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Hospitalization readmission rates in patients with schizophrenia: A nationwide analysisM. Gonçalves Pinho^{1,2*}, J. P. Ribeiro³, L. Fernandes⁴ and A. Freitas⁴¹Faculty of Medicine of the University of Porto; ²CINTESIS, Porto; ³Centro Hospitalar do Tâmega e Sousa, Penafiel, Portugal and ⁴Faculty of Medicine of the University of Porto, Porto

*Corresponding author.

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Introduction: Schizophrenia is a chronic severe mental disorder characterized by acute decompensation episodes that may lead to hospitalization. In Portugal a previous study found a total of 25,385 hospitalizations in an 8-year period, being one of the most burdensome serious mental disorders in Portugal. Rehospitalizations (hospitalization occurring after a previous discharge due to Schizophrenia) are one of the quality-of-care indicators of schizophrenia treatment.

Objectives: This project aims to describe and quantify hospitalization readmission rates in patients with schizophrenia in Portuguese public hospitals

Methods: A descriptive study was designed according to the RECORD guidelines, using a nationwide hospitalization administrative database that contains all hospitalizations registered in Portuguese mainland public hospitals. All episodes with discharges occurring between 2008 and 2015 with a primary diagnosis of Schizophrenia were selected according to the International Classification of Diseases version 9, Clinical Modification (ICD-9-CM) codes of diagnosis 295.xx. Readmission rates were estimated using a methodological approach developed by the authors that identified patients who have been rehospitalized in ≤ 5 ; ≤ 30 ; ≤ 90 and ≤ 365 days from a previous hospitalization episode during the study period. Individual patients were identified (crosschecking three variables: birthdate; sex and place of residence). The time between discharges was calculated using the difference between an index hospitalization and the next registered hospitalization from the same patient.

Results: A total of 14,279 patients were anonymously identified in order to calculate readmission rates per patient from a total of 25,385 hospitalization episodes. The mean hospitalization per patient ratio was 1.78. A total of 367 patients (2.6%) had a readmission in ≤ 5 days after discharge. The readmission rate at ≤ 30 days was 8.6% (n=1224); 14.1% (n=2013) at ≤ 90 days and 23.7% (n=3378) at ≤ 365 days. Readmission rates were higher in male sex patients. Shorter periods of time between readmissions were increasingly frequent in male patients (3.1% vs. 1.6% of all male vs. all female patients in ≤ 5 days readmissions; 9.6% vs. 6.5% in ≤ 30 days readmissions; 15.7% vs. 11.0% in ≤ 90 days readmissions and 25.3% vs. 20.4% in ≤ 365 days readmissions).

Conclusions: Rehospitalizations arise as one of the indicators of treatment failure and quality of care in patients with a diagnosis of schizophrenia. Our study is the first to measure and assess readmission rates in patients with Schizophrenia in Portuguese public hospitals at a nationwide level. Portugal presents lower 30-day readmission values when compared to other countries. The 30-day readmission rate in patients with Schizophrenia in Portuguese Public Hospitals is 8.6% and male patients have higher readmission rates when compared to female patients.

Disclosure of Interest: None Declared

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Impact of Somatic and Addictive Comorbidities on the Quality of Life of Patients With Schizoaffective Disorder: A cross-sectional study

M. ASGHARZADEH*, W. BOUALI, S. KHOUADJA, R. BEN SOUSSIA, S. YOUNES and L. ZARROUK

Psychiatry Department, Taher Sfar University Hospital of Mahdia, Mahdia, Tunisia

*Corresponding author.

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Introduction: Schizoaffective disorder is a mental health disorder frequently associated with somatic and addictive comorbidities. This association can be dangerous as it may change the expression of the disease and its prognosis and may even affect the quality of life (QOL) and the overall functioning of patients.

Objectives: This study aimed to investigate the impact of somatic and addictive comorbidities on QOL and the overall functioning of patients with schizoaffective disorder.

Methods: This paper is a cross-sectional descriptive study conducted at the *Department of Psychiatry within outpatient settings* over six months. We evaluated the QOL using the SF-36 and Global Assessment of Functioning scale (GAF). We included all patients suffering from a schizoaffective disorder and excluded patients with associated mental impairment, those we could not assess because of another disability, and those with missing records.

Results: Fifty-two patients with schizoaffective disorder met our inclusion criteria with an average age of 38. This study found somatic comorbidities in 30.8% of patients, where diabetes ranked first (13.5%), followed by high blood pressure (9.6%). We noted addictive comorbidities in 63.5% of patients, with tobacco, alcohol, and Cannabis being the most consumed substances, with respective rates of 57.7 %, 28.8 %, and 13.5%.

The QOL assessment revealed an impaired QOL score in 80.8% of patients, whereas 65.4% had a GAF score lower than 70 indicating a deterioration of functioning level. Our results showed that dimension D1 (physical activity) of the SF-36 was strongly influenced by somatic comorbidities, according to an analytical investigation of the association between these two variables ($p = 10^{-4}$). We also found that the deterioration in the patient's global functioning was not significantly related to somatic comorbidities ($p = 0.28$). Furthermore, our studies showed no association between impaired quality of life and substance abuse.

Conclusions: Somatic comorbidities and substance abuse have a detrimental effect on patients with pre-existent schizoaffective disorder, and the goals of patient care with a schizoaffective illness go beyond the remission of clinical symptoms to the improvement of quality of life and socio-professional functioning.

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