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Background We recently demonstrated that weight gain could be prevented in young people experiencing a first-episode of psychosis commencing treatment with antipsychotics. A 12-week, intensive lifestyle and life skills intervention – the Keeping the Body in Mind program, – was delivered by dedicated nursing, dietetic and exercise physiology clinicians, for new referrals with <one month of antipsychotic exposure. (Curtis et al., Early intervention in psychiatry, in press). At the conclusion of the intervention the 16 young people participating in the program experienced a mean weight gain of 1.8 kilograms, and a mean increase in waist circumference of 0.1 centimeters. The participants were followed up for two years after initial referral.

Methods During the two-year follow-up, participants had continuing access to an in house gym and weekly cooking groups, but without the same intensity of follow-up. Two year follow-up data were obtained from 11 participants from the original cohort.

Results Mean weight gain at two-year follow-up was 0.90 (SD 8.7) kilograms, and this difference was not statistically significant [$t(10)=0.3$, NS]. Waist circumference decreased by 0.7 (SD 7.7) centimeters, which was not statistically significant [$t(10)=0.3$, NS]. Nine of the participants (82%) did not experience clinically significant weight gain two years after initiation of antipsychotic medication.

Conclusion This two-year follow-up data demonstrated that it is feasible to prevent weight gain in youth with first-episode psychosis over the first two years of treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.108>

Others

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Differences between countries in adult acute psychiatric hospitalization: Clinical features and drug prescription in Spain and the United States of America

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Introduction Diverse prescription patterns and differences in length of psychiatry inpatient stay among European and American countries have been reported [1,2].

Objectives To describe and compare clinical features and drug prescriptions in two Acute Psychiatric Units from Spain and USA.

Methods Cross-sectional and comparative study. Sample: 73 inpatients from Reno (USA-Inpatients) and 65 from Oviedo (Spain-Inpatients) admitted to public Adult Acute Psychiatric Unit over a two-month period. Sociodemographic/clinical data and drug prescription were collected.

Results Sociodemographic/clinical comparison (Table 1) and drug prescription differences (Table 2) are shown.

No significant differences in antipsychotics' prescription except for the most frequently used [risperidone in Spain (36%)/ziprasidone in US (19.6%), $\chi^2 = 39.7^{**}$].

Conclusions (A) Psychiatric inpatients in US are younger, have longer hospitalization, show more comorbid substance use disorder and differ from Spanish inpatients in frequency of diagnostic categories (schizophrenic disorders represent a larger proportion). (B) Inpatients in Spain usually receive polytherapy, and are more frequently treated with antidepressants and anxiolytics, especially benzodiazepines. In contrast, USA-Inpatients take lithium more often [1,2].

Table 1

	Spain-Inpatients (mean±SD;%)	USA-Inpatients (mean±SD;%)	Statistics
Gender(%male)	49.2%	52.1%	
Age(years)	49.02±15.79	42.27±12.24	$t=-2.82^{**}$
Length(days)	13.32±9.2	18.38±14.59	$t=2.46^*$
Cause(%) (Suicide Risk/Agitation-Psychosis/ Others)	27.7/60/12.3%	43.8/46.6/9.6%	
Diagnosis(%)			$\chi^2=14.37^*$
Schizophrenic_Disorders	21.5%	48.6%	
Other Psychotic_Disorders	23.1%	12.5%	
Bipolar_Disorder	15.4%	9.7%	
Affective/Depression D.	20%	18.1%	
Personality_Disorders	10.8%	9.7%	
Others	9.2%	1.4%	
Comorbid Substance Use D.	13.8%	45.8%	$\chi^2=16.44^{**}$

* $p<0.05$, ** $p<0.01$; Not significant($p\geq 0.05$)=not represented.

Table 2

	Spain-Inpatients	USA-Inpatients	Statistics
Antipsychotic(≥ 2 APS)	78.5%(16.9%)	84.9%(13.7%)	
LAI(≥ 2 LAI; Oral+LAI)	18.5%(1.5%;16.9%)	20.5%(1.4%;12.3%)	
1 st g-APS/2 nd g-APS	6/94%	10.7/89.3%	
Antidepressant(≥ 2 ATDs)	49.2%(15.4%)	28.8%(2.7%)	$\chi^2=6.09^*$ ($\chi^2=6.92^{**}$)
Mood stabilizers(≥ 2 MS)	35.4%(3.1%)	39.7%(1.4%)	
Lithium/Valproate/others	8.7/78.3/13%	37.9/44.8/17.2%	$\chi^2=11.16^*$
Anxiolytics(BZD type)	75.4%(67.7%)	43.8%(23.3%)	$\chi^2=14.12^{**}$ ($\chi^2=19.65^{**}$)
Polytherapy	98.5%	73.6%	$\chi^2=16.92^{**}$

LAI=Long-acting injections; 1stg/2ndg=First/second generation

Disclosure of interest The authors have not supplied their declaration of competing interest.

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<http://dx.doi.org/10.1016/j.eurpsy.2016.01.109>