EW0411

Substance use disorder in the offspring of antenatally depressed mothers in the Northern Finland 1966 birth cohort: Relationship to parental history of severe mental disorder

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Introduction Maternal depression during pregnancy is common. However, reports of the adult offspring with maternal antenatal depression are scarce.
Objectives Our aim was to study whether offspring of antenatally depressed mothers have increased risk for substance use disorder when taking account parental mental disorder.
Methods In the Northern Finland 1966 Birth Cohort, the mothers of 12,058 children were asked at the antenatal clinic if they felt depressed. The offspring were followed for over 40 years. Substance use disorders were detected using the Finnish Care Register for Health Care, which was also used for identifying severe mental disorders in the parents till 1984.
Results Of the mothers, 14% had rated themselves as depressed during pregnancy. Of the parents, 10% had had a hospital-treated mental disorder. The risk for substance use disorder was slightly increased in the offspring of antenatally depressed mothers (crude OR 1.6; 95% CI 1.2–2.1), when compared with the cohort members without maternal antenatal depression. The risk for substance use disorder was higher in the offspring with both maternal antenatal depression and parental mental disorder (2.8; 1.7–4.7) than in those with maternal depression but without parental mental disorder (1.4; 1.1–2.0) or those without maternal depression and with parental mental disorder (1.5; 1.1–2.2). The reference group was cohort members without maternal antenatal depression and without parental mental disorder. The association remained significant after adjustment [1].
Conclusions Offspring with both maternal depression during pregnancy and parental severe mental disorder have elevated risk for substance use disorder.
Disclosure of interest The authors have not supplied their declaration of competing interest.
Reference
[1] Mäki P, et al. Am J. Psychiatry 2010.

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EW0412

Does substance abuse mediate or moderate the relationship between childhood trauma and the experience of persecutory delusions in people with schizophrenia in South Africa?

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Background Persecutory delusions, a key symptom of schizophrenia, may be associated with the experience of early childhood trauma as well as with cannabis dependence. Little research has, however, addressed these associations in people with schizophrenia on the African continent. We examined if persecutory delusions were significantly associated with childhood trauma in people with schizophrenia from South Africa, and we investigated whether cannabis dependence mediates or moderates this association.
Methods Seven hundred and twenty-eight people with schizophrenia completed several scales including the childhood trauma questionnaire (CTQ) which captures several domains of childhood trauma. Logistic regression and structural equation modelling methods were employed to examine the relationship between persecutory delusions and specific experiences of childhood trauma, and to determine if cannabis dependence is mediating or moderating this relationship.
Results Preliminary results suggest that of the various childhood traumas, the strongest predictor of the presence of persecutory delusions was emotional abuse [OR: 1.02 (0.94–1.08)]. There was no evidence of mediation by cannabis dependence. However, all experiences of childhood trauma, measured by the CTQ (with the exception of physical neglect) interacted with cannabis dependence to increase the risk of the onset of persecutory delusions ($P < 0.001$).
Conclusions These results are consistent with previous data in demonstrating that both childhood trauma and cannabis dependence are associated with persecutory delusions in schizophrenia. These findings suggest that it is important to examine the role of early childhood trauma as well as substance use in predicting the onset of psychosis to inform treatment strategies.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0413

Increased prevalence of major depressive disorder in patients who get admitted with atrial fibrillation with worse outcomes

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Objective To determine trends and impact on outcomes of atrial fibrillation (AF) in patients with pre-existing major depressive disorder(MDD).
Background While post-AF MDD has been extensively studied, contemporary studies including temporal trends on impact of pre-AF MDD on AF and post-AF outcomes are lacking.
Methods We used Nationwide Inpatient Sample (NIS) from Healthcare Cost and Utilization Project (HCUP) from 2002 to 2012. We identified AF and MDD as primary and secondary diagnosis respectively using validated International Classification of Diseases, 9th Revision, and Clinical Modification (ICD9CM) codes, and used Cochrane-Armitage trend test and multivariate regression to generate adjusted odds ratios (aOR).
Results We analyzed total of 3,887,827 AF hospital admissions from 2002 to 2012 of which 6.78% had MDD. Proportion of hospitalizations with MDD increased from 4.93% to 14.19% (P-trend < 0.001). Utilization of atrial cardioversion was lower in patients with MDD (34.37% vs. 40.52%, $P < 0.001$). In-hospital mortality was significantly lower in patients with MDD (aOR0.749; 95% CI 0.664–0.846; $P < 0.001$) but discharge to specialty care was higher

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(aOR 1.695; 95%CI 1.650–1.741; $P<0.001$). In addition, median length of hospitalization (2.5 vs. 2.13 days; $P<0.001$) and median cost of hospitalization (28,246 vs. 22,663; $P<0.001$) was higher in hospitalizations with MDD.
Conclusions Our study displayed an increasing proportion of patients with MDD admitted due to AF in the last decade with lower mortality but higher morbidity post-AF. In addition, there was significantly less utilization of atrial cardioversion in this population along with higher median length and cost of hospitalization. There is a need to explore the reasons behind this disparity in outcomes and atrial cardioversion utilization in order to improve post-AF outcomes in this vulnerable population.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0414

Temporal trends in drug abuse in adults with acute myocardial infarction show worse outcomes

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Objective To determine temporal trends, invasive treatment utilization and impact on outcomes of pre-infarction drug abuse (DA) on acute myocardial infarction (AMI) in adults.
Background DA is important risk factor for AMI. However, temporal trends in drug abuse on AMI hospitalization outcomes in adults are lacking.
Methods We used Nationwide Inpatient Sample (NIS) from Healthcare Cost and Utilization Project (HCUP) from 2002 to 2012. We identified AMI and DA as primary and secondary diagnosis respectively using validated International Classification of Diseases, 9th Revision, and Clinical Modification (ICD9CM) codes, and used the CochraneArmitage trend test and multivariate regression to generate adjusted odds ratios (aOR).
Results We analyzed total of 7,174,274 AMI hospital admissions from 2002 to 2012 of which 1.67% had DA. Proportion of hospitalizations with DA increased from 5.63% to 12.08% (P trend <0.001). Utilization of coronary artery bypass grafting (CABG) was lower in patients with DA (7.83% vs. 9.18%, $P<0.001$). In-hospital mortality was significantly lower in patients with DA (aOR 0.811; 95% CI 0.693–0.735; $P<0.001$) but discharge to specialty care was higher (aOR 1.076; 95% CI 1.025–1.128; $P<0.001$). The median cost of hospitalization (40,834 vs. 37,253; $P<0.001$) was higher in hospitalizations with DA.
Conclusions We demonstrate an increasing proportion of adults admitted with AMI have DA over the decade. However, DA has paradoxical association with mortality in adults. DA is associated with lower CABG utilization and higher discharge to specialty care, with a higher mean cost of hospitalization. The reasons for the paradoxical association of DA with mortality and worse morbidity outcomes need to be explored in greater detail.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0415

Increased prevalence of psychosis in patients who get admitted with acute myocardial infarction with worse outcomes

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Objective To determine trends and impact on outcomes of acute myocardial infarction (AMI) in patients with pre-existing psychosis.
Background While post-AMI psychosis has been extensively studied, contemporary studies including temporal trends on impact of pre-AMI Psychosis on AMI and post-AMI outcomes are lacking.
Methods We used Nationwide Inpatient Sample (NIS) from Healthcare Cost and Utilization Project(HCUP) from 2002 to 2012. We identified AMI and psychosis as primary and secondary diagnosis respectively using validated International Classification of Diseases, 9th Revision, and Clinical Modification (ICD9CM) codes, and Cochrane-Armitage trend test and multivariate regression to generate adjusted odds ratios (aOR).
Results We analyzed total of 7,174,274 AMI hospital admissions from 2002 to 2012 of which 1.77% had psychosis. Proportion of hospitalizations with psychosis increased from 6.94% to 11.85% (P-trend <0.001). Utilization of percutaneous coronary intervention (PCI) was lower in patients with psychosis (29.98% vs. 40.36%, $P<0.001$). Utilization of coronary artery bypass grafting (CABG) was lower in patients with psychosis (8.01% vs. 9.18%, $P<0.001$). In-hospital mortality was significantly lower in patients with psychosis (aOR 0.677; 95% CI 0.630–0.727; $P<0.001$) but discharge to specialty care higher (aOR 1.870; 95%CI 1.786–1.958; $P<0.001$). In addition, median length of hospitalization (3.77 vs. 2.90 days; $P<0.001$) was higher in hospitalizations with psychosis.
Conclusions Our study displayed increasing proportion of patients with psychosis admitted due to AMI in last decade with lower mortality but higher morbidity post-infarction, and significantly less utilization of PCI and CABG. There was also increased length of stay patients with MDD. There is need to explore reasons behind this disparity in outcomes and PCI and CABG utilization to improve post-AMI outcomes in this vulnerable population.
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