

EV0227

Comparative study of psychiatric comorbidity differences in patients with ADHD and cocaine substance use disorders and patients ADHD and cannabis use disorders

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Substance Use Disorders (SUD) and Attention Deficit Hyperactive Disorder (ADHD) are frequent conditions in out drug treatment centers. There are evidences about the high prevalence of ADHD in SUD patients (20%) compared with just ADHD in general population (1–7.3%). Both disorders and psychiatric comorbidity are important in the diagnosis proceeding. The objective of this study is search the difference in psychiatric comorbidity conditions between patients with ADHD and Cocaine SUD and ADHD and Cannabis SUD. ADHD was present in 158 patients of a total sample in which 46.8% used cocaine, 17.1% cannabis and 36.1% used both. Mood disorders were 26.8% in cocaine users, 21.7% in cannabis and 18.9% in both. Anxiety disorders were 20.3% in cocaine users, 37.5 in cannabis and 13% in both users. Primary psychotic disorders were 2.9% in cocaine users, none in cannabis and 11.1% in both drug users. Personality disorders by cluster were, Cluster A: 11.3% in cocaine group, 36% in cannabis group and 24.5 in cannabis and cocaine group. Cluster B: 33.8% in cocaine group, 44% in cannabis group and 51.9% in cannabis and cocaine group. Cluster C: 9.9% in cocaine group, 28% in cannabis group and 19.2% in cannabis and cocaine group. There could be common pathways of neuronal damage related to psychiatric comorbidity depending of used drug, the differences in comorbidity found in this study could explain a little part of it. It is important to manage SUD-ADHD and other psychiatric comorbidity in order to improve the outcomes of these patients.

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Gender differences in dual bipolar disorder

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Introduction Women with bipolar disorder are more prone to psychiatric co-morbidity as anxiety, substance use disorders, eating

disorders and borderline personality disorder. Nevertheless, substance abuse disorders as co-morbidity in bipolarity are higher in males than females.

Objectives To describe differential characteristics of patients admitted to a psychiatric unit referring to gender in a group of patients with bipolar disorder co-morbid with substances disorders (dually diagnosed patients).

Methods Sociodemographic, clinical and administrative data of all patients diagnosed with bipolar admitted to a dual diagnosis during a 3-year period were collected. The psychiatric diagnosis was made according to DSM-IV-R criteria.

Results From the whole sample ($n=66$), males (84.8%) were prevalent. Mean age were 37.71 ± 11.7 and mean length of admission was 24.94 ± 17.9 days. Cannabis (34.8%) and cocaine (33.3%) were the most frequent SUD diagnosis and main reasons for admittance were conduct disorder (33.3%) and mania (25.8%).

Women showed higher length of admission, higher severity scores at admission and greater reduction in severity scores along hospitalisation. No other clinical or sociodemographic differences were found comparing both groups of patients (Tables 1–4).

Conclusions Women affected by dual bipolar disorder showed higher severity scores at admission but achieved better remission rates during hospitalisation.

Table 1 Demographic characteristics of both groups.

		Women (n=10; 15%)	Male (n=56; 85%)	P value
Age, years	Mean (SD)	34.5 (10.4)	38.3 (11.0)	0.35
Marital status, %	Single	50.0%	67.0%	0.43
	Married/Divorced	30.0%	14.3%	
	Divorced/Separated/Widow	20.0%	17.9%	
Level of education, %	No high school diploma	0.0%	5.4%	0.17
	High school diploma	60.0%	50.4%	
	Some college	40.0%	64.3%	
Employment, %		20.0%	16.1%	0.70
Legal background, %		20.0%	39.3%	0.24
Parental substance abuse background		20.0%	39.3%	0.24
Parental mental illness background		40.0%	58.0%	0.27

*.The chi-square statistic is significant at level 0.05.

Table 2 Clinical and functional variables at admission in both groups.

		Women (n=10; 15%)	Male (n=56; 85%)	P value
Length of admission	Mean (SD)	35.0 (18.0)	23.1 (17.2)	0.05
Clinical presentation	Suicide Ideation/Attempt	20.0%	7.1%	0.25
	Hallucinations/Delusions	20.0%	14.3%	
	Other	60.0%	78.6%	
	Personality disorder	30.0%	14.3%	
Main drug of abuse	Stimulants	60.0%	39.4%	0.07
	Sedatives	40.0%	60.6%	
Cocaine SUD		60.0%	61.0%	0.93
Cannabis SUD		30.0%	50.0%	0.24
Alcohol SUD		40.0%	65.1%	0.12
Opioid SUD		20.0%	12.5%	0.52
Sedatives SUD		0.0%	17.9%	0.15
Amphetamines SUD		0.0%	14.3%	0.20
Hallucinogens SUD		0.0%	3.6%	0.54
Volatils SUD		0.0%	7.1%	0.38
Polydrug abuse		50.0%	69.7%	0.53

*.The chi-square statistic is significant at level 0.05.

Table 3 Historical data about age of drug use in both groups.

		Women (N=10; 15%)	Male (N=56; 85%)	P value
Age of first use of cocaine, years	Mean (SD)	21,71 (6,3)	19,39 (5,3)	0,752
Age of first use of cannabis, years	Mean (SD)	15,67 (1,0)	14,86 (2,9)	0,510
Age of first use of alcohol, years	Mean (SD)	16,22 (3,0)	14,41 (4,1)	0,230
Age of first use of opioid, years	Mean (SD)	25,50 (19,4)	20,19 (5,4)	0,373
Age of first use of sedatives, years	Mean (SD)	19,80 (3,0)	27,11 (10,1)	0,132
Age of first use of amphetamines, years	Mean (SD)	19,67 (2,1)	18,82 (5,6)	0,260
Age of first use of nicotine years	Mean (SD)	15,33 (1,9)	14,49 (2,9)	0,568
Age of regular use of cocaine, years	Mean (SD)	27,17 (7,2)	25,93 (8,9)	0,391
Age of regular use of cannabis, years	Mean (SD)	18,00 (2,8)	15,00 (2,0)	0,839
Age of regular use of alcohol, years	Mean (SD)	22,20 (6,2)	20,94 (8,4)	0,749
Age of regular use of opioid, years	Mean (SD)	27,00 (11,3)	21,91 (6,6)	0,397
Age of regular use of sedatives, years	Mean (SD)	23,00 (1,4)	26,40 (9,2)	0,619
Age of regular use of amphetamines, years	Mean (SD)	25,00 (0,0)	18,90 (6,0)	0,663
Age of regular use of nicotine years	Mean (SD)	15,89 (2,2)	15,17 (2,4)	0,410

*. The chi-square statistic is significant at level 05.

Table 4 Severity Scores for both groups of study.

		Women (N=10; 16%)	Male (N=66; 85%)	P value
GAF score at admission	Mean (SD)	44,50 (7,50)	38,98 (10,57)	0,36
GAF score at discharge	Mean (SD)	67,00 (10,24)	60,60 (9,86)	0,30
OEP score at admission	Mean (SD)	18,30 (6,53)	15,10 (5,40)	0,01*
OEP score at discharge	Mean (SD)	9,80 (4,43)	9,52 (3,92)	0,01*

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GERD is associated with the outcome of MDD treatment

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Introduction Gastroesophageal reflux disease (GERD) is more prevalent among patients with major depressive disorder (MDD) than in general population, and vice versa. Bidirectional association of GERD and MDD is well documented. Although protective effect for gastric symptoms has been indicated for several antidepressants like trazodone, citalopram, fluoxetine, mirtazapine or fluvoxamine, these findings are sometimes contradictory. Similar may be claimed for antidepressant effect of some proton pump inhibitors. We decided to examine the association of GERD with the long-term efficacy of MDD treatment.

Objective To examine the association of GERD and efficacy of MDD treatment.

Methods This nested cross-sectional study was done during 2016 at Psychiatric hospital Sveti Ivan, Zagreb, Croatia on the sample of 1008 psychiatric patients. Key outcome was the number of psychiatric rehospitalizations since the first diagnosis of MDD. Predictor was patient-self-declared diagnosis of GERD. Covariates controlled by multivariate analysis of covariance were sex, age, duration of MDD in years, education, marital status, number of household members, work status, clinical global impression scale-severity of MDD at diagnosis, treatment with tricyclic antidepressants (TCA), selective serotonin reuptake inhibitors (SSRI),

serotonin-norepinephrine reuptake inhibitors (SNRI), noradrenergic and specific serotonergic (NaSSA) and antipsychotics.

Results MDD patients with GERD had significantly larger number of psychiatric rehospitalizations (mean = 5.4 (SD 6.82)) than MDD patients with no GERD (mean = 3.1 (SD 4.45)). After adjustment for all covariates, GERD significantly moderated the efficacy of treatment of MDD ($P = 0.048$; $\eta^2 = 0.05$) (Figure 1).

Conclusion To treat MDD effectively we should treat GERD as well.



Figure 1 Number of psychiatric rehospitalizations in patients with MDD and GERD; error bars represent 95% confidence intervals ($n = 1008$).

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Comorbidity of major depressive disorder and personality disorder increase the risk for suicide

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Introduction Personality disorder (PD) with an associated diagnostic of major depressive disorder (MDD) is a common occurrence, being considered a factor of treatment resistant depression. In this study, we compare two groups of patients' one group having Major Depressive Episode (MDD) and the other with MDD and PD as comorbidity.

Methods This is an observational study of all patients admitted with diagnosis of MDD during one month period in an acute psychiatric hospital. Data collection is made using patients files. During one month period a total number of 105 MDD cases were recorded (group A-75 cases with MDD and group B-30 patients with PD and MDD). The diagnosis was recorded in files by a specialist psychiatrist. Data is analyzed using SPSS v.20.

Results A significant difference is found when comparing age groups, mean age for group A being 60 years and for group B 35 years ($P = 0.05$). Regarding suicide attempts a higher prevalence is found in Group B (Group A 6.7%, Group B 20%) although with statistical relevance ($P = 0.04$). Study limitation: small sample size of group B does not allow analysis on different type of personality