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**Q: What are the general health implications of having schizophrenia?**

A: Schizophrenia is arguably the most severe psychiatric mental disorder there is. It affects less than 1% of the general population. In the United States, we have about 2.5-3 million people affected with schizophrenia. What most people recognize about schizophrenia is that it has very significant social consequences. Less than 15% of persons with schizophrenia are fully employed and live independently and many patients do not get married or have children. Additionally, there are high rates of homelessness and incarceration associated with schizophrenia. What people don't appreciate about schizophrenia is that it is an illness that kills. There is significant mortality associated with schizophrenia. The average life span today for the general population in our country is about 78 years. The average life span for people with schizophrenia is about 61, so persons with schizophrenia live 15-20 years less than the general population. The age specific standardized mortality is doubled for persons with schizophrenia. Schizophrenia is an illness that has significant mortality in addition to significant morbidity associated with it.

**Q: Why do persons with schizophrenia have significantly shorter life spans?**

A: There are a number of factors that contribute to the shortening of life span amongst people with schizophrenia; however the biggest contributor to the increased mortality is coronary heart disease. Persons with schizophrenia are twice as likely at any age to die of coronary heart disease as compared to the general population. If you look across different countries around the world, there have been a number of studies done and across the board; you can see heart disease as the biggest contributor to this increased mortality. About 50% of the excess deaths that you see in schizophrenia are from coronary heart disease.

**Q: What factors contribute to the increased risk of coronary artery disease among persons with schizophrenia?**

A: There are a number of factors contributing to the increased risk of coronary heart disease among persons with schizophrenia. Firstly, there is an association of high blood pressure, diabetes and obesity with the illness itself. Secondly, there are a number of lifestyle factors: people with schizophrenia tend to smoke about 2-3 times more than the general population, they tend to have less healthy diets and they tend to have a sedentary lifestyle. All of these factors contribute to increased risk of heart disease. So, you have the illness itself associated with risk factors for heart disease compounded with lifestyles factors associated with increased risks for heart disease. A third and unfortunate factor, is a number of treatments for schizophrenia which are important and which help the patient in a variety of different ways are also associated with weight gain, diabetes and lipid abnormalities which in turn increase the risk of heart disease. Finally, the physical health of persons suffering from schizophrenia is taken less seriously than that of the general population. Persons with schizophrenia are less likely to be screened for different medical conditions. For example, they are less likely to have their blood pressure taken, even though they are seeing a physician on a regular basis for their schizophrenia. They are also less likely to get preventive advice for smoking cessation programs, dietary improvements, exercise programs or other lifestyle changes. When they go and see their doctor, the different risk factors that contribute to heart disease are less likely to be diagnosed. Once they are diagnosed, they are less likely to be treated. For example, compared to the general population, if a person with schizophrenia is found to have significant elevation of their lipids, they are half as likely to be prescribed statins or medicines that decrease lipid levels. If a person with schizophrenia needs an invasive cardiac procedure they are half as likely to receive appropriate cardiac surgery or procedures as compared to the general population. So a number of factors contribute to the increase cardiac morbidity that you see in persons with schizophrenia.

**Q: How can we improve the medical care for persons with schizophrenia?**

A: First be aware of the fact that schizophrenia kills. Secondly, there are a whole range of physical co-morbidities that need attention, but increased occurrence of heart disease is the biggest killer. For example, with regard to medications, there are 20 different antipsychotic medications available. Some of them cause a much greater increase in weight and are worse for lipids and diabetes, whereas other antipsychotics cause almost no weight gain. So be aware of what you can do in terms of monitoring your patient and if you notice any of these risk factors appearing in your patient, make sure they get help.