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OC-15-01
EMOTION PROCESSING IN SCHIZOPHRENIA: IMPACT ON SOCIAL FUNCTIONING AND REHABILITATION STRATEGIES

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Persons with Schizophrenia display a wide range of impairments in social functioning, in part due to difficulties understanding other’s intentions and emotional states. In this presentation we will focus on deficits in emotion perception, based on studies carried out recently with Portuguese schizophrenic patients and in research review. Emotion recognition deficits have been consistently demonstrated as well as their relationship with poor social function, although further research is needed to clarify this issue. Empirical findings also have shown that rehabilitation strategies may have positive effects in what regards improvement of emotional processing skills, but few studies analyzed the clinical impact of such interventions on community functioning. This is a promising area needing further research.

OC-15-02
FACTORS ASSOCIATED WITH THE RISK OF READMISSION TO AN ACUTE PSYCHIATRIC INPATIENT FACILITY: A RETROSPECTIVE COHORT STUDY

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Aims: This study aimed to investigate the predictors for the risk of readmission to an acute psychiatric inpatient unit.

Methods: A retrospective cohort study was embedded in a cross-sectional clinical file audit of 178 randomly selected patients who had at least one admission during a twelve month study period. All patients were retrospectively followed up for at least 12 months. A total of 286 variables were collected and analysed.

Results: Eighty-two patients (46 percent) were readmitted during the follow-up period. Cox regression analyses showed 9 variables were related to the risk of readmission. Six of these variables increased the risk of readmission. They included the number of previous admissions, risk to others at the time of index admission, contact with emergency department post-discharge, alcohol intoxication and ECT treatment. More active and assertive treatment in the community post-discharge decreased the risk of readmission, eg, involuntary treatment, reviewing the individual service plan and transferring to a new treating team. Patients’ socio-demographic characteristics, a diagnosis of a major psychiatric illness, length of previous admission or index admission, or the clinical practice and care provided at the inpatient unit did not influence the risk of readmission.

Conclusions: A sub-population of patients who require frequent psychiatric admission is identifiable. Quality of inpatient care does not influence the risk of readmission, which therefore raises a question about the validity of using the rate of readmission as an outcome measure of psychiatric inpatient care. Good psychiatric practice within the community following discharge likely reduces the risk of readmission.