotherapy improved adherence;