

A comparative study between patients with substance use disorder and patients with “no psychiatric diagnosis” according to psychiatric evaluation, referred to a consultation-liaison psychiatry Unit over a 10-year-period

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AIM

To compare a sample of patients with substance use disorder (SUD) and another with “no psychiatric diagnosis” (NPD), referred to a Consultation-Liaison Psychiatry (CLP) Unit.

METHODS

Two samples were compared, throughout a comparative study assessing 2105 inpatient adults with SUD (DSM-V criteria) and 895 with NPD, admitted to non-psychiatric units of the Clinical Hospital of Barcelona (Spain), who were consecutively referred to our CLP service between 2005 and 2014.

RESULTS

There were more males in the SUD than in the NPD group (1578 out of 2105 vs 469 out of 895) ($X^2=147.4$; $df=1$; $p<0.001$). As to ICD-10 somatic conditions, the SUD group had more than 50% of patients with digestive and infectious diseases; and the NPD group had more than 50% with cardiovascular and central nervous system diseases ($X^2=1076$; $df=14$; $p<0.001$) (Figure 1). More than 50% (450 out of 895) patients with SUD did not need a psychopharmacological intervention, while less than 20% of NPD patients (425 out of 2105) did not take psychopharmacological treatment either ($X^2=1076$; $df=14$; $p<0.001$) (Figure 2). More than 2/3 of SUD patients were recommended for further psychiatric health care after discharge in specific SUD Units, while the NPD patients were sent to general practitioner or “no needed treatment” ($X^2=700.2$; $df=9$; $p<0.001$) (Figure 3).

Figure 1: ICD-10 somatic diagnosis at admission (%).

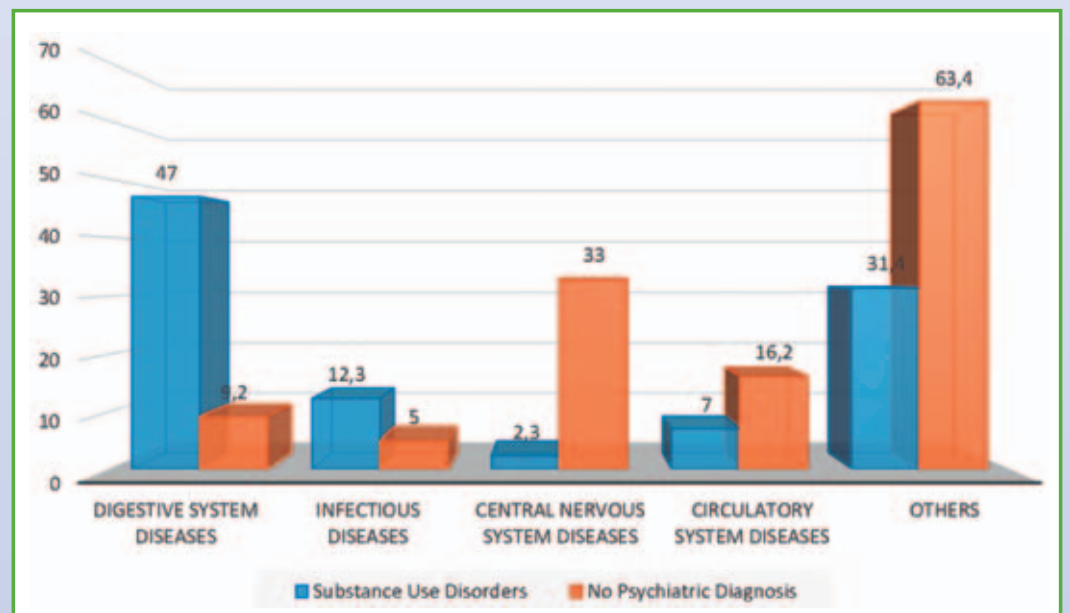


Figure 2: CLP recommendations of psychopharmacological treatment (%).

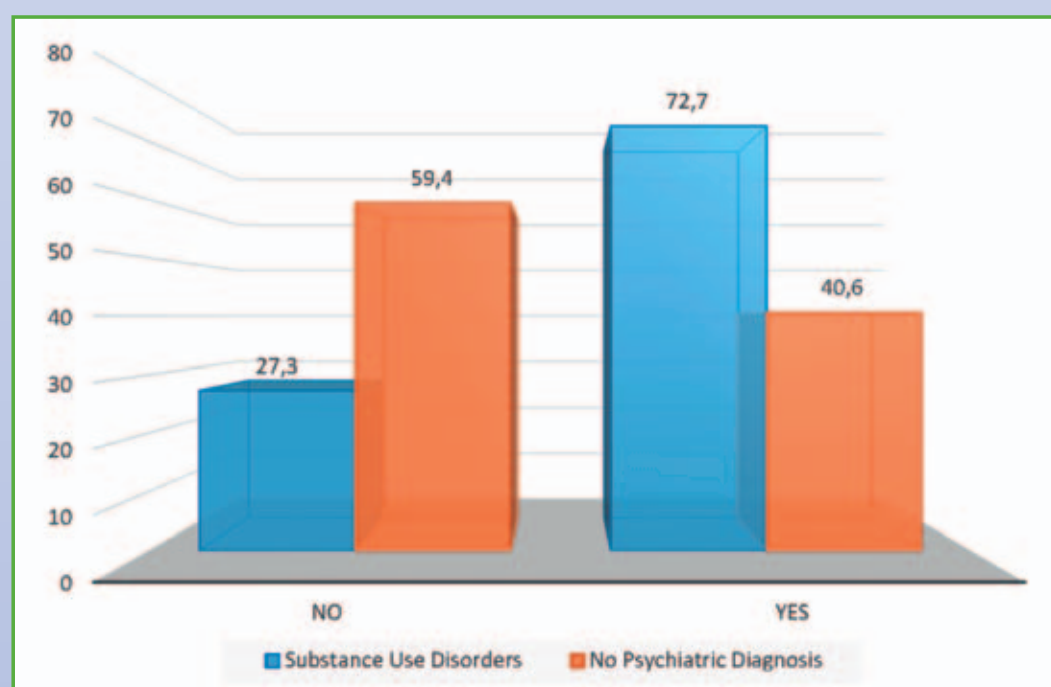
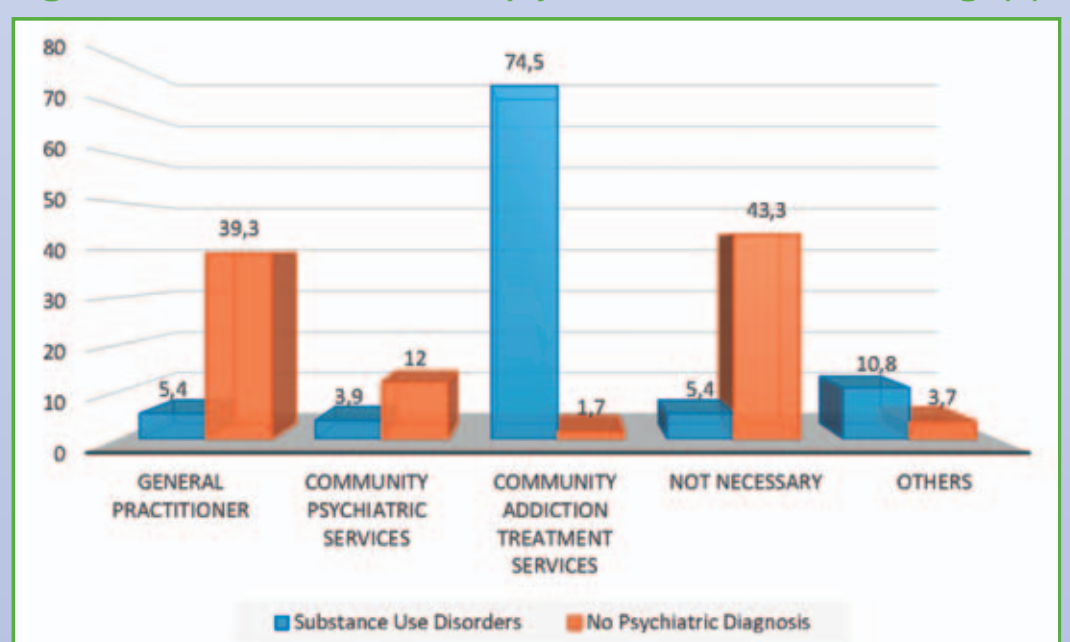


Figure 3: CLP recommendations for psychiatric health care at discharge (%).



CONCLUSIONS

The vast majority of SUD patients are male. CLP interventions for SUD patients are quite different to those for NPD patients. In addition to that, SUD patients have to be referred to specific SUD Units and NPD patients to general practitioner when needed.