

INFLUENCE OF SUBSTANCE USE DISORDER IN BIPOLAR AND SCHIZOAFFECTIVE DISORDER IN A COMMUNITY MENTAL HEALTH CENTER

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Educational Objectives

Substance use disorder (SUD) has high prevalence in our community mental health center, that is located in a poor neighborhood of Barcelona. SUD is also frequent in patients affected with a severe mental disorder such as bipolar disorder (BD) and schizoaffective disorder (SAD). We think that it is important to highlight the difficulties that our patients have during the evolution of both pathologies.

Purpose

The purpose of this study is to describe the possible influence of SUD on the outcome of BD and SAD in our community mental health center.

Methods

Cross-sectional descriptive study registered on 2014. The sample was made up from outpatients with BD and SAD who were attending our community mental health centre at that moment.

Results

A total of 39 patients were attending our center at the time of the study, 17 had comorbidity with SUD and mean age 44 and 22 didn't use any type of drugs with mean age 51.1. Patients who also had SUD had more hospital admissions (3.41 vs 3.09), needed a second type of antipsychotic medication in more cases (35.3 vs 27.3) and were less adherent to pharmacological treatment (70.6 vs 81.8%).

Table 1. Clinical variables

	DUAL DISORDER (n=17)		NOT USE OF DRUGS (n=22)	
	%	mean (SD)	%	mean (SD)
Age		44 (15.82)		51.14 (17.74)
Number of hospitalizations		3.4 (5.6)		3.1 (3.6)
Length of illness (years)		15.2 (13.2)		16.86 (15.8)
Treatment adherence last 6 months	71%		82%	
Partial adherence last 6 months	23.5%		18%	
Second antipsychotic prescription	35.3%		27.3%	
Benzodiacepine prescription	23.5%		18.2%	

Conclusions

We found some important aspects that suggest that patients with comorbidity with SUD have more severity because they have more hospital admissions, need more medication and are less adherent to the treatment. The non-compliance of the pharmacological treatment is an important point to remark because it is one of the most important causes for relapse. It is necessary to treat both pathologies at the same time and develop strategies to help patients to continue with the treatment.