

P01-411 - DEVELOPMENT OF HEART DISEASE TREATMENT, AND MORTALITY, FROM 1994 TO 2006 AMONG PERSONS WITH SCHIZOPHRENIA OR BIPOLAR DISORDER

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Objective: Heart disease mortality rates in persons with schizophrenia and bipolar disorder are greatly increased, compared to the general population. The objective was to assess the development during the period 1994 to 2006 of the heart disease mortality gap between persons with schizophrenia, bipolar disorder or other psychiatric disorders and the general population, evaluated in the light of rates of somatic hospitalization and invasive heart disease procedures.

Method: Survival analysis was used to analyze heart disease mortality and somatic care trends in a cohort of all persons residing in Denmark.

Results: Heart disease mortality in persons with schizophrenia remained on a high and stable level throughout the follow-up period, whereas cohort members without psychiatric disorders had declining heart disease mortality. The result is an increasing mortality gap with a significant mortality rate ratio trend equalling 1.12 with 95% CI (1.08, 1.15) for every second year. This was not the case for persons with bipolar disorder or other psychiatric disorders. Somatic hospitalization and invasive procedure were on a low level throughout the entire period, among persons with schizophrenia.

Conclusions: The reason for the widening of the mortality gap between persons with schizophrenia and the rest of the cohort members can be partly explained by the lack of improvement in treatment procedures, which is illustrated by the very low rates of invasive cardiac procedures. However, other reasons, such as antipsychotic-induced weight gain and difficulty following such advice as to stop smoking can also be part of the explanation.