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THE EFFECT OF RACIAL BIAS ON THE PRESCRIBING PRACTICE OF A NEWLY ESTABLISHED PSYCHIATRIC UNIT

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Introduction: Psychotropic medication prescribing can be a powerful indicator of racial bias. However, despite extensive research, mostly conducted with outpatients in developed western countries, findings are inconsistent.

Objectives: In response to prior studies reporting racial bias in inpatients with schizophrenia, comparing for doses of drugs between native and non-native inpatients, the authors investigated whether discrepancies in use of medication can be explained by negative ethnic bias.

Aims: To test for differences in prescribing for psychiatric inpatients fulfilling criteria for either schizophrenia and other psychotic disorders or major depressive or bipolar I disorder, focusing on use of drugs and including the use of SSRIs-SNRIs and mood stabilizers.

Methods: In a naturalistic study of consecutive voluntary admissions we overall controlled for 12 confounding variables. Prescribing practice was compared between the groups for five outcomes: Use of polypharmacy, use of typical antipsychotics, atypical antipsychotics, SSRI's-SNRI's and mood stabilizers.

Results: Use of polypharmacy and use of atypical antipsychotics were not associated with ethnicity. On the other hand, non-Greeks were less likely to receive SSRIs-SNRIs, less likely to receive mood stabilizers and more likely to receive typical antipsychotics, compared to Greeks.

Conclusions: Ethnicity did not seem to influence Greek psychiatrists' prescribing. It appears that in this country, which has started receiving immigrants only recently, racial stereotypes are not firmly established. Other explanations are also discussed as ethnicity can influence psychiatric practice in many, often subtle ways. Future research might investigate racial bias in regard to disorders other than schizophrenia.