

P-1368 - ASYMPTOMATIC HYPERGLYCEMIA IN LONG-TERM PSYCHIATRIC INPATIENTS

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Diabetes mellitus (DM-II) and hyperglycemia are of concern in persons with chronic psychiatric disorders. At our 485 patient state hospital, DM has increased over tenfold in recent years. Our routine "finger sticks" for glucose monitoring are commonly elevated and these tend to be treated aggressively. We observed that many patients with high routine glucose values seemed to display no clinical symptoms of hyperglycemia. Of 74 patients with ≥ 1 fingerstick glucose levels ≥ 350 mg/dl during an 18 month period (1/08-6/09), complete charts were available for 25 of the 32 with the highest values (all >420). None of these records showed untoward medical or behavioral incidents on the day of the highest value for each patient. For the 17 with complete medication information for those dates, 13 were prescribed atypical antipsychotics. To explore hyperglycemia, demographic, clinical, and behavioral characteristics of the 32 patients with the highest glucose values were compared with 32 patients with the lowest peak values, and 32 with peak values closest to the overall median of 183 mg/dl. The high glucose group were similar to the others except for the prevalence of schizophrenia (87% vs 66% for the remainder) and *less* frequent required observation ($t=2.0$, $p < 0.05$). There were no significant differences in behavioral or medical incident reports for the high glucose patients compared with the other groups. The findings suggest that many patients with hyperglycemia in psychiatric hospitals are at lesser risk for medical consequences than traditionally assumed. Less aggressive management of elevated fingerstick values may be indicated.