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Antisocial Behavior and Psychomotor Agitation – Emphasizing Factor of the Burden of Disease in Schizophrenia

M. Pirlog¹, I. Marinescu², D. Marinescu²

¹Medical Sociology, University of Medicine and Pharmacy of Craiova, Craiova, Romania; ²Psychiatry,

University of Medicine and Pharmacy of Craiova, Craiova, Romania

Introduction

Antisocial behavior (aggression, violence, abuse of alcohol and substances) is five times more frequent in schizophrenia compared with other mental disorder and leads to a subtantial burden of disease. Control over this issue represents a main target for therapeutical strategies. Pharmacological models of aggression suggest a glutamatergic hyperactivity overposed to structural cerebral changes. Rapid control of aggression and psychomotor agitation can improve prognosis and evolution of the disease.

Objective

To assess the involvement in caregiving as a compound of burden of disease for caregivers of schizophrenic outpatients in the context of antisocial behavior. To correlate the antisocial behavior with cerebral abnormalities in schizophrenia.

Methods

Study on a sample consisted of 81 outpatients diagnosed with schizophrenia according to ICD-10 criteria, and their cargivers, in Mental Health Center Craiova, Romania. Involvement Evaluation Questionnaire (Schene, 1992) was used to assess the distress of caregivers, and CT exam was applied to patients.

Results

Agression was present in 56 cases (69.14%), and suicide behavior in 6 cases (7.40%). Alcohol consumption and abuse were present in 30 patients (37.04%), while 20 outpatients (24.69%) were smokers. IEQ has revealed a high level of distress for caregivers (men 98.15±13.62; women 95.27±14.81). CT showed cerebral changes in aggressive patients.

Conclusions

Antisocial behavior and psychomotor agitation increase the level of distress and burden of disease, leading to cerebral abnormalities in schizophrenia. Further researches will compare this sample of patients with others in which psychomotor agitation was controlled by new pharmacological forms of antipsychotics.