Schizophrenia and cancer: a descriptive study

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Introduction

Schizophrenia is associated with unhealthy lifestyle habits, higher prevalence of chronic medical conditions and a decrease in life expectancy with respect to the general population. Not only mortality by suicide contributes to this, but also the increase in mortality from all natural causes, the main ones are cardiovascular diseases, cancer and respiratory diseases. Its relationship with cancer is controversial; there are some studies suggesting a lower incidence, at least for certain types of cancer, but a standardized mortality higher than the general population.

Objectives

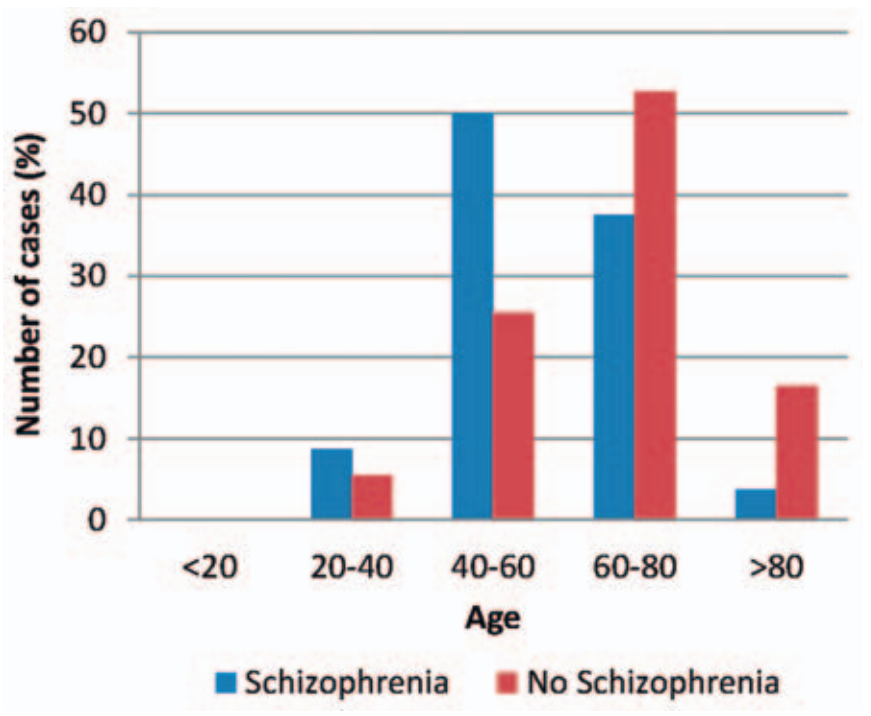
The objective of this study is to evaluate the sociodemographic and clinical characteristics of patients with schizophrenia and cancer diagnosis at Hospital del Mar.

Material and methods

Sociodemographic and clinical variables of the patients of the Registry of Tumors of Hospital del Mar were collected between 2000 and 2015, identifying those diagnosed with schizophrenia, dividing the sample in two groups.
From these data, a descriptive study and a comparison of prevalences between patients with and without diagnosis of schizophrenia was carried out. Chi square and fisher's exact test were used for compare the groups in SPSS statistics 20 for Mac.

Results

Number of cancer cases based on age when they were diagnosed



Number of patients according to the neoplasia extension at the moment if the diagnosis and tumor location

		No Schizophrenia		Schizophrenia	
		n	%	n	%
Clinical stage	Stage I	3277	25,2	20	27,8
	Stage II	2285	17,6	9	12,5
	Stage III	1973	15,2	11	15,3
	Stage IV	2492	19,1	20	27,8
	In situ	1624	12,5	5	6,9
	Unknown	1365	10,5	7	9,7
	Total	13016	100	72	100
Tumor localization	Colon	2772	18	15	18,8
	Rectus	985	6,4	2	2,5
	Lung	2850	18,6	17	21,3
	Breast	3729	24,3	19	23,8
	Cervix*	**997**	**6,5**	**10**	**12,5**
	Prostate*	**1865**	**12,1**	**2**	**2,5**
	Urinary bladder	1613	10,5	8	10
	Kidney and ureter	547	3,6	7	8,8
	Total	15358	100	80	100

*p<0,05

Conclusions

In our sample, the group of patients with schizophrenia presented more advanced stages at younger ages, compared to the group without schizophrenia. The relative distribution of cancer locations is similar with two exceptions: cervix and prostate cancer. Our results suggest the possibility that schizophrenia may condition lower rates of prostate cancer, something observed in previous studies that has been associated with hormonal effects related to the antipsychotic treatment.
Our team considers the analysis of the cancer-schizophrenia relationship as a priority in order to detect possible diagnostic, therapeutic and prognostic differences.

References

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