P-1026 - METABOLIC SYNDROME AND RISK FOR CORONARY HEART DISEASE IN ELDERLY INPATIENTS WITH SERIOUS MENTAL ILLNESS

P.Ntounas, C.Tsopelas, P.Chatzimanolis, M.Dimitraka, D.Pappas, E.Siouti, C.Touloumis, A.Douzenis, L.Lykouras

¹Psychiatric Hospital of Attica, ²²nd Dept. of Psychiatry, National and Kapodistrian University of Athens, 'Attikon' General Hospital, Athens, Greece

Introduction: People with severe mental disorders have worse physical health compared with the general population. Metabolic aspects such as obesity, diabetes, hypertension, dyslipidaemia, smoking and antipsychotic medication increase the risk of metabolic syndrome (MetS) and cardiovascular disease. Epidemiological studies have consistently shown excess CVD mortality in patients with schizophrenia ,bipolar disorder and depression.

Methods: The participants (103 patients) age 55 years or more, had diagnosis of Schizophrenia and other psychotic disorders, Mood disorders and Mental disorders due to a general medical condition(DSM IV-TR criteria). Metabolic syndrome was estimated using the ATP III definition. Framingham risk score was calculated using algorithms developed by Wilson for subjects aged 30 years and older.

Results: Overall prevalence of MetS was 34%. (37.1% men, 62,9% women). Among patients with MetS 74.3 % had schizophrenia, 8.6.% Mood disorder and 17.1 % Mental disorders due to a general medical condition. In our sample 18.8% of patients with MetS were receiving FGAs, 78.1% SGAs and 3.1% combination of FGAs and SGAs but this difference wasn't statistically significant. Low risk (FRS<= 14) had 68% of participants (21.4% men and 78.6% women). Moderate risk (FRS>15) had 32% of participants (66.7% men, 33.3% women).

Conclusions: The results indicate that patients with schizophrenia have higher probability of having MetS, therefore, clinicians should appropriately monitor the risk factors and intervene as required.