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SEVERITY OF MENTAL DISORDER AND THE RISK OF ALL-CAUSE, AVOIDABLE, ISCHEMIC HEART DISEASE, VIOLENT AND SUICIDE MORTALITY

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Introduction: There are indications that psychiatric patients do not receive adequate treatment of their somatic diseases.

Objectives: To evaluate the effect of mental disorder on the risk of mortality.

Aims: To study whether severity of psychiatric disease increases the risk of mortality.

Methods: A register-based cohort study comprising all individuals alive and registered in Sweden in 2004 and 2005 aged 20-64. We followed 5,181,743 individuals with respect to mortality 2006 and 2007, generating 10,261,263 person-years and 24,475 deaths. Psychiatric patients were defined as those treated with a main diagnosis of psychiatric disease within the last five years and were classified according to type of mental disorder: psychoses, depression/anxiety, substance abuse, and other psychiatric diagnoses. We studied all cause mortality, mortality from ischemic heart disease, suicide, violent deaths, smoking related cancer and policy-related and health care-related avoidable mortality. Estimates of risk of mortality were calculated as incidence rate ratio (IRR) with 95% confidence intervals (CI) using Poisson Regression Analysis.

Results: Patients with schizophrenia or other psychosis in general had the highest mortality for most mortality outcomes. For both women and men, those treated for substance abuse had the highest all-cause mortality risk (Women: IRR=12.56 (95 % CI=10.82-14.57); Men: IRR=9.38 (95 % CI= 8.73-10.08)). For all psychiatric diseases and for all mortality outcomes those on social benefits had a higher mortality.

Conclusion: Psychiatric patients have a higher overall mortality and cause-specific mortality. The more severe the psychiatric disease the higher is the risk of mortality even after disregarding violent deaths and suicide.