# P-903 - CARDIOVASCULAR RISK SCORING IN PATIENTS RECEIVING MAINTENANCE ANTIPSYCHOTIC TREATMENT

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**Introduction:**  Patients with severe mental illnesses (SMI) are at increased risk for cardiovascular disease. Treatment with antipsychotics can induce and worsen cardiometabolic risk factors, like obesity, hypertension, dyslipidemia and hyperglycemia. Rates of somatic treatment for cardiometabolic risk factors are limited in these patients. In clinical practice the decision to start somatic treatment depends on the risk for cardiovascular mortality according to risk charts based on the general population.

**Objectives:**  To investigate wether currently used cardiovascular risk scoring systems can be used in patients with SMI.

**Aims:**  Assessement of cardiovascular risk in patients treated with antipsychotics.

**Methods:**  Frequencies of cardiometabolic risk factors were assessed in 570 patients treated with antipsychotics. The estimated risk for cardiovascular mortality was determined according to the SCORE Absolute and Relative Risk Charts.

**Results:**  Preliminary analyses show that frequencies of cardiometabolic risk factors ranged from 10% for diabetes to 90% for dyslipidemia. The mean absolute risk of cardiovascular mortality was 1,9% whereas the mean relative risk was 2,5%. The absolute risk was moderate to high ( ≥5%) in 29 and high (≥10%) in 5 patients. The relative risk was moderate to high (≥5) in 33 and high (≥10) in 1 patient.

**Conclusions:**  A discrepancy seems to be present between the high frequencies of cardiometabolic risk factors and the low absolute and relative risks according to the SCORE risk charts. It is advocated to develop a cardiovascular risk scoring system that is appropiate for use in patients with SMI so that somatic treatment can be started when nessesary.