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LEADING CAUSE OF RE-HOSPITALIZATION IN AN ITALIAN ACUTE PSYCHIATRIC UNIT: PRELIMINARY RESULTS

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Objectives: To describe the leading cause of re-hospitalization in an Acute Psychiatric Unit of a general hospital in Bologna, Northern Italy.

Methods: All repeated admissions (>3 consecutive admissions in 18 months) were recorded thanks to the Hospital Informatic System. Case-history were reviewed to collect information, diagnoses were based on the ICD-10.

Results: In the indexed period, 392 admissions were registered for 152 patients (mean age 44; 46,1% women). At least one precipitating cause was present in 64% of admissions. The most frequent were psycho-social stress such as family conflicts, parental separations, relational problems, job or economic difficulties (39%). The co-occurrence of 2+ of such factors was common (20%). Tricky situation within the psychiatric rehabilitation service (20%), low compliance to treatments (7%), alcohol/drugs abuse (7%), and low insight (3%) were the remaining associated factors. All the re-admissions of patients with poor insight or reduced compliance were due to the same cause. Poor adherence to therapies was more frequent in bipolar disorder compared with other diagnosis (17%vs7%, $p < 0.005$). In patients affected by personality disorders the contemporary presence of 2 or more factors was needed in 40% of admissions. Patients with schizophrenia showed the most heterogeneous pattern of precipitating factors.

Conclusions: Regardless of diagnoses, in almost a half of the admissions a single psycho-social stress is sufficient to lead to re-hospitalization; in personality disorders the contemporary presence of 2+ stressors is needed to overcome the capacity compensation of the patient. Low insight is frequently associated to re-admissions. Tailored treatments might reduce the frequency of re-hospitalization.