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PERSONALITY DISORDER AS A RELEVANT FACTOR TO THE MANAGEMENT OF DRUG OVERDOSES IN THE EMERGENCY SERVICE

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Introduction: Voluntary drug overdoses are an important part of psychiatric demand in the emergency service. Nevertheless, a protocolized attention for these cases does not exist. Therefore, its management only depends on doctors' personal criteria. Many of these cases have been previously diagnosed as Personality Disorder.

Objectives: Studying the differences in management of drug overdosing depending on previous diagnosis of personality disorder. Also, we look for associated factors that can influence the final decision.

Methods: We conducted a retrospective analysis of 112 drug overdoses attended from July to December 2009. Data were analyzed using SPSS software.

Results: 34 attended patients (30,4%) have previous diagnosis of personality disorder. In these, the most frequent diagnosis was parasuicide attempt in the Emergency Service. In contrast, the rest of the patients were diagnosed as suicidal attempt.

We found statistically significant differences ( $p < 0,05$ ) in the destination after Emergency evaluation (ambulatory or hospitalization) depending on a previous personality disorder diagnosis.

The media of previous overdoses in personality disorder group was significantly higher (3,29 Vs 0,64;  $P < 0,01$ ).

We found that humor and anxiety disease comorbidity, associated toxicomania, alcohol or cocaine use during the overdose, were more frequent in the group with personality disorder.

Conclusion: Although drug overdoses in patients with personality disorder have less lethal intention, these patients were hospitalized more frequently than the others. This finding could be explained because of the presence of other associated factors that contribute to the global risk of overdosing. Previous overdoses seem to have significant influence in final decision.