Gender differences in psychotic disorders; results from the RETO study

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Introduction

Many studies have tried to determine the role of gender in psychosis, mainly in terms of epidemiology, clinical symptoms, and course of the illness [1]. The risk of rehospitalization and treatment response variables are less studied in the literature reviewed [2,3]. The RETO study shows how gender differences can influence the possibility of a re-hospitalization and the number of antipsychotics prescribed to patients with psychotic disorders.

Method

The RETO (Readmission Torrecárdenas) study is a cohort retrospective study. A sample of 301 patients diagnosed of schizophrenia, acute psychotic disorder, schizoaffective disorder and bipolar disorder, consecutively hospitalized between June 2013 and December 2014 in the Psychiatric inpatient Service of the Torrecárdenas Hospital, were recruited. The analyzed sample included 180 men (58.80%) and 121 women (40.20%).

Results

28.33% of men readmitted compared to 17.36% of women. Differences are statistically significant (p<0.05). The RETO study shows that being a woman is a protective factor for hospitalization (OR=0.53). Patients treated with antipsychotic combination therapy are at increased risk of readmission, results being statistically significant (OR=0.02). Treatment with antipsychotic monotherapy is more common in women (46.04% women and 53.96% men). The use of antipsychotic combination therapy is more common in men (64.81% men and 35.19% women). The results were not statistically significant (p=0.055).

Conclusions

Gender differences in antipsychotic responses have been less systematically pursued. Gender-related effects may play a role in antipsychotic treatment [4,5]. The results of our study show that the female gender is a protective factor for re-hospitalization but the results in terms of the number of prescribed antipsychotics are not significant, though possibly this can be solved by increasing the sample size.

The aim of the RETO study was to determine the relationship between the number of readmissions and the number of prescribed antipsychotics in these patients and it did not focus on detection of gender differences.

There are biological, psychological, sociological and functional factors, which could explain these gender differences, according to some of the studies reviewed [3]. Therefore, it seems logical to think that psychotic disorders should be expressed differently in both sexes.

A greater understanding of the gender differences presents in acute psychosis can help us design more effective preventive and intervention actions.

References