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**Anxiety Disorders and Physical Comorbidity: Increased Prevalence But Reduced Relevance of Specific Risk-factors for Hospital-based Mortality During a 12.5-year Observation Period in General Hospital Admissions**

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Introduction. Anxiety disorders (AD) are associated with an increase of physical comorbidity but the effects of these diseases on hospital-based mortality are unclear. Objectives and aims. To investigate whether the burden of physical comorbidity and its relevance for hospital-based mortality differs between individuals with and without AD during a 12.5-year observation period in general hospital admissions. Methods. All comorbidities with a prevalence  $\geq 1\%$  were compared between 11,481 AD individuals and those of 114,810 randomly selected and group-matched hospital controls of the same age and gender. Comorbidities that were risk factors for later hospital-based mortality were identified using multivariate forward logistic regression analysis. Results. AD individuals compared to controls had a substantial excess comorbidity, but a reduced total number of in-hospital deaths. Altogether, twenty-two diseases were increased in comparison with controls, which included cardiovascular diseases and their risk factors. The most relevant comorbidities in AD individuals were hypertension, asthma, cataract, and ischemic heart disease. Risk factors for hospital-based mortality were lung cancer, alcoholic liver disease, respiratory failure, heart failure, pneumonia, bronchitis, non-specific dementia, breast cancer, COPD, gallbladder calculus, atrial fibrillation, and angina. The impact of atrial fibrillation, angina, and gallbladder calculus on hospital-based mortality was higher in AD individuals than in controls. In contrast, other mortality risk factors had an equal or lower impact on hospital-based mortality in group comparisons. Conclusions. AD individuals have a reduced risk for hospital-based mortality in general hospitals. Atrial fibrillation, angina and gallbladder calculus are major risk factors for general hospital-based mortality in AD individuals.