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## ALCOHOL DEPENDENCE IN A PSYCHIATRIC INTERCONSULTATION UNIT

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Aims: To determine the pattern of alcohol dependence among medical impatients who requires Psychiatric Interconsultation, with the purpose of achieve a better understanding of the problem and to suggest prevention strategies.

Methods: Sample studied was collected among all inpatients with diagnosis of alcohol dependence (DSM-IV-TR) admitted in our hospital during a study period of 3 years, from january 2007 to may 2010, who required psychiatric interconsultation.

Results: 101 admissions with diagnosis of alcohol dependence were reviewed. There were 80 men (79,20%) and 21 women (20,8%). The mean of age was 53,13 years. The mean days of stay was 14,13. In this study, 60 subjects (59,40) there are medical history of alcohol dependence and 58 (57,42%) psychiatrc history.

Aims of admission: Alcohol deprivation 13 cases (12,87%); convulsion 6 (5,94%); acute agitation 5 (4,95%); cranioencephalic trauma 5 (4,95%); alcohol intoxication 5 (4,95%); fracture 4 (3,96%); suicide attempt 6 (3,96%); psychiatric indication 10 (9,9%); primary care indication 3 (0,029%); organic problem secondary to alcohol 32 (31,68%); other 12 (6,11%). 42 patients were admitted in Unidade Medica de Alta precoz (41,58%); Medical 21 (20,79%); Traumatology department 4 (3,96%); Gastroenterology 12 (6,11%); Neurology 3 (0,029%); Other departments 19 (18,81%).

Conclusions: The main cause of medical admission are somatic complications of alcohol, finding that only 9.9% of the income was indicated by the psychiatrist and to 0.029% for the primary care physician. Primary, secondary and tertiary prevention 1, 2 and 3 of these complications should be a target of psychiatry.