



Recent advances of mortality in psychiatric disorders: Schizophrenia

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DESCRIPTION

Mortality is considered as the important outcome of measuring in the field of medicine and standard indicator of the performance of a health system and also the case in the evaluation of the mental health policies and services. According to the previous evidence life expectancy in patients with chronic and Severe Mental Illness (SMI) is shorter than the general population. Mental disorders pose an increased risk in mortality to patients as compared with the general population and patient life expectancy is reduced by 20 years. Another analysis of 148 studies estimated that 14.3% of deaths caused in worldwide each year are attributable to the mental disorders.

Psychiatric disorders like schizophrenia and other related syndromes are still most devastating according to the recent global burden of disease study. Schizophrenia is severe and chronic mental illness with modest prognosis and poor long term outcome. Syndrome comprises a wide range of symptoms such as positive and negative symptoms. Cognitive impairment adversely affects the social and functioning of the patients. Antipsychotic drugs are used in treatment of schizophrenia and are particularly effective for the positive symptomatology but much less effective for the negative and other cognitive symptoms. Most common adverse effects are extrapyramidal symptoms and tardive dyskinesia treated with first generation anti-psychotics and in case of second generation agents are associated with having higher rates of cardio metabolic side effects.

Schizophrenia has been considered to be life shortening disease and recent evidences indicate that life expectancy in patients may be below 20 years shorter than in general population. It is alarming that the gap is increasing over time despite the substantial progress in treatment of Schizophrenia. Causes of premature death in patients with SMI previous research tended to over-estimate the rate of unnatural deaths includes suicide, homicide and accidents. Large retrospective study

suggested that most of the deaths that are seen inpatients with SMI were attributable to the physical illnesses. It is well documented that patients with psychotic disorders are at significantly having higher risk for cardiovascular morbidity and mortality as compared to the population.

The study of mortality in schizophrenia is also relevant for primary care providers. The aim of the present article is to provide an overview of the current state of knowledge regarding the mortality in schizophrenia and other related syndromes and synthesize recent evidence from nationwide studies to highlight the complex interplay among several risk factors and to propose the practical framework for improving management of medical comorbidity in those patients would be useful for everyday clinical practice.

Major concerns regarding to the suicide in patients of schizophrenia are natural causes mostly cardiovascular disease are accounted for the majority of deaths. The most common causes of mortality in schizophrenia seen in both natural and unnatural that is violent deaths.

Unnatural death accounts for 25% of all deaths in people with schizophrenia in high income countries but also in low and middle income countries. This category includes suicides, murders and accidents.

Accidental deaths among schizophrenics appear to be more common than those from suicide. A large study in Sweden found that the risk of accidental death was four times higher in patients than in the general population, a proportion that could not be fully explained by comorbidities of substance abuse. Similarly, a recent large national cohort study in Denmark found a significantly increased risk of accidental death in people with schizophrenia compared with the general population. The association between schizophrenia and accidental death appeared to be mediated in part by substance abuse, but was 3-fold higher even after accounting for substance abuse. Interestingly, in his 15-year national

retrospective His cohort study in Brazil, which included all patients admitted for his SMI through the public health system, traffic accidents with the highest excess of mortality. The results suggest that patterns of mortality risk from specific diseases may differ between high-income and low/middle-income countries. This is probably due to social and economic adversity.

Suicide is the worst outcome seen in schizophrenia, with a lifetime survival rate of about 10%. Factors associated with suicide risk in schizophrenia are mood symptoms, history of suicide attempts, and number of psychiatric admissions. Suicide risk in schizophrenia is also related to younger age, proximity to onset, older age at onset, male sex, substance abuse, and time during or after psychiatric discharge.

Risk factors for victimization include young age, substance use, and psychotic symptoms while homeless patients are more likely to be victims of violence. The large Swedish study mentioned above found that people with schizophrenia were almost twice as likely to be victims of homicide compared to the general population. More recent evidence from Sweden produced slightly

different results, and after accounting for comorbid substance use and personality disorders, a diagnosis of schizophrenia was not associated with the risk of becoming a victim of violent crime.

Most deaths in mentally ill patients are due to natural causes. A previous meta-analysis found that, overall 67.3% of his deaths in people with mental disorders were due to natural causes, 17.5% were due to unnatural causes, and the rest were due to other causes or unknown causes. It turned out to be the cause. This also applies to patients with schizophrenia. Among patients with schizophrenia, natural causes, mainly due to early onset of serious medical illness, are responsible for increased mortality, accounting for up to 80% of deaths.

CONCLUSION

Similar results were obtained in a systematic review of acute coronary syndromes in patients with schizophrenia. Mortality and serious adverse cardiac events and stroke were more commonly seen in patients diagnosed with schizophrenia than in those without having it.