Integrated Care at the Interface of Psychiatry and Primary Care

Prevention of Cardiovascular Disease

Robert M. McCarron, DO[a,b,c,*]

KEYWORDS

• Psychiatric education • Preventive care • Cardiovascular disease • Hypertension
• Diabetes and mental illness

KEY POINTS

- Persons with severe mental illness are at much higher risk for having diabetes, cardiovascular disease, and related early death.
- Psychiatrists can use psychotherapy to enhance patient education and motivation, while improving the preventive care for patients who have psychiatric disorders.
- Nonfasting total cholesterol, high-density lipoprotein, triglycerides, and hemoglobin A_{1c} are much more convenient for the patient and encompass all the blood work necessary to quantify the risk for cardiovascular disease.

MENTAL ILLNESS AND COMORBID GENERAL MEDICAL ILLNESS

In an historic study published in 2006 by the Centers for Disease Control and Prevention, Colton and Manderscheid[1] reported that persons with serious mental illness (SMI) have an average life expectancy 25 years less than that of the general population. The number of years of lost life is astonishing, and in part is related to a lack of primary and preventive medical care for those who have psychiatric illness. Persons with SMI not only face the stigma related to mental illness but also experience higher medical morbidity and mortality in comparison with the general population.

Fig. 1 provides estimates of standardized mortality ratios from different medical causes in persons with schizophrenia and bipolar disorder, based on systematic

[a] Department of Internal Medicine, University of California, Davis School of Medicine, Sacramento, CA, USA; [b] Department of Psychiatry and Behavioral Sciences, University of California, Davis School of Medicine, 2230 Stockton Boulevard, Sacramento, CA 95817, USA; [c] Division of Pain Medicine, Department of Anesthesiology, University of California, Davis School of Medicine, Sacramento, CA, USA
* 2230 Stockton Boulevard, Sacramento, CA 95817.
E-mail address: rmmccarron@ucdavis.edu

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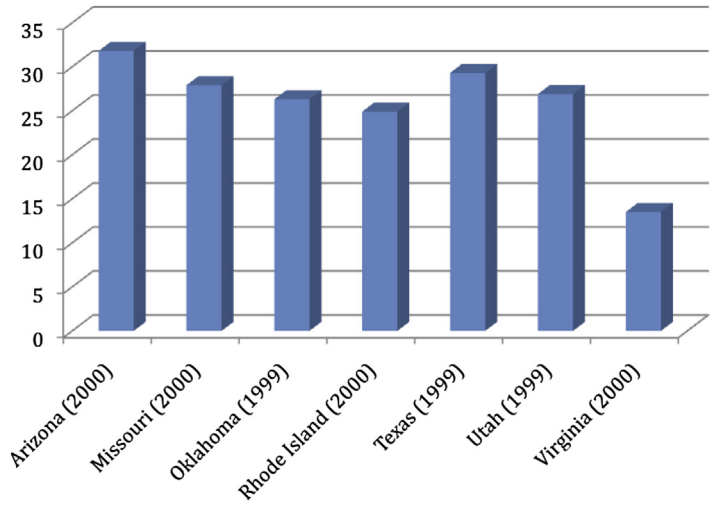

Fig. 1. Mean number of years of potential life lost (1999–2000) across seven states in the United States. (*Data from* Colton CW, Manderscheid RW. Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. Prev Chronic Dis 2006;2:A42.)

reviews and a population-based cohort study that provided data on more specific diseases for schizophrenia.[2,3] As shown in **Fig. 1**, individuals with SMI are more vulnerable and at higher risk of early death from chronic medical conditions in comparison with the general population. Conditions such as cardiovascular disease (CVD), diabetes, pulmonary disorders, and viral hepatitis are often not diagnosed or effectively managed in those with SMI.

In a report by the US National Association of State Mental Health Program Directors Medical Directors Council, the investigators estimated that whereas suicide and injury accounted for 40% of the excess mortality in schizophrenia, 60% of the excess mortality is attributed to CVD, diabetes (including kidney related deaths), respiratory infectious diseases, and other infections.[4] Persons with SMI have at least 2 to 3 times the risk of diabetes, dyslipidemia, hypertension, and obesity when compared with the general population.[5,6] Added to these medical conditions, 50% to 80% of those with SMI smoke cigarettes and consume more than one-third of available tobacco products.[7]

PREVENTING MEDICAL ILLNESS IN THE PSYCHIATRIC SETTING

CVD is the most common cause of mortality, which illustrates the urgency for physicians to more effectively and consistently provide cardiovascular-related primary preventive measures. Shorter life spans are not unique to those with schizophrenia. In one study, standardized mortality ratios in those with bipolar disorder were found to be 2.5 in men and 2.7 in women.[8] Patients with moderate to severe depression also have an elevated risk of myocardial dysfunction.[9] Patients with chronic mental illness, particularly severe mental illness, are inherently vulnerable and at increased risk of early death. What can be done to better implement preventive medical care for those with SMI?

Although this vulnerability in those who have SMI has been known for more than 2 decades, little has been done to change how we provide health care to this patient