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PSYCHOSIS IN PATIENTS WITH ACQUIRED BRAIN INJURY (ABI), REQUIRING MULTIDISCIPLINARY INPATIENT REHABILITATION

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Background: Patients with ABI present with a relatively higher risk of developing psychotic illness. A co-morbid psychotic illness may pose multiple challenges in rehabilitation of these patients. The medical literature provides limited information on the nature, presentation, diagnosis, course, and prognosis of psychotic disorders after ABI.

Methods: Clinically generated data was used to study the prevalence and nature of co-morbid psychotic illness and cause of ABI amongst inpatients requiring multidisciplinary neurobehavioral rehabilitation. The data were collected in an anonymized fashion and analyzed using SPSS version 16.

Results: We examined data from 64 patients (51 Male, 13 Female). The age range was 21-61 years (Mean 39, S.D. 10.6). 40% patients had a history of mental illness or self harm prior to ABI. 16% had sustained their ABI as a result of suicide attempts. 12% had history of schizophrenia or bipolar mood disorder prior to ABI. A third (33%) had a Post-ABI diagnosis of a psychotic illness. The most common diagnosis was organic psychosis (21%) followed by schizophrenia (9%) and bipolar mood disorder (3%). The factors that influenced diagnostic differentiation in organic or non-organic psychotic illness included consideration of past psychiatric history, family history, psychopathology, and course of the disorder. The overall patient group showed a significant difference in post admission and latest HONOS-Secure ($P < 0.01$) and HONOS ABI ($P < 0.01$) ratings, showing improvement in outcomes during rehabilitation programme. This difference persisted when sub-groups of psychotic and non-psychotic patients were analysed separately.