## PW01-198 - METABOLIC SCREENING IJN FACT POPULATION

**D. Cohen**<sup>1,2</sup>, A. Nugter<sup>3</sup>

<sup>1</sup>Chronic Care, Mental Health Care Institute North Holland North, Heerhugowaard, <sup>2</sup>Epidemiology, University of Groningen, Groningen, <sup>3</sup>Chronic Care, Mental Health Care Institute North Holland North, Heiloo, The Netherlands

**Background:** Life expectancy in schizophrenia is shortened, 15 years to 32 years. Increased cardiovascular morbidity is thought to have a major contribution.

**Methods:** A nurse practitioner was appointed for metabolic screening. The cut-off points were according to the NCEP 2005 criteria, except for glucose (cut-off: 6,0 mmol/l).

All outpatients in two FACT teams in Alkmaar were asked to participate in the measurement of the metabolic syndrome. Blood pressure was twice measured at two different visits, that took place 4 weeks apart. If laboratory result was abnormal, the measurement was repeated.

**Results:** Out of the 204 patients in outpatient care who were asked, 67 refused participation. All in all, 137 patients participated, 91 male (46,3 years (SD: 12,2) and 46 female (51,7 yrs; SD: 11,6) patients. The vast majority (N=126 (92,6%) were Caucasian. Obesity was present in 32% of the male and 48% of the female patients compared to 16% in the general population. Normoglycemia was established in only 72,2% of the population compared to 95% in the same aged general population. Repeated hyperglycemia was present in 24,1% of the population.

Conclusion: In 137 patients with severe mental illness, mean age 48 years, we found that

- 1. obesity was twice as prevalent as in the patient population.
- 2. using the conservative NECP 2001 criterion for hyperglycemia, one out of four patients had a confirmed pre-diabetic hyperglycemia.

Intensive screening, therapy and preferably prevention are advised and needed to prevent major medical costs and massive medial consumption in this high-risk population.