

## PMH26

**QUALITY OF LIFE IN SCHIZOPHRENIC PATIENTS IN SPAIN: ONE-YEAR FOLLOW-UP STUDY. SOHO STUDY**

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**OBJECTIVE:** To evaluate Health Related Quality of Life (HRQoL) of schizophrenic patients on antipsychotic treatment. **METHODS:** A total of 1847 schizophrenic outpatients who initiated or altered their antipsychotic treatment were observed for one year. HRQoL was evaluated using the EQ-5D questionnaires at baseline, 3, 6 and 12-month intervals. Depending on their treatment two cohorts were established: patients starting on Olanzapine (1091, 59.1%) and patients on other medicines (756, 40.9%; of which 187 were on Quetiapine, 471 on Risperidone and 98 on typical antipsychotics). **RESULTS:** A total of 64% of subjects were male, mean age 38.9 (13) with 58.1% under 40. 20.3% were employed and 39.4% unemployed. The first presentation for schizophrenia was at approximately 28 (10) years. 28.7% had attempted suicide on one occasion. On first visit, 76.4% were on antipsychotic treatment. At base point, 91.1% of patients presented problems in EQ-5D dimensions: anxiety/depression (75.3%) and usual activity (72.2%), self-care (45%), pain/discomfort (44.5%) and mobility (34.6%). The visual analogue scale (VAS) at base point EQ-5D was 49.7 (19) points. All patients experienced improvements in quality of life, with differences observed between both cohorts ( $p < 0.01$ ). The VAS score for patients on Olanzapine, went from 49 (19) at base point to 69 (17) points after 12 months, while the other treatment group increased from 50 (17) to 65 (17) points: an increased of 19 (21) for Olanzapine and 15 (21) for other medicines, ( $p < 0.01$ ). In terms of problems relating to EQ-5D dimensions, there was a decrease from 92.8% to 59.4% in the Olanzapine cohort and from 88.5% to 69.9% in other group after one year of study ( $p < 0.01$ ). **CONCLUSIONS:** The HRQoL of schizophrenic patients improved after one year with antipsychotic treatment, with a greater improvement after starting on Olanzapine compared to other treatments, reducing the percentage of patients with problems and improving their state of health.

## URINARY/KIDNEY DISEASES/DISORDERS

**URINARY/KIDNEY DISEASES/DISORDERS—Clinical Outcomes Studies**

## PURI

**THE USE OF A URINARY CATHETER REMINDER TO REDUCE URINARY CATHETERIZATION IN HOSPITALIZED PATIENTS**

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**OBJECTIVES:** Indwelling urinary catheters are placed in up to 25% of hospitalized patients and are a leading cause of hospital-acquired infection. Duration of catheterization is the dominant risk factor for hospital-acquired urinary tract infection (UTI). We have previously shown that physicians are often unaware that their patients have a urinary catheter in place, and that these “forgotten” catheters are frequently unnecessary. We sought to reduce the duration of urinary catheterization through the use of a written reminder placed on the patient’s chart. **METHODS:** This before-and-after study with concurrent control groups occurred on four hospital wards at an academic medical center. We designed a simple written reminder that aided the hospitalized patient’s team in remembering that their patient had a urinary catheter. Two of the four wards were assigned at random to the intervention group (where the reminder would be used); the other two wards served as controls. Bivariable analysis was followed by multivariable Poisson regression analyses using the number of catheter days as the dependent variable. **RESULTS:** A total of 5678 subjects were evaluated. The catheter reminder significantly reduced the proportion of days in which a catheter was present (0.32 for the control wards versus 0.13 for the intervention wards;  $p < 0.001$ ). Additionally, 41% of control patients had a catheter placed, compared to 18% of the patients on the intervention wards ( $p < 0.001$ ). In the Poisson analyses, the overall rate of days in which a catheter was present was reduced by 35% in the intervention wards ( $p < 0.01$ ). **CONCLUSIONS:** Catheter-related UTI is a common, costly, and morbid complication of hospitalization. Evidence from our study indicates that a written reminder that a patient has a urinary catheter decreases the rate of catheterization, and should thus be considered as one method for improving the safety of hospitalized patients.