

# **Hidden costs of Schizophrenia**

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# Psychosis and schizophrenia in adults: prevention and management NICE Clinical guideline [CG178]

1.3.6.5- The secondary care team should maintain responsibility for monitoring service users' physical health and the effects of antipsychotic medication for at least the first 12 months or until the person's condition has stabilised, whichever is longer. Thereafter, the responsibility for this monitoring may be transferred to primary care under shared care arrangements. **[new 2014]**

# Epidemiology of schizophrenia

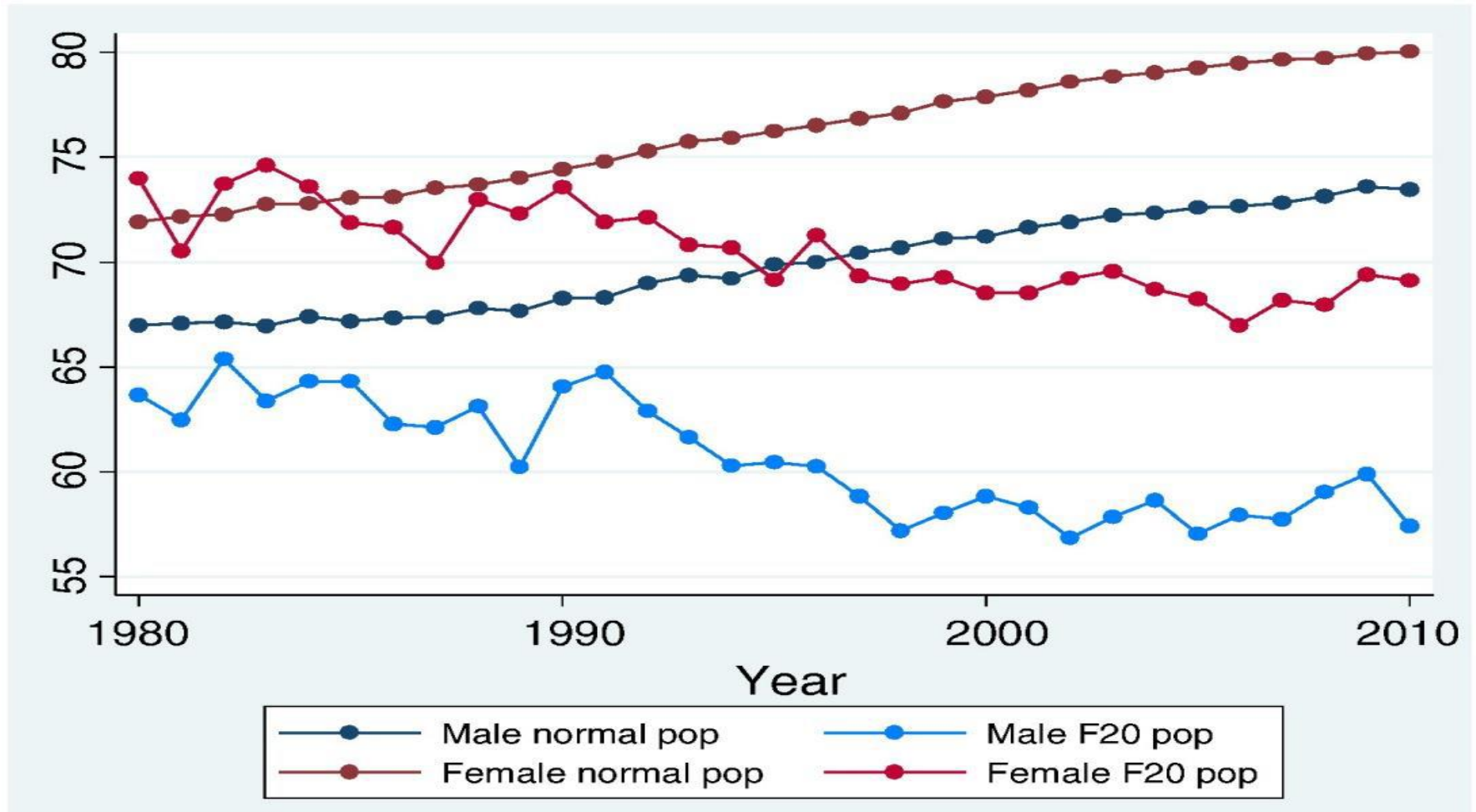
In top 10 causes of disability in developed countries worldwide

- Prevalence: people living with schizophrenia at any given time
  - approximately 1% of population > 18 years of age
- 80% recover from first episode, usually within 3 months
- Relapse is common
  - 30% by 1 year and 80% by 5 years
- Negative symptoms often persist

# Premature mortality

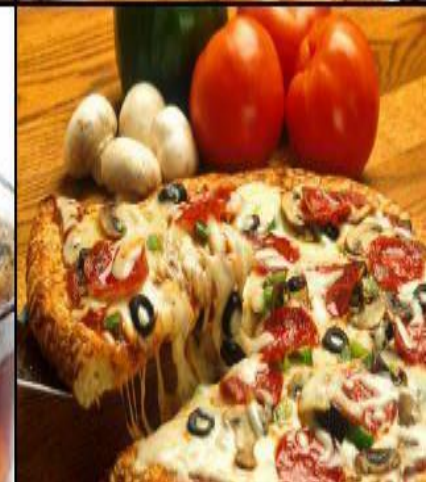
- Results in reduced life expectancy of 15 to 20 years
- Average years of life lost due to cancer is 12.5 years
- Cardiovascular disease (CVD) is a major contributor
  - 5% of people with schizophrenia end their own lives
  - 40 -50% die from cardiovascular disease

# Mortality gap is widening: Life expectancy of people with schizophrenia in Denmark 1980–2010



Excluding intentional self-harm as a cause of death

# 2 key reasons for obesity epidemic in West



# **CVD risk factors are more common in people with psychotic illnesses vs general population**

- cigarette smoking
- overweight or obese
- poor diet (high saturated fat & refined sugar)
- less regular physical exercise
- excess alcohol
- higher rate of type 2 diabetes







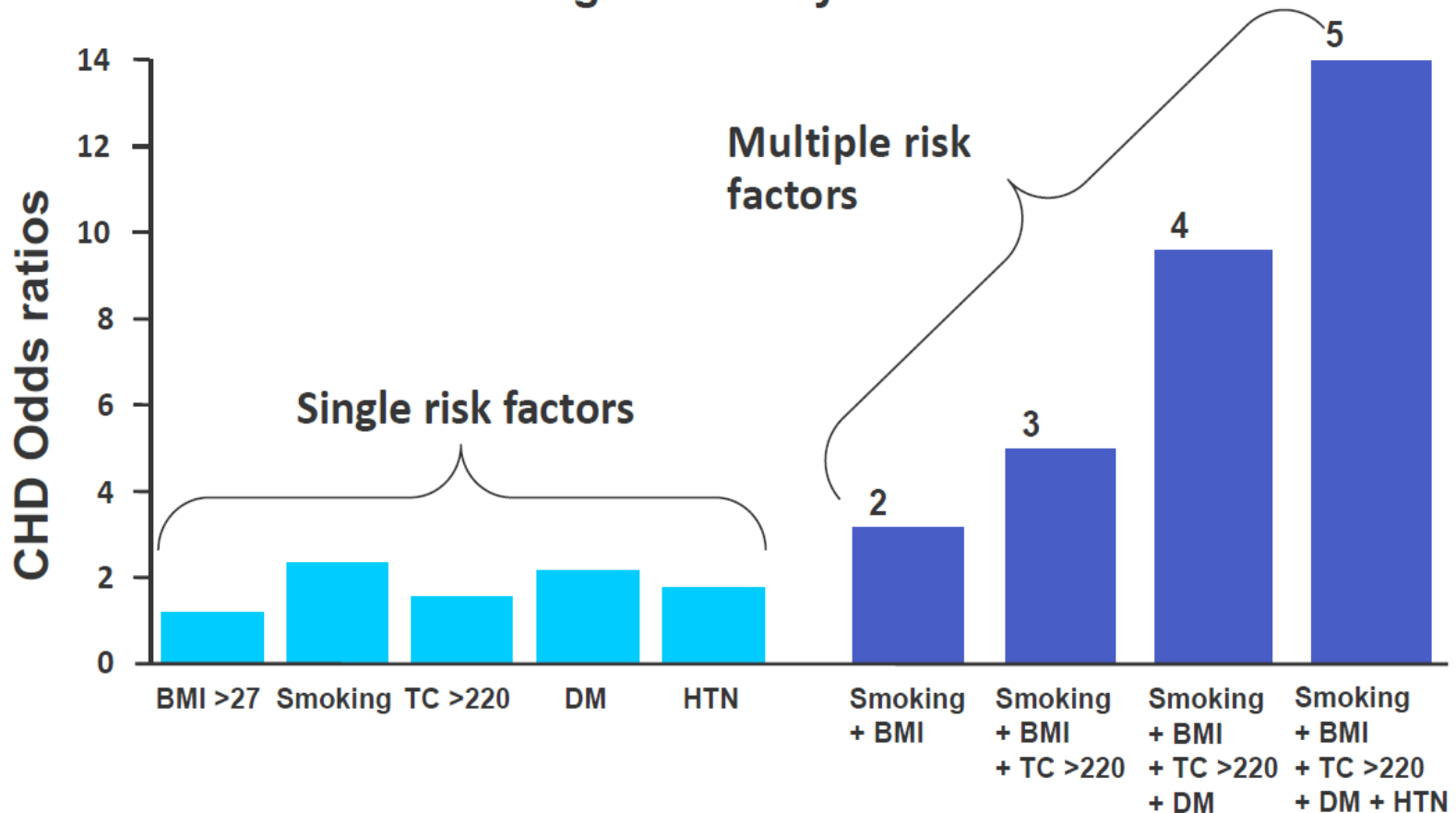
# Multiple factors contribute to excess cardiovascular risk in severe mental illness

- Relative poverty and social exclusion
- Alcohol and nicotine to relieve psychiatric symptoms
- Adverse effects of psychiatric drugs
  - Weight gain
  - Metabolic disturbance
- Inadequate monitoring for cardiovascular risk factors
- Interventions for risk factors often inadequate
  - Discrimination against the mentally ill in physical health services
- Poor adherence to treatment and follow up

# Cardiovascular risk factors -overview

## Cardiovascular risk factors - overview

The Framingham Study Cohort\*



# Antipsychotics: Wide range of other side effects

## Metabolic effects

- Weight gain
- Hyperglycaemia
- Dyslipidaemia

## Cardiovascular effects

- Oedema
- Arrhythmia
- QTcprolongation (marker)
- Cardiomyopathy
- Myocarditis
- Postural hypotension

# Antipsychotics: Wide range of other side effects

## Hyperprolactinaemia

- Galactorrhoea,
- Gynaecomastia
- Menstrual abnormalities
- Decreased BMD

## Sexual dysfunction

## Antimuscarinic side effects

- Dry mouth
- Blurred vision
- Cognitive impairment
- Delirium in elderly
- Constipation
- Urinary retention

# Antipsychotics: Wide range of other side effects

## Miscellaneous

- Blood dyscrasias
- Photosensitivity
- Sedation

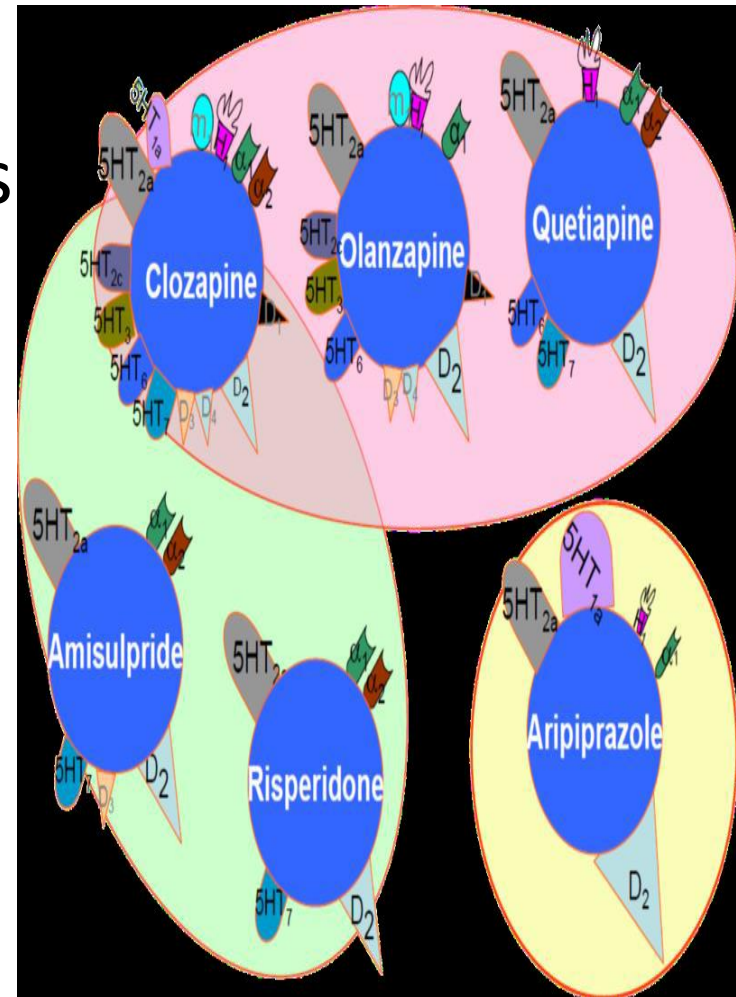
# Effects of side effects

- Stigma
- Physical morbidity and mortality
- Poor adherence
- Reduced quality of life



# Antipsychotics: heterogeneous group

- Clinically relevant differences in risk of adverse effects
- Reflects different pharmacological profiles
- SGA and FGA classification
  - Creates confusion
  - May be best abandoned



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# References

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THANK YOU