

PATIENT MANAGEMENT AND PSYCHOPHARMACOLOGICAL TREATMENT ASSOCIATED TO SMOKING BAN IN AN ACUTE PSYCHIATRY UNIT

A. Toll Privat¹, D. BergÈ Baquero², A. ManÈ Santacana², **J.M. GinÈs Miranda²**, V. Chavarria Romero¹, B. SamsÚ Buxareu¹, A. Merino Torres², V. PÈrez Solà²

¹Psychiatry Resident, Institut de Neuropsiquiatria I Addiccions, Parc de Salut Mar ; ²Psychiatrist, Institut de Neuropsiquiatria I Addiccions, Parc de Salut Mar

Introduction: More than 60% of psychiatric patients are smokers. Besides a culture of smoking allowance amongst these patients, in the last years all psychiatric services in developed countries are becoming smoking free. Several studies have found negative expectancies in staff and patients where smoking bans are planned. Nevertheless, not many studies have focused on objective measures as changes in medication and features of the admissions period.

Objectives: We want to find differences in terms of clinical and treatment management in psychiatric hospitalization associated to smoking ban.

Methods: We collected data (regarding medication, socio-demographic and admission characteristics) from all patients admitted to an acute psychiatric hospital in two different time periods, before and after the smoking ban was in force. We collected data (regarding medication, socio-demographic and admission characteristics) from all patients admitted to an acute psychiatric hospital in two different time periods, before and after the smoking ban was in force.

Results: More number of leaves of absence ($p=0,020$) and movement restrictions ($p=0,001$) during the ban period occurred in comparison to the pre-ban period. On the contrary a lack of significant differences in terms of hospital stay (duration ($p=0,479$), rate of involuntary admissions ($p=0,371$) and voluntary discharges ($p=0,377$)), use of sedatives and doses of antipsychotics was found ($p= 0,640$ and $p=0,194$).

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Conclusions: The smoking-ban may have driven to increased grants for leave of absence that secondarily may have underpin demands for leave of absence in patients not allowed to and thus, it may have contribute to an increase in movement restrictions. Further studies with longer periods after the ban may clarify this issue. The smoking-ban may have driven to increased grants for leave of absence that secondarily may have underpin demands for leave of absence in patients not allowed to and thus, it may have contribute to an increase in movement restrictions. Further studies with longer periods after the ban may clarify this issue.