

# What is the impact of addictive behaviors and psychiatric disorders on care for burn victims on follow-up and rehabilitative care.



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**Introduction:** The main objective of this retrospective study was to assess the prevalence of psychiatric disorders in patients admitted to a rehabilitation unit and also to assess their impact on the origins of burn.

We realised the importance of differentiating a burn as a result of an accident or a burn as a result of an attack or deliberate self-harm with suicidal intent or not.

We try to analyse in each case a causal link with a specific disorder.

To this end we collected and analyzed the records of patients admitted to Hôpital Léon Bérard from 2008-2013.

**Methodology:** Retrospective study 2008-2013.

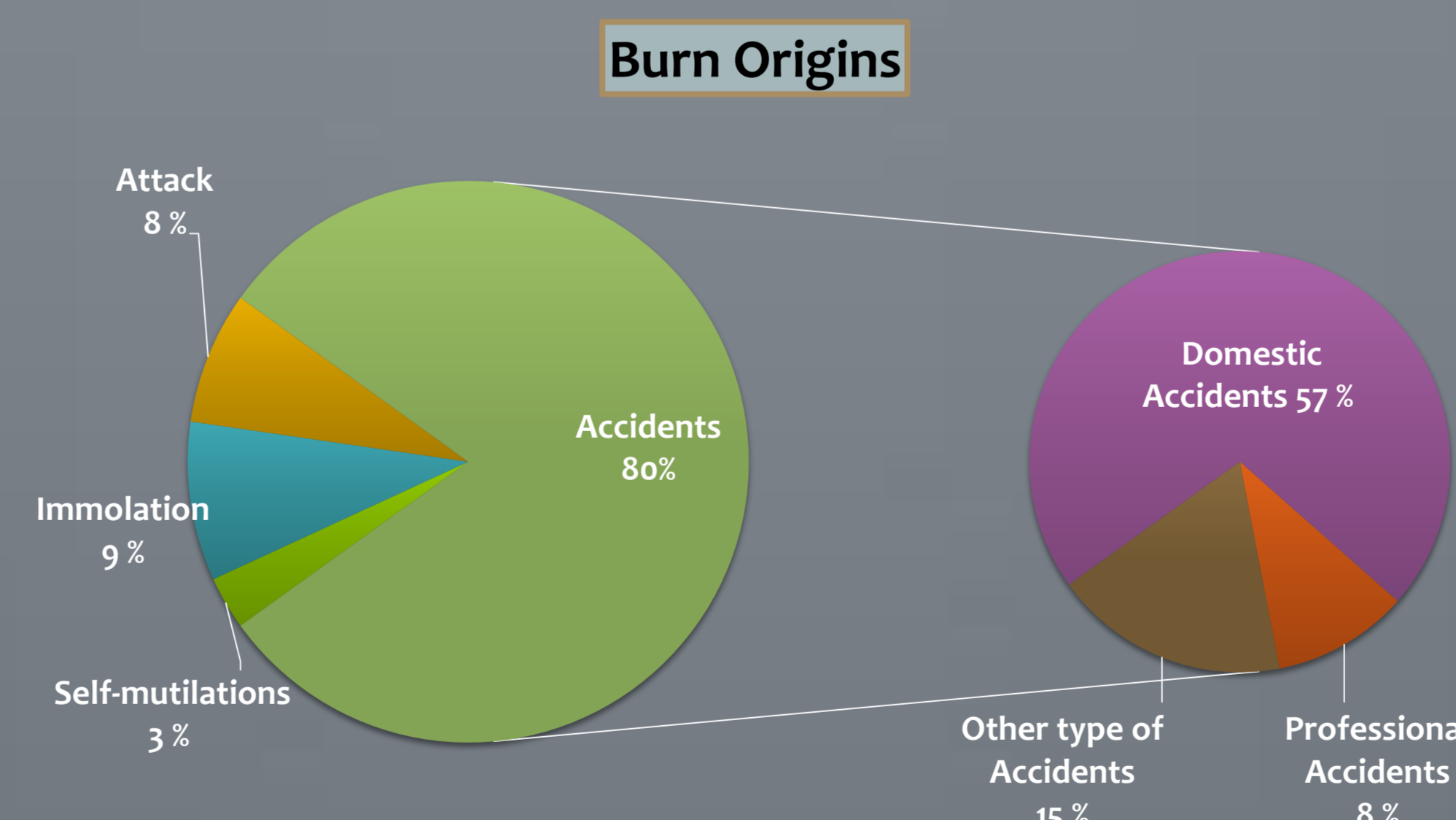
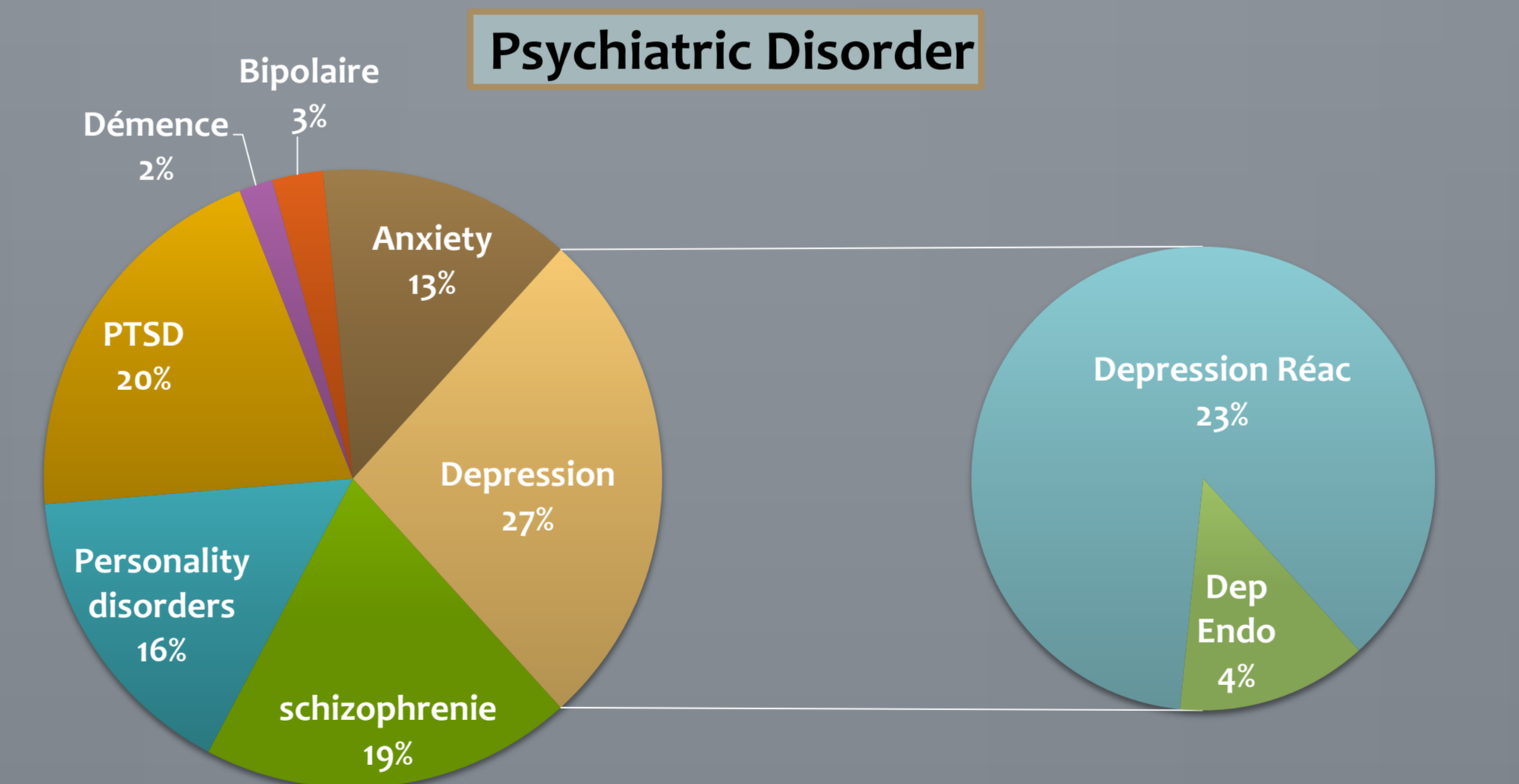
Patients who stayed at Hôpital Léon Bérard on burn rehabilitation unit.

Enrollment of 133 patients with psychic disorder and burn injury from PMSI data.

Statistical analyse was difficult to draw results in reason of lower number of self immolation patients.

Only %BSA and deep% can be explored by a man Whitney non parametric test.

Parameters n=133	Mean ± Standard deviation		
Age (year)	49 ± 17		
Male / Femal%	54	46	
Addictions %	68,4		
Alcohol %	27,8		
Lenght of stay (day)	75 ± 59		
Body Surface area burn%	23,8 ± 19,7		
Deep body surface area %	19,14 ± 16,85		
Localisation (Head /Neck /Hands) %	54	44	56
Circunstances (accident/ Attack /other) %	75,6	7,6	16,8



Parameters n = 12	Self-immolation			
Age (year)	39 ± 16,7			
Male %	50			
Addictions %	33,3			
Alcohol %	25			
Body Surface area burn%	33,3 ± 19,8			
Deep body surface area %	20,5 ± 16,8			
Localisation (Head /Neck /Hands) %	66	58	75	
Psychiatric disorder (schizo/Personality disorders/Dep/Bipolar) %	41,7	33,3	16,6	8,4
Situation socioculturelle (actif/isolé/inactif/précaire) %	25	33	17	25
Suicidal intent %	66			

N=133	Self-Immolation	Other circunstances	Statistical tests
Number of patients	12	121	-
Alcohol	3	34	NR
Schizophrénie	5	17	NR
Alone	4	20	NR
% BSA (n=12/114)	33,3 ± 19,8	22,8 ± 19,8	p < 0,02
% Deep(n=12/76)	30,75 ± 16,8	17,92 ± 16,7	NS

## Conclusion :

It was no possible to establish a causal link between specific psychiatric disorder and the origins of burns.

Presumably within self-inflicted burn, schizophrenia is the predominant disorder.

Personality disorders appear predominant in self-mutilation acts.

Alcohol abuse is frequently found in cases of accidental burns.

Finally, although in our study psychiatric disorders do not appear to have any impact on the lenght of hospitalisation, it is essential to be aware of their presence during their hospitalisation stay.