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MORTALITY IN SERIOUS MENTAL ILLNESS
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Introduction: There is evidence that patients with bipolar disorder have an increased mortality from somatic causes of death, including coronary heart disease and myocardial infarction. However, present mortality ratios and mortality trends over time are not known.
Aim: To analyze relative mortality and mortality trends for patients with bipolar disorder in relation to the population for cerebrovascular disease, coronary heart disease and myocardial infarction.
Methods: All patients in Sweden with a clinical diagnosis of bipolar disorder from the introduction of ICD-10 (1987-2006) found in the National Swedish Patient Register were followed-up in the Cause of death register. Mortality rate ratios (MRR) for different cardiovascular diseases and different age groups were calculated, as well as numbers of excess deaths, relative to the population. Also, admission rate ratios (ARR) and yearly mortality rates for bipolar patients versus the population were calculated for the same time period.
Results: From all causes of death, there were 5,471 deaths for bipolar patients. MRR was 2.58 (95% CI: 2.51-2.65). For cerebrovascular disease MRR was 2.19 (95% CI: 2.01-2.40), and for coronary heart disease MRR was 2.10 (95% CI: 1.98-2.2.24). In the subgroup of acute myocardial infarction MRR was 1.97 (95% CI: 1.81-2.14). In cerebrovascular disease, ARR was increased to 1.47 (95% CI: 1.35-1.59), while in coronary heart disease ARR was 1.06 (95% CI: 0.98-2.24), and in acute myocardial infarction 1.09 (95% CI: 0.0.98-1.22). Yearly mortality rates for these causes of death decreased both among patients and the population, without indication of a decreasing gap.
Conclusions: In patients with bipolar disorder, mortality from cerebrovascular disease and coronary heart disease with its subgroup acute myocardial infarction was doubled during 1987-2006. In contrast, admission rates for coronary heart disease and acute myocardial infarction were not increased. Yearly mortality rates decreased both for the patients and the population, but there were no indications of a decreasing gap.
Keywords : Bipolar disorder; Register study; Cerebrovascular disease; Coronary heart disease; Acute myocardial infarction; Mortality rate ratios; Admission rate ratios.

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