

# Impact of comorbid psychiatric disorders in engagement in treatment after referral by an Addiction Liaison Psychiatry Unit

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## Introduction

Substance abuse and psychiatric comorbidity interfere in the treatment and prevention of somatic illness (Altice et al. 2010). The detection of susceptible patients in the General Hospital to engage them in specific treatment is a challenge for Liaison Psychiatric Units (Glaser 1988). The detection during a hospital admission of the addictive disorder is associated with an increase of follow-up and to an improvement in the addictive disorder and quality of life (Alaja et al., 2003). Due to these reasons, an accurate detection and intervention by the Addiction Liaison Psychiatry team is of great importance during the admission of patients in a General Hospital.

## Objectives

To identify patient characteristics those increase the probability to engage in follow-up visit after an admission in a General Hospital.

## Material and Methods

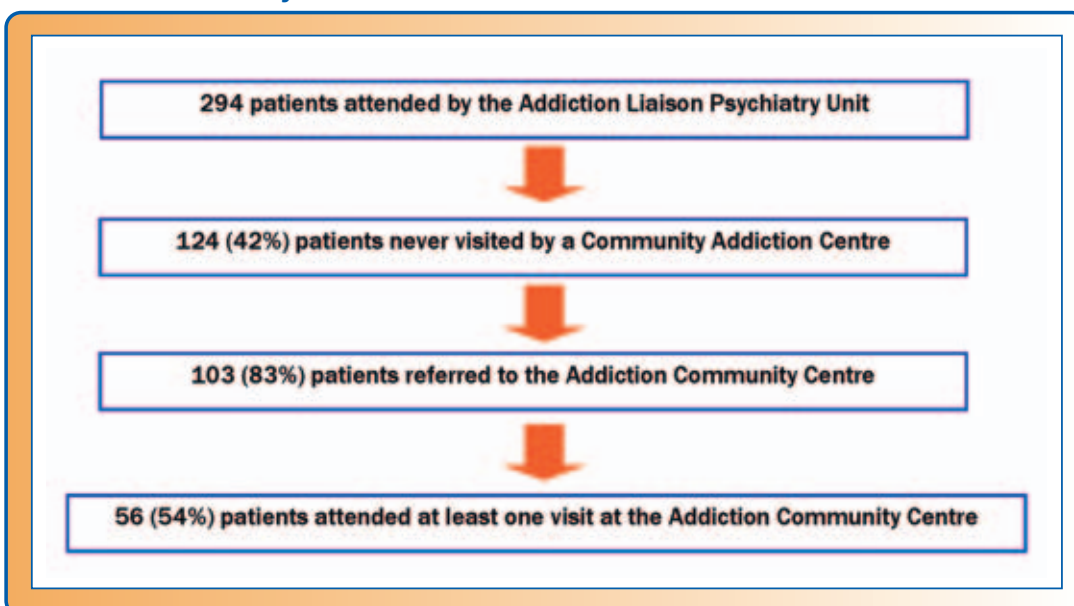
Prospective study. All patients admitted to Hospital del Mar (Barcelona, Spain) and referred to the Addiction Liaison Psychiatry Unit were included. Study period comprised 17 months. Demographics, clinical data (substance use, dual diagnosis, medical diagnosis) and administrative data were obtained. Six months after discharge, patients' engagement in out-patient substance abuse treatment was evaluated.

## Results

Final sample of 294 patients (77% men; mean age: 48+11 years). A total of 124 (76% men; mean age: 52+13 years) were not in addiction treatment before the Hospital Admission, from those, 103 (81% men; mean age: 53+13 years) were referred to an addiction community centre. From those referred, the 54% attended at least to one visit of follow-up (Figure 1)

When comparing patients that were engaged to the follow versus those that missed the appointment, there were no differences in terms of gender, age, country of origin, main drug problem, legal background, nor in the presence of infectious comorbidity (Table 1). Patients that attended to the visit, presented shorter length of stay in the hospital (11+5 vs. 19+14 days,  $p=0.01$ ), lived with family (51% vs. 37%,  $p=0.003$ ) and had less comorbid psychopathology on Axis I (7% vs. 17%;  $p=0.012$ ).

**Figure 1. Diagram showing the percentage of patients visited by the Addiction Liaison Psychiatry Team and those that attended at least to one visit at the Addiction Community Centre.**



**Table 1. Main characteristics of patients engaged in the follow-up at the Addiction Community Centre, and those who did not attend.**

	Engaged N= 56 (54%)	Not engaged N= 47 (44%)	p
Males (%)	48 (86)	36 (77)	NS
Age (mean + SD)	52 ± 13	55 ± 14	NS
Married (%)	34 (61)	30 (64)	NS
Foreign (%)	10 (18)	10 (21)	NS
School years (mean + SD)	12 + 5	10 + 5	NS
Working (%)	10 (18)	10 (21)	NS
Live with family (%)	27 (51)	17 (37)	.003
Main Drug			
Alcohol	52 (93)	46 (98)	NS
Cocaine	4 (7)	0	
Cannabis	0	2 (2)	
Axis I comorbidity	8 (17)	4 (7)	.012
Length of stay (mean + SD)	11 ± 5	19 ± 14	<.001

## References

- Alaja R, et al. Gen Hosp Psychiatry 2003; 25:103-7.
- Altice FL, et al. Lancet. 2010;376:367-87.
- Glaser FB. 1988. Can J Psychiatry; 33:259-63.

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## Conflicts of interest

Authors declare that they don't have any conflict of interest

## Conclusions

Only, around the 50% of patients referred to follow-up after and admission in a General Hospital attended at least to one visit in a community drug center. Profile of patients that attended the visit was less severe in terms of social situation (lived with family), with shorter admission time and with less prevalence of psychiatric comorbidity. Efforts should be done by Liaison Psychiatric teams, in order to increase the retention of patients with substance abuse disorders.