

HIGH PREVALENCE OF TREATED COMORBID CONDITIONS IN PATIENTS WITH SCHIZOPHRENIA

S.K. Agarwal¹, N.K. Agarwal²

¹Agarwal Health Center, East Orange, NJ, USA, ²St. George's University, St. George's, Grenada

Introduction: Schizophrenia is a complex and heterogeneous disease. Several psychiatric conditions including depression, obsessive-compulsive disorder, panic attacks, aggressive and violent behavior and substance abuse are frequently associated with schizophrenia. Non-psychiatric comorbid conditions are also common in this population.

Objectives: To evaluate the presence of non-psychiatric comorbid conditions in patients with schizophrenia.

Aims: This study looked at the medication history for non-psychiatric comorbid conditions in patients with schizophrenia.

Methods: Four residential institutions for patients with schizophrenia were chosen for the study. There were a total of 145 patients with schizophrenia. The first had 48 patients, males 30 and females 18, the second had 42 patients; 29 males 13 females, the third had 27 patients; 13 males and 14 females and the fourth had 28 patients; 15 males and 13 females. Medications were reviewed for the following comorbid conditions: hypertension, diabetes mellitus, asthma/COPD, hypercholesterolemia, arthritis, hypothyroidism, osteoporosis and miscellaneous.

Results: Of the 145 institutionalized schizophrenia patients (87 males (60%) and 58 females (40%); aged 28 to 82 years), comorbid conditions being treated were as follows: hypertension: 82(56%); diabetes mellitus:39(27%); lung disease 37(26%); hypercholesterolemia 50(35%); arthritis 28(19%), hypothyroidism 11(6%), osteoporosis 7(5%) and others 50(35%). There were only 24(17%) patients who had no treatment for any comorbid conditions.

Conclusions: The vast majority (83%) of institutionalized patients with schizophrenia are on medications for multiple non-psychiatric comorbid conditions. Psychiatrists need to be cognizant of this clinical complexity and the resultant polypharmacy in this population. Continuing care should be coordinated with a general medical practitioner.