

PW01-199 - **BARRIERS TO PHYSICAL HEALTH CARE IN PEOPLE WITH MENTAL ILLNESS**

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People with severe mental illnesses, such as schizophrenia, depression or bipolar disorder, have worse physical health and reduced life expectancy compared to the general population. The excess cardiovascular mortality associated with schizophrenia and bipolar disorder is attributed in part to an increased risk of the modifiable coronary heart disease risk factors; obesity, smoking, diabetes, hypertension, and dyslipidaemia.

Over recent years both national and international groups have developed screening and monitoring guidelines but these are not being routinely implemented in the clinical care of patients. A review of the literature identifies barriers to comprehensive screening, monitoring and treatment of somatic co-morbidities on the level of professionals (both within psychiatry as well as in primary care), patients, health care systems (organisational and financial aspects) and health policies.

Psychiatrists and primary care physicians should play an active role in ensuring that patients with mental illness are not disadvantaged. Measures should include the assessment and management of cardiovascular risk factors and diabetes as part of the care of their psychiatric patients. When indicated, shared care with cardiologists, diabetologists, specialist nurses or other specialists should be established.

The aim of the recent joint statement on cardiovascular disease and diabetes in people with severe mental illness of the EPA, EASD and ESC is to reduce cardiovascular risk and to improve diabetes care in patients with SMI and to improve overall health and well-being of the patients (De Hert et al. 2009). This should reduce the burden of physical illness for patients, their families and healthcare services.