social impact and excessive expenses. Moreover, COPD is associated with high levels of psychological distress and diverse psychiatric disorders that heighten the disease burden as they are associated with increased risk of exacerbations and frequent hospitalizations. Despite this overview, psychiatric conditions remain understudied compared to comorbid general medical conditions, and few studies have assessed their effect on COPD hospitalization outcomes.

Objectives: This study aimed to describe the occurrence of a vast array of psychiatric comorbid diagnoses in COPD hospitalizations and to understand their impact on hospitalization outcomes.

Methods: A retrospective observational study was conducted. All inpatient episodes from 2008 to 2015 of patients with at least 40 years and a primary diagnosis of COPD (ICD-9-CM codes 491.x, 492.x and 496) were selected from a national administrative database that included all hospitalizations in mainland public hospitals. From these sampled episodes, secondary psychiatric diagnoses were identified (ICD-9-CM codes 290.x-319.x). Age at hospitalization, sex, psychiatric comorbidities, length of stay (LoS) in days, admission type and date, destination after discharge, in-hospital mortality and hospital charges were analyzed.

Results: From a total of 66,661 COPD hospitalizations, 17,652 (26.5%) corresponded to episodes with a secondary psychiatric diagnosis. Patients with a comorbid psychiatric diagnosis were on average younger at admission (70.3 vs. 75.9 years, p<0.001), had a longer median LoS (9.89 vs. 9.33 days, p<0.001) and higher urgent admission rates (96.2% vs. 95.7%, p=0.009). There was also a significant association between discharge destination and psychiatric diagnoses (p<0.001).

Conclusions: These findings suggest that mental disorders have an adverse and quantifiable impact on COPD hospitalization outcomes. With this in mind, to provide optimal treatment for patients with both conditions, psychiatric disorders should become a matter of routine evaluation and follow-up.

Disclosure of Interest: None Declared

EPP0807

Clinical and biochemical parameters associated with substance-induced psychotic disorder: which differences between alcohol, cannabis and psychostimulants

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Introduction: According to DSM V, substance-induced psychotic disorder is a mental health condition in which the onset of psychotic symptoms can be traced to the use of a psychotropic substance. The pathogenesis of this disease is still poorly understood; current literature traces its causes back to genetic predisposition and early traumatic events (i.e. child abuse).

Objectives: The present study aims to identify specific clinical features and biochemical markers which could be addressed as predictors for the long-term prognosis of this disease. Moreover, we aim to identify specific correlations between the clinical phenotype and the underlying substance abuse, in order to allow the early start of a tailored treatment.

Methods: Between 2020 and 2022 we recruited 218 patients referring to the Policlinico Hospital in Milan and the San Gerardo Hospital in Monza, Italy. All the patients were diagnosed with substance induced psychotic disorder: 31 reported alcohol abuse (14,2%), 71 psichostimulants (32,6%), 116 cannabis, (53,2%). For each patients, we collected demographic data, medical records and a comprehensive psychometric assessment (GAF, PANSS, BPRS, Modified Sad Person Scale-MOAS). Furthermore, we collected a blood sample for dosing $Na+$, $K+$, $Na+/K+$, hemogram with formula and platelets, glucose , urea, creatinine, uric acid, transaminases, γGT, bilirubin, plasma proteins, albumin, LDH, CPK, PCHE, cholesterol, HDL, LDL, Tg, TSH.

Results: Chi squared test (χ^2) has been used to compare qualitative variables between the 3 subgrous (alcohol-, psychostimulants- and cannabis-induced psychotic syndromes) (fig.1). One way ANOVA test has been used to compare quantitative variables between the same 3 subgroups (fig.2). After removing one of the subgropus (alcohol-induced psychotic symptoms), the same analysis have been repeated. Significant variables have been included in a binary logistic regression model in order to confirm their validity as predictors for cannabis- and psychostimulants-induced psychotic disorders (fig 3). Finally we performed Omnibus test and Hosmer-Lemeshow test in order to verify the validity of these regression models.
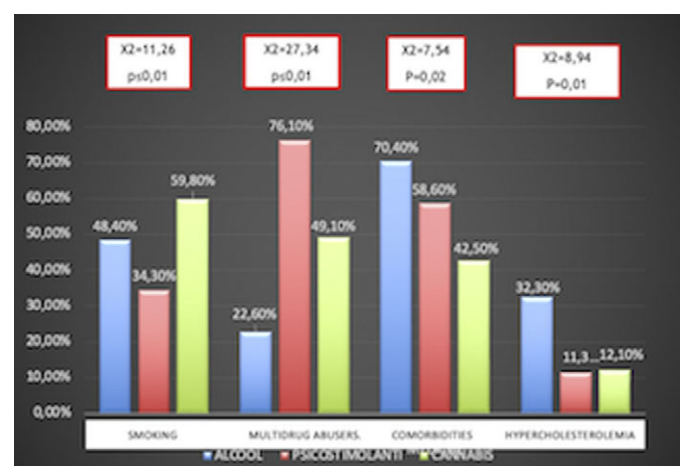
Image:

Image 2:

ITEMS	TOTAL SAMPE N=218	ALCOHOL INDUCED PSYCHOTIC DISORDER N=31	PSYCHOSTIMULANTS INDUCED PSYCHOTIC DISORDER N=71	CANNABIS INDUCED PSYCHOTIC DISORDER N=116	F	P
AGE AT HOSPITAL ADMISSION	33,89 ds± 12,21	45,42 ds± 13,64	35,41 ds± 11,91	29,87 ds± 9,63	25,29	p≤0,01
AGE AT ONSET	28,09 ds± 10,97	33,28 ds± 12,90	30,38 ds± 11,58	25,20 ds± 9,07	9,08	p≤0,01
DURATION OF ILLNESS missing=15	5,83 ds± 8,81	11,83 ds± 14,64	4,97 ds± 7,42	4,74 ds± 6,75	8,43	p≤0,01
NUMBER OF HOSPITAL ADMISSIONS missing=8	2,18 ds± 4,73	3,71 ds± 7,05	1,17 ds± 1,48	2,38 ds± 5,13	3,36	0,04
MODIFIED SAD PERSONS SCALE missing=61	2,49 ds± 1,09	3,16 ds± 1,21	2,29 ds± 1,02	2,42 ds± 1,04	6,19	p≤0,01
UREA missing=62	27,64 ds± 9,08	31,56 ds± 11,03	27,92 ds± 10,23	26,10 ds± 7,03	3,79	0,03
FAT ACIDS missing=128	112,96 ds± 77,20	159,13 ds± 112,31	102,55 ds± 65,15	103,13 ds± 64,29	3,69	0,03
CHOLESTEROL missing=57	170,72 ds± 44,23	192,92 ds± 49,51	169,00 ds± 53,78	165,31 ds± 34,16	3,98	0,02
ALBUMIN missing=87	4,42 ds± 0,46	4,38 ds± 0,59	4,30 ds± 0,44	4,51 ds± 0,40	2,74	0,07

Image 3:

ITEMS	TOTAL SAMPLE N=218	PSYCHOSTIMULANTS INDUCED PSYCHOTIC DISORDER N=71	CANNABIS INDUCED PSYCHOTIC DISORDER N=116	F	P
AGE AT HOSPITAL ADMISSION	33,89 ds± 12,21	35,41 ds± 11,91	29,87 ds± 9,63	F=12,13,	p=0,00
AGE AT ONSET	28,09 ds± 10,97	30,38 ds± 11,58	25,20 ds± 9,07	F=10,87	p=0,00
NUMBER OF HOSPITAL ADMISSIONS MISSING=8	2,18 ds± 4,73	1,17 ds± 1,48	2,38 ds± 5,13	F=3,59	p=0,06
BPRS	42,89 ds± 12,12	41,27±12,04	44,96±12,16	F=3,21	p=0,05
ERYTHROCYTES	4,86 ds± 0,57	4,74±0,57	4,94±0,54	F=4,94,	p=0,03
HEMOGLOBIN	14,49 ds± 1,55	14,15±1,62	14,73±1,44	F=5,49	p=0,02
ALBUMIN	4,42 ds± 0,46	4,30±0,44	4,51±0,40	F=6,22,	p=0,01
GAMMA-GT	43,97 ds± 12,13	37,38± 60,32	24,12±18,83	F=4,08,	p=0,05

Conclusions: For each considered subgroups, we indentified the following features. Alcohol induced psychotic syndrome: higher age of onset and age of hospital admission, higher cholesterol and hurea levels, , high comorbidity with medical conditions anxiety/depression, low social functioning, higher suicidal risk;, higher hospitalization rate. Cannabis induced psychotic syndrome: higher hemoglobin and albumin levels, more severe psychiatric symtoms (BPRS), higher smoking rates. Psychostimulants induced psychotic syndrome: higher multi-drug abuse risk. We could assume that according to this consideration the treatment protocols for each of these subgroups should be tailored according to their specific features.

Disclosure of Interest: None Declared

EPP0808

Changing Perspective in Dual Disorders: Substance Use, Personality Disorder, and Psychosis

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Introduction: Dual disorders constitute a clinical entity with increasing current prevalence (Köck *et al.* Front Psychiatry 2022; 24 13). There is frequent comorbidity between psychotic spectrum disorders and substance use disorders, which hinders both psychopathological stability and the approach to addictive behaviors (Fleury *et al.* Adm Policy Ment Health 2022; 20).
Objectives: The aim of this study is to describe the clinical and sociodemographic characteristics of the consumption pattern of patients diagnosed with psychosis in outpatient follow-up.
Methods: A cross-sectional study was designed with 42 users treated at the mental health center between 2019 and 2021, aged between 18 and 65 years, who had consumed alcohol, cannabis, and/or stimulants (amphetamines or cocaine), with a diagnosis of a comorbid psychotic spectrum disorder for over 3 years. A descriptive analysis of the prevalence of consumption of each predominant substance was carried out, as well as the sociodemographic and clinical characteristics were collected through a semi-structured interview. Statistical analyzes were performed using SPSS v23.0 (significance p<0.05).
Results: The predominant user profile was a man (85.7%), with a mean age of around 29 years, single (83.3%), with family support (52.4%), resident in rural areas (92.8%), with unqualified employment (57.1%) and primary studies (60%). Cannabis was the predominant substance (80.9%), followed by amphetamines (71.4%), with polydrug use of both in 78.6% of cases. A significant association was found between this combined use of substances, the relapse rate and the presence of comorbid personality disorder.
Conclusions: The paradigm of substance use in psychotic disorders has evolved towards comorbidity with polydrug use and confluence with personality disorders.

Disclosure of Interest: None Declared

EPP0809

Drugs and high hospitalization rate: are they related?

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Introduction: Substance use continues to be an important problem among mental health patients either as main diagnosis or as comorbidity. Acute care visits, including emergency department visits and hospitalizations, related to substance use disorders (SUD) are increasing and can be opportunities to engage individuals to get proper treatment (Suen LW et al. J Gen Intern Med 2022; 37(10):2420–2428). Both mental disorders and SUD lead to subsequent chronic physical conditions, premature death, suicide or overdose (Bennett AC. Public Health Rep 2019; 134(1):17-26) that can be accidental or not.
24% to 32% of patients with Substance Induced Psychosis develop later a schizophrenia spectrum disorder or bipolar disorder (Starzer MSK *et al.* Am J Psychiatry 2018;175(4):343–350) leading to a chronic use of medication and, in several instances, to a necessity of psychiatric in-patient treatment with long hospital stays and high readmission rates (Khan S. Health Reports (2017) 28(8)3-8).
Objectives: Our goal was to analyze if substance use is associated with higher psychiatric hospitalization rates.
Methods: An independent-samples t-test was run to determine if there were more hospitalizations among patients with substance use. Afterwards, the Cohen's D was calculated to measure the effect size and to see the magnitude of the experimental effect.
Results: A sample of 2604 in-patient treatment episodes was used. The sample had 1696 female patients, 908 male patients and 823 patients had substance use. We found that patients with substance use had a statistically significant higher hospitalization rate (6.82±5.27) than the ones without it (5.32±4.84), t(1483) =6.945, p<0.001. Cohen's effect size value (d=.30) suggested a small practical significance.
Conclusions: Our findings go mainly accordingly the literature; we found a significant effect of drugs on readmission rates (Böckmann V et al. Front Psychiatry 2019; 10:828) but we might have thought it would be bigger. That could be explain by undiagnosed substance use (refusal to admit the use, drugs not detected on lab tests, not