Low level of medical recognition and treatment of cardiovascular risk factors in patients with schizophrenia in Spain

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BACKGROUND
Schizophrenics are a population in whom the diagnosis and monitoring of cardiovascular risk factors is less frequent. Some studies highlight a high prevalence of some of these risk factors, and several guidelines point out the advisability of routine monitoring. Objective: to describe the level of recognition and therapeutic treatment of cardiovascular risk factors in schizophrenic patients.

METHODS
Cross-sectional descriptive study on schizophrenic patients from acute units. Data on sociodemographics, physical examinations, blood test parameters (fasting), cardiovascular risk factors already diagnosed at hospital admission and family history of cardiovascular risk factors and cardiovascular events. Each risk factor is defined according to international criteria and/or therapeutic treatment. Their level of recognition and therapeutic treatment according to international guidelines are also recorded.

RESULTS
733 evaluable patients (72% men, 28% women, average age 38 (SD 11.3)) from 97 acute units (81% of those in Spain) were included. The most commonly identified risk factors are showed in Table 3. Hypertension and diabetes were the most prevalent cardiovascular risk factors (see Table 3). The same applies to hypertriglyceridemia and obesity as important cardiovascular factors either conditional or predisposing.

The most commonly identified risk factors are alcoholism (73%) and nicotine use (25%). In spite of that, nearly one third of patients with excessive alcohol consumption is not identified as meeting a cardiovascular risk factor. The same applies to nearly 50% of patients showing obesity, that this condition is not properly recognized.

Risk factors that receive more pharmacological treatment were hypertension (65% of diagnosed and being treated), and diabetes (41%). However when only prevalent cases are considered hyperglycemia-diabetes appears as the cardiovascular risk factor that has more pharmacological intervention while only 28% of patients with high values of blood pressure are being treated. Sociodemographic parameters such as gender and age are predictive of receiving treatment for the specific studies conditions.

DIAGNOSIS / CONCLUSIONS
From 29 patients with a diagnosis of diabetes, women have a greater probability of being treated than men (OR=0.40; p<0.03). From 26 patients with a history of hypertension, men have a greater probability of receiving treatment than women (OR=2.34; p<0.03). The same pattern applies to hypertriglyceridemia, from 16 patients treated, men have a greater probability of receiving treatment than women (OR=2.34; p<0.03). From 26 patients with hypercholesterolemia, men have a greater probability of receiving treatment than women (OR=17.34; p<0.03).

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REFERENCES