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PHYSICAL COMORBIDITY AND ITS RELEVANCE ON MORTALITY IN SCHIZOPHRENIA: A NATURALITIC 12-YEAR FOLLOW-UP IN GENERAL HOSPITAL ADMISSIONS

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Introduction - Schizophrenia is a major psychotic disorder with significant comorbidity and mortality.

Objective - Consequently, we investigated whether physical comorbidity and its relevance on general hospital mortality (GHM) differed between patients with- and without schizophrenia in a 12-year follow-up in general hospital admissions.

Methods - During 1 January 2000 and 31 June 2012, 1,418 schizophrenics were admitted to three General Manchester NHS hospitals. All comorbidities with a prevalence ≥ 1% were compared with those of 14,180 age- and gender matched hospital controls. Risk factors i.e. comorbidities that were predictors for GHM were identified using multivariate logistic regression analyses.

Results - Compared with hospital controls schizophrenics had a higher burden of physical comorbidity that was associated with a worse outcome. In deceased schizophrenics, T2DM was the most frequently recorded comorbidity, contributing to 31.4% of hospital deaths. Further predictors of GHM in schizophrenia were found to be alcoholic liver disease, Parkinsonism, T1DM, nonspecific renal failure, ischemic stroke, pneumonia, iron deficiency anaemia, COPD, and bronchitis. There were no significant differences in their impact on GHM compared to controls with the same diseases except Parkinsonism which was associated with higher mortality in the schizophrenia population.

Conclusion - Optimal management of acute T2DM and COPD with its infectious respiratory complications, as well as the accurate detection and management of iron deficiency anaemia, of diabetic related long-term micro- and macrovascular complications, of alcoholic liver disease, and of extrapyramidal symptoms are of utmost relevance in schizophrenia.

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