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### REQUISITION OF BLOOD ANALYSIS FOR PATIENTS WITH SCHIZOPHRENIA UPON ACUTE ADMISSION

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**Aims:** Patients with schizophrenia have high rates of mortality, despite improvement in health care. Acute admission can be an excellent target for the screening of acute and chronic disorders in these patients. To our knowledge no study has been performed clarifying which blood analysis should be requested to patients with schizophrenia upon an acute admission. The aim of the present study is to clarify which blood analysis should be requested to these patients, when acutely admitted.

**Methods:** A case-control study was performed, comparing blood analyses in patients with schizophrenia and schizoaffective disorder upon their admission, with subjects without schizophrenia from the general population.

**Results:** We found a significantly higher number of patients with changes on leukocytes, glucose, and AST values, and a significantly lower number with higher cholesterol (total and LDL), creatinine, ALP, and albumin. Many patients presented low values of hemoglobin, erythrocytes, platelets, glucose, vitamin B12, albumin, and HDL-cholesterol, and high values of CK, blood electrolytes, and CRP.

**Conclusions:** Present data clearly support the routine requisition of full blood count, CRP, CK, glucose and AST on admission. Although the evidence is less robust, it seems reasonable to request electrolytes, albumin and vitamin B12. NCEP laboratorial parameters may be should not be requested by routine in this context, as it tends to underestimate metabolic syndrome. The present work does not find evidence for routine requisition of urea, folic acid, and VDRL. Blood phosphorus, calcium and thyroid hormones need further investigation.