BRIEF REPORT

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

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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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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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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. 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.

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. However, as Arranz et al., 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. Even so, some of the results between gender and FEPs regarding clinical and prognostic variables remain contradictory or inconsistent.

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