



BRIEF REPORT

Substance abuse and gender differences in first episode psychosis: Impact on hospital readmissions[☆]



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KEYWORDS

Psychosis;
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Gender;
Hospital admission

Abstract

Introduction: There have been controversial results in the study of gender differences in first episode psychosis (FEP). Substance abuse is the main existing comorbidity in FEP, and has been associated with worse prognosis and greater symptom severity.

Objectives: To explore gender differences in FEP in relation to drug abuse, and their relationship with hospital readmissions.

Methodology: Descriptive and prospective study (18 months).

Results: We included 141 patients (31.2% women), aged 26.1 years on average, mostly diagnosed with schizophreniform disorder (32.6%). A percentage of 58.9 had problematic use of drugs. Gender significant differences were found in age of onset, age at entry to the programme, marital status and cohabitation, and percentage differences were revealed in current drug abuse and frequency of consumption. Gender, duration of untreated psychosis, psychiatric history, age of onset and previous drug use were not predictors of re-entry. Hospital readmission rate was 24.8%, with no gender differences. The most common reasons for admission were abandonment of treatment (66.7%) and drug abuse (44.4%). Drug abuse was higher in the men than in the women as a reason for re-admission.

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PALABRAS CLAVE

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 Género;
 Ingreso hospitalario

Conclusions: There are gender differences in FEP. Men have an earlier onset of symptoms and have worse functional outcomes. Drug abuse in men is higher and represents a major cause of hospital readmission. Therapeutic interventions to prevent the effects of drug abuse are necessary from the early stages of the illness.

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Consumo de sustancias y diferencias de género en personas afectas de un primer episodio psicótico: impacto en los porcentajes de reingreso

Resumen

Introducción: El estudio de diferencias de género en primeros episodios psicóticos (PEPs) ha aportado resultados controvertidos en los últimos años. El consumo de sustancias es la principal comorbilidad en PEPs, y se ha relacionado con un peor pronóstico y con una mayor gravedad sintomática.

Objetivos: Explorar las diferencias de género en PEPs en relación con el consumo de sustancias, así como su relación con los reingresos hospitalarios.

Metodología: Analítico y prospectivo (18 meses).

Resultados: Incluimos 141 pacientes (31,2% mujeres), con una edad media de 26,1 años, mayoritariamente diagnosticadas de trastorno esquizofreniforme (32,6%). Un 58,9% presentan algún consumo problemático de sustancias. Encontramos diferencias significativas de género en la edad de inicio, de ingreso en el programa, el estado civil y la convivencia, y diferencias en el consumo de sustancias actual y la frecuencia de consumo. El género, la duración de la psicosis no tratada, los antecedentes psiquiátricos, la edad de inicio o el consumo de sustancias previo no fueron factores predictores de reingreso. El porcentaje de reingreso hospitalario fue del 24,8%, sin diferencias de género. Entre los motivos más frecuentes de ingreso se encuentran el abandono del tratamiento (66,7%) y el consumo de sustancias (44,4%), siendo mayor en los hombres el consumo de sustancias como motivo de reingreso.

Conclusiones: Existen diferencias de género en PEPs. Los hombres inician más tempranamente los síntomas, con peores resultados funcionales. El consumo de sustancias en hombres es mayor y representa un importante motivo de reingreso hospitalario. Intervenciones terapéuticas dirigidas a prevenir su efecto son necesarias desde las primeras fases.

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Introduction

The impact of mental illnesses on the European population is constantly increasing. The overall burden of neuropsychiatric disorders accounted for 18.4% of the total years of life adjusted for disability.¹ In people affected by a first psychotic episode (FEPs), the first years of treatment are crucial in subsequent clinical and functional evolution. However, up to 52.0% of patients present in a poor condition at the time of starting therapeutic programmes, even specific ones. Furthermore, as high as 37% of them continue with a low functional status at completion of the programmes and even 18% of those who started with good functionality, lose this.²

During the last decade, the study of gender differences in FEPs has become a topic of interest. In fact, members of the different samples of FEPs tend to be males, with non-affective psychoses, poorer levels of premorbid adjustment, poorer education and a greater tendency to present self-reported accounts of learning difficulties, medical-legal

problems, traumatic experiences and substance abuse.² However, as Arranz et al.,³ point out, in many studies the gender variable has been used as a covariate or as a predictor in statistical analysis, and there are few studies which have considered gender as the result or central hypothesis of the study.³⁻¹⁰ Even so, some of the results between gender and FEPs regarding clinical and prognostic variables remain contradictory or inconsistent.¹¹

One of the most conclusive findings regarding gender differences in psychosis and FEPs has been the age of onset, this being earlier for men,^{3,11,12} although other studies have not been able to corroborate this.^{5,9} The difference between gender and premorbid functioning has also been replicated, this being generally better among women.^{5,11,12} Regarding symptoms, studies that have found gender differences^{4,5,9,12} suggest that men have more severe negative symptoms, while women show more affective symptoms.¹¹ Regarding the duration of untreated psychosis (DUP), although studies continue to show that men have a tendency to a longer DUP compared to women^{3,4,6} a review could not confirm this.¹³

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