Background: Patients with serious mental illness (SMI; e.g., psychotic disorders and major mood disorders) die earlier, have more medical illnesses, and receive worse medical care than those in the general population. 75 Patients with SMI are losing an astonishing number of years of life to preventable and treatable medical illnesses. The reasons for this mortality gap are numerous and interrelated and include patient-, provider-, and system-level factors. Solutions to the problem will require attention to all these areas, but provider responsibility and strategies aimed at the integration of medical and psychiatric care hold immediate promise for correcting the health and healthcare disparities faced by this vulnerable and neglected population. Viron and Stern Psychosomatics 51:6, November-December 2010 http://psy.psychiatryonline.org 463 References 1. President's New Freedom Commission on Mental Health: Achieving the Promise: Transforming Mental Health Care in America: Final Report. Rockville, MD, U.S. Dept. of Health and Human Services Pub. No. SMA-03-3832, 2003 2. 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; 3:1-14 3. Dembling BP, Chen DT, Vachon L: Life expectancy and causes of death in a population treated for serious mental illness. Psychiatr Serv 1999; 50:1036 -1042 4. Tiihonen J, Lo?nnqvist J, Wahlbeck K, et al: Eleven-year follow-up of mortality in patients with schizophrenia: a population based cohort study (FIN11 Study). Lancet 2009; 374:620 - 627 5. Harris EC, Barraclough B: Excess mortality of mental disorder. Br J Psychiatry 1998; 173:11-53 6. Parks J, Radke AQ, Mazade NA, et al: Measurement of Health Status for People With Serious Mental Illnesses. National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council, 2008 7. Osby U, Correia N, Brandt L, et al: Time trends in schizophrenia mortality in Stockholm County, Sweden: cohort study. BMJ 2000; 321:483-484 8. Gold KJ, Kilbourne AM, Valenstein M: Primary care of patients with serious mental illness: your chance to make a difference. J Fam Pract 2008; 57:515-525 9. Batki SL, Meszaros ZS, Strutynski K, et al: Medical comorbidity in patients with schizophrenia and alcohol dependence. Schizophr Res 2009; 107(2-3):139 -146 10. Parks J, Svendsen D, Singer P, et al: Morbidity and mortality in people with serious mental illness: National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council, 2006 11. Correll CU: Balancing efficacy and safety in treatment with antipsychotics. CNS Spectrums 2007; 12(10; suppl 17):12-20, 35 12. Suppes T, McElroy SL, Hirschfeld R: Awareness of metabolic concerns and perceived impact of pharmacotherapy in patients with bipolar disorder: a survey of 500 U.S. psychiatrists. Psychopharmacol Bull 2007; 40:22–37 13. Fenton WS, Chavez MR: Medication-induced weight gain and dyslipidemia in patients with schizophrenia. Am J Psychiatry 2006; 163:1697-1704 14. Disability Rights Commission (UK): Equal Treatment: Closing the Gap. Part 1 of the DRC's Formal Investigation Report. London, DRC, 2006 15. Laursen TM, Munk-Olsen T, Agerbo E, et al: Somatic hospital contacts, invasive cardiac procedures, and mortality from heart disease in patients with severe mental disorder. Arch Gen Psychiatry 2009; 66:713-720 16. Fagiolini A, Goracci A: The effects of undertreated chronic medical illnesses in patients with severe mental disorders. J Clin Psychiatry 2009; 70(suppl 3):22-29 17. Taylor D, Young C, Esop R, et al: Testing for diabetes in hospitalised patients prescribed antipsychotic drugs. Br J Psychiatry 2004; 185:152-156 18. Ryan MC, Collins P, Thakore JH: Impaired fasting glucose tolerance in first-episode, drug-naive patients with

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