

[Abstract:0538] Schizophrenia and other psychotic disorders**Comorbid nicotine, alcohol and drug use among patients with schizophrenia**Yasir Safak¹, Akfer Kahilogullari¹, Ilker Ozdemir¹, Sevilay Buzluk¹, Asena Akdemir², Sibel Orsel¹, Hasan Karadag¹¹Ankara Diskapi Yildirim Beyazit Training and Research Hospital, Ankara-Turkey²Liv Hospital, Istanbul-Turkey

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Objective: Co-occurring nicotine, alcohol, and drug use among patients with schizophrenia is high. Comorbidity of alcohol and drug use may worsen functionality. Prevalence of alcohol and drug use among patients with schizophrenia is reported as 10-70% and nicotine use escalates this rate up to 80%. Epidemiologic Catchment Area Study showed that prevalence of alcohol and drug use disorders is 47%. Studies on comorbidity of alcohol-drug use disorders and schizophrenia are limited in Turkey. One of the largest study on this area showed that 50% of patients with schizophrenia has a co-occurring alcohol or drug use, 17% of patients were using both. Nicotine use of patients with schizophrenia may be ignored by the clinicians. The frequency of nicotine use among patients with schizophrenia is reported to be 58-90%, 2.5-4.5-fold the rate of the general population in the USA. A study from Turkey showed that 50% of patients with schizophrenia are using nicotine and 31% of them are heavy smokers. Different from the world literature, the prevalence of nicotine use is similar to that found in studies based on the general population in Turkey. Alcohol use prevalence is reported as 44.9% while alcohol use disorders prevalence is reported as 8.2% and marijuana use disorder as 2%.

Methods: The study comprised 156 outpatients with diagnosis of schizophrenia. Demographic characteristics of patients, nicotine, alcohol, and drug use were evaluated. Chi-square and t-tests are used for the statistical analysis.

Results: 59.6% (93) of patients were male and 40.4% (63) patients were female. Mean age was calculated as 34.96±11.95. 53.8% (84) of patients reported nicotine use. Nicotine use prevalence among male patients was 73.1% (68) while it was 25.4% (16) in female patients. Alcohol or drug use rate was 18.6%. The alcohol use rate was 13.5% and marijuana use was 5.1%. Prevalence of alcohol use in female patients was 1.6% while it was 21.5% for male patients. Marijuana use was reported by only male patients.

Conclusion: Results of our study are similar to other studies in terms of nicotine use while alcohol use rates in our patient population are lower than in other studies covering outpatients in Turkey. The alcohol use rate was similar to that found in the literature among male patients but significantly lower in female patients. The variety of drugs used was similar to the literature. Nicotine use rates were higher than in the general population for both genders (41.5% vs. 73.1% for males and 13.1% vs. 25.4% for females) and similar to previous studies covering patients with schizophrenia. It is interesting that the general decline of smoking rates in Turkey does not include patients with schizophrenia. In conclusion, our results emphasize the importance of actions for preventing and treating alcohol and drug-use disorders (including nicotine use disorder) in this patient group.

Keywords: schizophrenia, alcohol and drug use, prevalence

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[Abstract:0547] Schizophrenia and other psychotic disorders**Nicotine use among patients with schizophrenia**Akfer Kahilogullari¹, Yasir Safak¹, Sevilay Buzluk¹, Ilker Ozdemir¹, Guler Alpaslan², Hasan Karadag¹, Sibel Orsel¹¹Department of Psychiatry, Ankara Diskapi Yildirim Beyazit Training and Research Hospital, Ankara-Turkey²Department of Psychiatry, Baskent University Healthcare Group, Ankara-Turkey

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Objective: The frequency of nicotine use among patients with schizophrenia is reported to be 2.5-4.5-fold that of the general population. Studies on the relation between nicotine use and psychopathology, sociodemographic characteristics, symptoms and biological markers among patients with schizophrenia are limited in Turkey. In these surveys nicotine use was found to be correlated with a decrease in severity of negative symptoms, and an increase in cognitive functioning. On the other hand it is probable that patients with schizophrenia tend to use nicotine for decreasing side effects of their drugs. In this study we aim to evaluate relation of nicotine use with symptomatology, drug use and other clinical characteristics.

Methods: A total of 156 patients with diagnosis of schizophrenia enrolled into the study. The demographic characteristics of patients, nicotine use and disease symptomatology were evaluated. Brief Psychiatric Rating Scale (BPRS), Scale of Assessment for the Positive

Symptoms (SAPS), Scale of Assessment for the Negative Symptoms (SANS) and Calgary Depression Scale were used to evaluate symptomatology. Chi-square and t-tests are used for statistical analysis.

Results: 59.6% (93) of patients were male and 40.4% (63) patients were female. Mean age was calculated as 34.96 ± 11.95 . 53.8% (84) of patients had nicotine use. Nicotine use prevalence among male patients was 73.1% (68) while it was 25.4% (16) in female patients. Clinical features, SANS, SAPS, BPRS and Calgary Depression Scale rates were similar in nicotine user and non-user groups. Mean equivalent antipsychotic dosage for nicotine user group was 697.61 while it is calculated as 520.55 for the non-user group. The difference was statistically significant ($t=3.288$, $df=154$, $p=0.001$). Correlations of daily smoke amount, pack-years of cigarette smoking and symptomatology were evaluated. Pack-years of cigarette smoking were found negatively correlated with total SANS score, SANS affective flattening, SANS anhedonia subscale and SAPS inappropriate affect subscale.

Conclusion: Results of our study are similar to other studies' in terms of nicotine use and showed higher nicotine use rates than in the general population. Correlations of nicotine use and clinical scales were supporting results of previous studies. Although clinical rating scale scores are similar, the difference in equivalent doses of antipsychotics is statistically significant. This may be related with nicotine's effect on the metabolism of antipsychotics, but the issue needs further assessment.

Keywords: schizophrenia, nicotine use, clinical features

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[Abstract:0571] Schizophrenia and other psychotic disorders

Relationship between dissociative symptoms with insight in patients with schizophrenia

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Objective: Dissociation is frequently associated with psychiatric illness, with a prevalence of up to 25% among patients with a psychiatric disorder and a prevalence of up to 60% in cases of schizophrenia.

There is a growing awareness of the relationship between psychotic symptoms and dissociation. Studies have found associations between severity of psychotic symptoms and dissociation. Dissociation is often related to psychological stress. These findings call into question the hypothesized direct effects of psychotic symptoms on dissociation. We hypothesized that psychotic symptoms (e.g., hallucination) would cause psychological stress on patients with schizophrenia. We also hypothesized that if patients with schizophrenia show good insight, the psychological stress on schizophrenic patients caused by the psychotic symptoms would be reduced. Reduced psychological stress also decreases the level of dissociation. The aim of this study was to investigate the relationship between psychotic symptoms, dissociation and insight in patients with schizophrenia.

Methods: Forty-six patients with a schizophrenia diagnosis according to DSM-IV TR criteria were recruited into the study. Each subject completed a semi-structured face-to-face interview that included the Scale for Assessment of Positive Symptoms (SAPS), the Scale for Assessment of Negative Symptoms (SANS), Clinical Global Impressions Severity Scale (CGI-S), and Brown Assessment of Beliefs Scale (BABS). Patients with posttraumatic stress disorder were excluded.

Results: Dissociation was associated with more severe symptoms of schizophrenia. Significant correlation was found between SDQ scores and CGI-S scores ($r=0.37$, $p<0.01$). Schizophrenic patients with high scores in SAPS had higher scores in SDQ ($r=0.34$, $p<0.05$). While positive symptoms of schizophrenia were correlated with SDQ scores, there was no correlation between negative symptoms of schizophrenia and SDQ scores ($p>0.05$). There was a significantly positive correlation between BABS and SANS scores ($r=0.56$, $p<0.01$) and there was also some correlation between BABS and SAPS scores ($r=0.33$, $p<0.05$). We found no significant impact of insight on the level of dissociation measured by SDQ ($p>0.05$).

Conclusion: In the present study, those with more severe schizophrenic symptoms were also characterized by high dissociation. We also indicated that dissociation is associated with positive schizophrenic features. These findings are similar to previously published studies. The previous studies used the Dissociative Experience Scale (DES) which is an instrument unsuitable for dissociative disorders in patients with schizophrenia. In addition, the previous studies have not examined the somatoform manifestation of dissociative processes. In the present study we use the Somatoform Dissociation Questionnaire (SDQ) which includes appropriate measures to cover also somatoform type of dissociative symptoms. Results of the present study are in agreement with previous studies which used DES as an instrument for measuring dissociative symptoms.

Keywords: dissociation, schizophrenia, insight

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