

## ABSTRAKT (POSTER)

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EKSPOZIMI NDAJ ANTIPSİKOTIKEVE DHE RISKU PER EMBOLI PULMONARE :  
POPULLATA BAZE, STUDIM RAST-KONTROLL.

Baza : Vetem 3 studime qe investigonin rreth faktit nese ekspozimi ndaj antipsikotikeve eshte i asociuar me nje risk te rritur per emboli pulmonare ,dolen me rezultate kundershuese.Ky studim si pasoje u ndermorr per te percaktuar riskun ndaj embolise pulmonare te asociuar me barnat antipsikotike dhe per te vertetuar riskun e asociuar me barnat antipsikotike te gjenerates se pare dhe te dyte dhe ekspozimit individual.

Metodat : Ne identifikuam 84253 individ adult ,te cilet nisen trajtimin me antipsikotik ne nje qender shendetsores italiane.Rastet ishin te gjitha kohorte dhe ishin hospitalizime me emboli pulmonare jo fatale ose fatale gjate ndjekjes.Afersisht rreth 20 kontrole per cdo rast u perfshine ne studimin kohort duke perdorur densitetin e incidences te mostres te lidhur sipas moshes dhe gjinise me kohortin.Rezultati i interesuar ishte ndodhia e embolise pulmonare fatale /jo fatale.

Rezultatet : Krahasuar me perdorimin e dikurshem ,perdorimi i antipsikotik i tanishem e me shume se dyfishon riskun per emboli pulmonare ( shpeshesia varion nga 2.31 ,95% intervali i confidences 1.16 ne 4.59 ), ndersa perdorimi recent ( i afert ne kohe ) nuk e rrit riskun.Si ekspozimi ndaj antipsikotikeve tipik dhe atipik ishin te lidhur me nje risk te rritur dhe perdorimi konkomitant i te dy klasave e rriste riskun kater here .

Konkluzione : Perfshirja e ketyre rezultateve te ketij studimi rast-kontroll ne informacionet meta-analitike te tre studimeve te fundit e ndryshoi vleresimin perfundimtar, i cili tanime tregon se ekspozimi ndaj antipsikotikeve e rrit dukshem riskun per emboli pulmonare.

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Antipsychotic drug exposure and risk of pulmonary embolism : a population-based ,nested case-control study.

Background : Only three observational studies investigated whether exposure to antipsychotics is associated with an increased risk of pulmonary embolism ,with conflicting results.This study was therefore carried out to establish the risk of pulmonary embolism associated with antipsychotic drugs, and to ascertain the risk associated with first-and second-generation antipsychotic drugs, and with exposure to individual drugs.

Methods : We identified 84253 adult individual who began antipsychotic treatment in a large Italian health care system.Cases were all cohort members who were hospitalized for non-fatal or fatal pulmonary embolism during follow-up .Up to 20 controls for each case were extracted from the study cohort using incidence density sampling and matched by age at cohort entry and gender.Each individual was classified as current, recent or past antipsychotic user. To occurrence non-fatal or fatal pulmonary embolism was the outcome of interest.

Results: Compared to past use, current antipsychotic use more than double the risk of pulmonary embolism (odds ratio 2.31 ,95% confidence interval 1.16 to 4.59 ) while recent use did not increase the risk .Both conventional and atypical antipsychotic exposure was associated with an increase in risk and the concomitant use of both classes increased the risk of four times (odds ratio 4.21 ,95% confidence interval 1.53 to 11.59).

Conclusions : Adding the results of this case-control study to a recent meta-analysis of three observational studies substantially changed the overall estimate, which now indicates that antipsychotic exposure significantly increases the risk of pulmonary embolism.

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