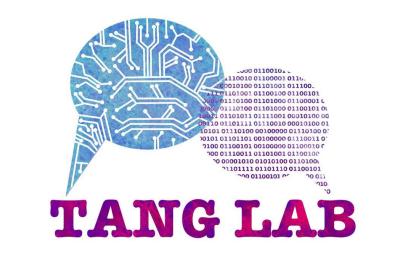


Disorganization Is Associated With Adverse Prognosis in Schizophrenia



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Introduction

- Disorganization
- Entails speech (e.g., ambiguous word meanings) and behavior (e.g., mannerisms) [1–2]
- Relatively unstudied in psychosis
- Separate dimension than positive or negative symptoms [2]
- Linked to poor functional outcomes [3-4]
- Rehospitalizations and longer length of stay
- Costly [5]
- May be related to poor functioning outcomes
- Positive association between disorganization and rehospitalization as well as length of stay [6–8]
 - Only briefly studied

Partici	ipant C	haracter	istics

Sample	
N	519
Number of Encounters	1424
Sex = Female (%)	277 (53.4)
Age (Mean ± SD)	28.4 ± 15.0
Ethnicity (%) Declined	1 (0.2)
Hispanic-Latinx	58 (11.2)
Non-Hispanic-Latinx	409 (78.8)
Unknown	51 (9.8)
Insurance	
Commercial	21 (4.0)
HMO	161 (31.0)
Medicaid	251 (48.4)
Medicare	81 (15.6)
Self-Pay	5 (1.0)
Clinical Characteristics	
Primary Diagnosis (%)	
Adjustment Disorder	4 (0.8)
Antisocial Personality Disorder	5 (1.0)
Autism or PDD	23 (4.6)
Bipolar Spectrum Disorder	154 (31.0)
Borderline Personality Disorder	14 (2.8)
Dementia or Organic Brain Problem	3 (0.6)
Depressive Disorder	5 (1.0)
Eating Disorder	1 (0.2)
Impulse Control Disorder	4 (0.8)
OCD and Related	1 (0.2)
Other Personality disorder	16 (3.2)
Schizoaffective Disorder	74 (14.9)
Schizophrenia or Psychotic Disorder	185 (37.2)
Substance Induced	7 (1.4)
Substance Misuse	1 (0.2)

Objectives

- Use linear models to determine associations between disorganization and length of hospital stay (N=519)
- Identify correlations of disorganization and number of hospitalizations after initial hospitalization at five ranges:
 - 30 days (n=517)
 - 6 months (n=507)
 - 1 year (n=495)
 - 2 years (n=479)
 - 5 years (n=370)

Key Findings

- Positive association between <u>disorganization</u> and <u>length</u> of hospital stay at initial rating (r=0.16; p<0.001)
- Positive association between initial <u>disorganization</u> rating and <u>average length of hospital stay</u> across hospitalizations (r=0.18; p<0.001)
- No significant relationship between <u>disorganization</u> and <u>number of rehospitalizations</u>
 - 30 days (p=0.81); 6 months (p=0.74); 1 year (p=0.21); 2 years (p=0.38); 5 years (p=0.54)
- Significance unchanged after controlling for age and sex

Participant Characteristics (Continued)								
	At Initial Rating	30 Days	6 Months	1 Year	2 Years	5 Years		
N	519	517	507	495	479	370		
Number of Encounters	519	570	773	892	1019	904		
Sex = Female (%)	277 (53.4)	277 (52.6)	273 (53.8)	270 (54.5)	265 (55.3)	218 (58.9)		
Age (Mean ± SD) Conceptual	28.4 ± 15.0	28.4 ± 15.1	28.7 ± 15.1	29.1 ± 15.2	29.8 ± 15.3	31.8 ± 15.2		
Disorganization (Mean ± SD)	3.1 ± 1.8	3.2 ± 1.8	3.1 ± 1.8	3.1 ± 1.8	3.0 ± 1.8	3.0 ± 1.8		

Methods

- Participants were recruited from Zucker Hillside Hospital (N=519)
- Electronic health records used to collect data (2012–2019)
- Conceptual Disorganization scores [1 (None) to 7 (Extremely Severe)] from the BPRS scale [9–10]
 - 62% (322/519) of participants scored ≥3 (≥Mild)
- Number of hospital visits after 30 days, 6 months, 1 year, 2 years, and 5 years from the initial disorganization rating
- Linear models created using R
 - Stats version 4.3.1

BPRS—Brief Psychiatric Rating Scale

Linear Models							
_	Estimate	r^2	<i>p</i> -value				
Length of Hospital Stay at Initial Rating	2.9	0.03	<0.001				
Average Length of Hospital Stay	2.6	0.03	<0.001				
Number of Rehospitalizations Within 30 Days	-0.01	<0.001	0.81				
Number of Rehospitalizations Within 6 Months	-0.02	<0.001	0.74				
Number of Rehospitalizations Within 1 Year	-0.09	0.003	0.20				
Number of Rehospitalizations Within 2 Years	-0.07	0.001	0.38				
Number of Rehospitalizations Within 5 Years	-0.05	<0.001	0.54				

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