

P-1100 - PATTERN OF ANTIPSYCHOTIC USE AND ITS DETERMINANTS IN IRAN

A.Mirabzadeh, M.R.Khodaei, G.Feizzadeh, M.Samiei

¹Psychiatry Department, ²Social Determinants of Health Research Center, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran

Introduction: Antipsychotic monotherapy is recognized as the treatment of choice for patients with psychosis but concurrent use is increasingly common among both inpatients and outpatients.

Objective: Previous studies of the prescription patterns of psychotropic medications in psychotic patients have highlighted a high rate of antipsychotic polypharmacy, but data in Iran are sparse. This study seeks to analyze prescribing patterns of antipsychotic use and to estimate associated risks in this patient group.

Aims: The aim of this study was to investigate the prevalence and its determinants of Antipsychotic Use in patients with psychiatric disorders in the greatest psychiatric hospital (Razi) in Iran.

Methods: This study was on patients with psychiatric disorder that have discharged from the hospital during four months. We have assessed all patients with psychiatric interview and evaluation of their psychiatric documentations.

Results: Results of this study indicated that the most prevalent of psychiatric diagnosis was schizophrenia (33.42%) and then Bipolar I Disorder, Schizoaffective Disorder, Mental Retardation and Amphetamine-Induced Psychotic Disorder. 90.7% of all of patients had taken antipsychotic medications and antipsychotic polypharmacy was in 27.2% of these patients. The most prevalent component of antipsychotic polypharmacy was consisting of Chlorpromazine, Halopreidol and Chlorpromazine, Risperidone and then Chlorpromazine, Olanzapine respectively. There were significant relations between pattern of antipsychotic use and gender, occupation status, type of psychiatric ward, duration of hospitalization and cost of treatment but no relationship with age, educational status and duration of illness.

Conclusion: This study suggests that prevalence of antipsychotic polypharmacy is high in in-patient psychiatric patients.