Cardiovascular risk factors and somatic comorbidity in patients with severe mental illness hospitalized in a long-term psychiatric rehabilitation unit

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Introduction

Cardiovascular risk is increased in patients with severe mental illness (SMI). This has been related with antipsychotic polypharmacy and unhealthy lifestyle habits. This fact could be worsened in patients hospitalized in long-term psychiatric units due to the reduced physical activity, especially during the pandemic period.

Aims

To describe the clinical characteristics, pharmacological treatment and somatic comorbidity of patients with SMI admitted to a long-term rehabilitation unit.

Methods

We conducted a retrospective transversal study. All patients admitted to a long-term unit for psychiatric rehabilitation during 2020 were included. Demographic characteristics of patients, clinical data and main pharmacological treatment were obtained through medical records. Descriptive analysis was performed with IBM SPSS Statistics (Chicago INC). We used Pearson's r and Spearman's rho to analyze correlation between variables.

Results

The sample consisted of 60 patients (43 men – 71,7%; mean age: 45,77 years ± 10,88). The sociodemographical characteristics of the sample are summarized in Table 1. The psychiatric diagnoses of the sample are shown in Figure 1. The mean length of stay was 23.7 months (±25.6). The somatic conditions of the sample are summarized in Table 2 and Figure 2. Treatments are shown in Table 3.

	Patients with Severe Mental Illness (SMI) (n=60)
Age	45,8 (±10,8)
Gender	
Man	43 (71,7%)
Woman	17 (28,3%)
Nationality	
National	52 (86,7%)
Immigrant	8 (13,3%)
Civil Status	
Single	48 (80%)
Divorced	11 (10%)
Widower	1 (1,7%)
Married/With couple	0 (0%)
Employment	
Unemployed	13 (21,7%)
Pensioner	46 (76,7%)
Sick leave	1 (1,7%)
Working	0 (0%)

Table 1. Sociodemographic characteristics of the sample

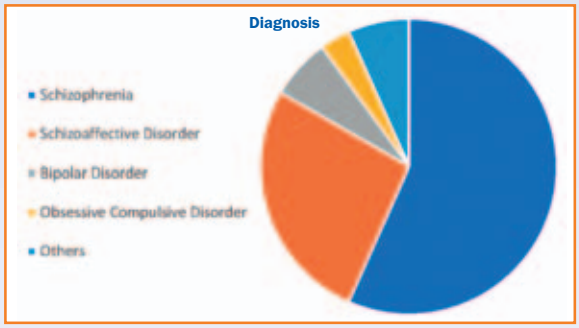

Fig. 1. Psychiatric diagnosis of the sample

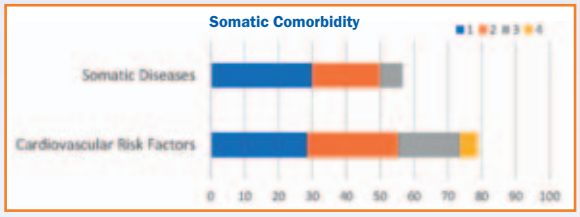

Fig. 2. Cumulative frequency of somatic comorbidities

	Patients with Severe Mental Illness (SMI) (n=60)
Cardiovascular risks	
Hypertension	28 (46,7%)
Diabetes Mellitus	6 (10%)
Dyslipidemia	19 (31,7%)
Smoking	42 (70%)
Weight	
Body Mass Index	26,7 (± 5.143)
Overweight	19 (31,7%)
Obesity	22 (36,7%)
Somatic Diseases	
Gastrointestinal	17 (28,3%)
Cardiologic	10 (16,7%)
Endocrinologic	10 (16,7%)
Respiratory	6 (10%)
Oncologic	4 (6,7%)
Neurologic	3 (5%)
Other	7 (11,7%)

Table 2. Somatic comorbidity of the sample

	Patients with Severe Mental Illness (SMI) (n=60)
Treatment for resistant conditions	
Clozapine	29 (48,3%)
Long-acting Injectable Antipsychotic	11 (17%)
Electroconvulsive Therapy	3 (5%)

Table 3. Treatment characteristics of the sample.

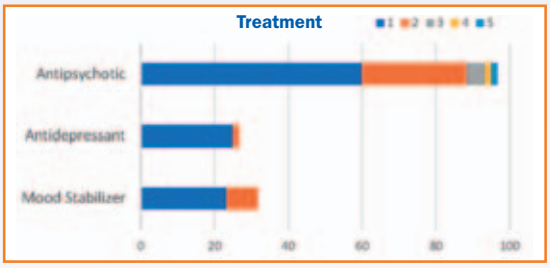

Fig. 3. Cumulative frequency of medication treatments.

There was no significant correlation between the length of stay and the number of cardiovascular risk factors (Pearson's r=0,0178 p=0,0174; Spearman's rho = -0,075 p=0,57) or the BMI (Pearson's r=0,105 p=0,424; Spearman's rho = 0,032 p=0,810).
The total number of antipsychotics was not correlated with the number of cardiovascular risk factors (Pearson's r= 0,053 p=0,686; Spearman's Rho = 0,163; p=0,212) or with the BMI (Pearson's r=0,147 p=0,261; Spearman's rho 0,243; p=0,061).

Conclusions

In this sample antipsychotic polypharmacy was a very frequent condition. These patients present more than one cardiovascular risk factor at younger ages. However, we found no correlation between the number of antipsychotics and the number of risk factors or the BMI, which could be explained by the small size of the sample. Or because the cardiovascular risk is associated with the natural history of these mental illnesses and their chronic inflammation.
In our sample clozapine was a very common treatment, as expected for a unit where treatment-resistant conditions are very frequent. On the other hand, ECT was less used than expected for this kind of patients.
Further research and care programs aimed at the physical health care of long-term admitted psychiatric patients are needed.

References

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NO POTENTIAL CONFLICT OF INTEREST

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