Cardiovascular risk factors in patients with schizophrenia in Spain: RICAVA study

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BACKGROUND
Schizophrenic patients are at increased risk of death from suicide or natural causes, including cardiovascular diseases; few studies quantifying the magnitude of the cardiovascular risk in schizophrenics across a whole country are available. Objective: to estimate the prevalence of cardiovascular risk factors in patients with schizophrenia attending hospital for admission in acute psychiatric units.

METHODS
Cross-sectional descriptive study on schizophrenic patients admitted in acute units. Data on sociodemographics, physical examinations, blood test parameters (fasting, cardiovascular risk factor history [personal and family] and treatments are recorded. Each risk factor is established according to international criteria and/or pharmacological treatment.

RESULTS
732 evaluable patients (72% men, 28% women, average age 38 [SD 11.3]) from 97 acute units (61% of those in Spain) are shown in Table 3. Hypercholesterolemia is the most prevalent metabolic cardiovascular risk factor affecting more than the half of the studied schizophrenic patients. Furthermore one third of patients showed hypertension. Hypertension and diabetes were present at a lower percentages.

Obesity as a predisposing cardiovascular risk factor was found in one third of the sample and, as it was expected, certain risk behaviours were found highly prevalent including sedentarism and nicotine use. Prevalence of cocaine consumption was as high as 10%.

Metabolic syndrome according to ATPIII criteria was considered as a combination of several cardiovascular risk factors (see table 2). It was present in 19% of the studied sample. A peak prevalence was found for schizophrenic patients in the 55-59 age range.

Score risk for a 10-year fatal cardiovascular event was calculated for each patient according to SCORE charts adapted to low risk European countries. Percentages of patients allocated to each risk level indicate that 6.8% of the studied sample had a high risk of suffering at 10 years a fatal cardiovascular event (risk Score ≥ 5%); figures are 8.8 for men and 6.6 for women.

Cardiovascular risk factors considered as major or causal showed variations on the basis of sociodemographic parameters of patients such as gender and age. A peak prevalence was found for nicotine use in men aged between 40-55 and for hypercholesterolemia at elder ages from 55-59. In women a peak prevalence was found for diabetes at age ranges of 50-54. Furthermore for women older than 55 peak prevalences were found for risk factors considered predisposing such as being overweight, abdominal obesity and sedentarism.

Family antecedents were reported 27.6% for obesity, 27.4% for hypertension and 24.6% for diabetes.

Risk factors that receive more pharmacological treatment were hypertension and diabetes (41%). Hypercholesterolemia was considered as a highly prevalent including sedentarism, obesity and male gender are also highly prevalent. On the basis of the present results, sociodemographic parameters such as gender and age should be taken into account when intervention and monitoring is planned. Although antipsychotic males, main, meet a number of major or causal cardiovascular risk factors, our data indicates that women could meet also a number of those considered predisposing.

Furthermore current treatment for some major risk factors seems to be insufficient. Future guidelines addressed to recommendations for monitoring and intervention are needed in clinical psychiatry.

REFERENCES