

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

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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 populationbased 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

schizophrenia. *Am J Psychiatry* 2003; 160:284 –289 19. Kupfer DJ: The increasing medical burden in bipolar disorder. *JAMA* 2005; 293:2528 –2530 20. Lambert TJ, Newcomer JW: Are the cardio-metabolic complications of schizophrenia still neglected? barriers to care. *Med J Aust* 2009; 190(suppl 4):S39 –S42 21. Kane JM: Creating a healthcare team to manage chronic medical illnesses in patients with severe mental illness: the public policy perspective. *J Clin Psychiatry* 2009; 70(suppl 3):37– 42 22. Bunce DF, Jones LR, Badger LW, et al: Medical illness in psychiatric patients: barriers to diagnosis and treatment. *South Med J* 1982; 75:941–944 23. Goff DC: Integrating general health care in private community psychiatry practice. *J Clin Psychiatry* 2007; 68(suppl 4):49 –54 24. Morden NE, Mistler LA, Weeks WB, et al: Health care for patients with serious mental illness: family medicine's role. *JABFM* 2009; 22: 187–195 25. Morrato EH, Newcomer JW, Allen RR, et al: Prevalence of baseline serum glucose and lipid testing in users of secondgeneration antipsychotic drugs: a retrospective, population-based study of Medicaid claims data. *J Clin Psychiatry* 2008; 69:316 – 322 26. Paton C, Esop R, Young C, et al: Obesity, dyslipidaemias, and smoking in an inpatient population treated with antipsychotic drugs. *Acta Psychiatr Scand* 2004; 110:299 –305 27. Regier D, Farmer M, Rae D, et al: Comorbidity of mental disorders with alcohol and other drug abuse. *JAMA* 1990; 264: 2511–2518 28. Woolf SH: Social policy as health policy. *JAMA* 2009; 301: 1166 – 1169 29. Link B, Phelan J: Social conditions as fundamental causes of disease. *J Health Soc Behav* 1995; 35(Extra Issue):80 – 84 30. Kessler RC, Foster CL, Saunders WB, et al: Social consequences of psychiatric disorders, I: educational attainment. *Am J Psychiatry* 1995; 152: 1026 –1032 31. Teplin LA, McClelland GM, Abram KM, et al: Crime victimization in adults with severe mental illness: comparison with The National Crime Victimization Survey. *Arch Gen Psychiatry* 2005; 62:911–921 32. Druss B, von Esenwein S: Improving general-medical care for persons with mental and addictive disorders: systematic review. *Gen Hosp Psychiatry* 2006; 28: 145–153 33. Decoux M: Acute versus primary care: the healthcare decisionmaking process for individuals with severe mental illness. *Issues in Ment Health Nurs* 2005; 26:935–951 34. Lester H, Tritter JQ, Sorohan H: Patients' and health professionals' views on primary care for people with serious mental illness: focus group study. *BMJ* 2005; 330: 1122 35. Jones S, Howard L, Thornicroft G: "Diagnostic overshadowing:" worse physical health care for people with mental illness. Druss BG, Rohrbaugh RM, Levinson CM, et al: Integrated medical care for patients with serious psychiatric illness: a randomized trial. Similar patterns of early diagnosis held true in schizophrenia for stroke, diabetes mellitus, and chronic obstructive pulmonary disease (COPD). 14 Whether these data reflect earlier onset of medical illness in patients with SMI or simply earlier detection is unclear. Druss BG, Bradford DW, Rosenheck RA, et al: Mental disorders and use of cardiovascular procedures after myocardial infarction. *JAMA* 2000; 283:3198 61....