

Rx: Treating chronic medical vulnerability in the mentally ill

As a physician who specializes in psychiatry, internal medicine, and pain medicine, I work with patients to treat such common disorders as arthritis, back pain, headache, asthma, hepatitis, diabetes, and hypertension.

With few exceptions, I have found that patients who have chronic moderate or severe mental illness tend to be relatively more vulnerable in terms of (1) receiving suboptimal primary medical care and (2) suffering a resulting increase in morbidity, mortality, and disability.

Across the board, I've found, psychiatrists are more likely to treat patients who are chronically vulnerable.

Why are they so vulnerable?

The unique vulnerability of patients with severe mental illness stems from several causative factors:

- the stigma attached to mental illness
- poor implementation of parity in reimbursement for mental health services
- a suboptimal-sized mental health workforce
- related poor patient-centered support
- most important, these patients' lack of primary and preventive medical care.

Here are a few examples that demonstrate how dire the situation is:

Smoking cigarettes is one of the most dangerous modifiable risk factors for vascular disease and early death. People with mental illness smoke almost half (44%) of the cigarettes sold in the United States and are twice as likely to smoke than those who do not have a mental illness.^{1,2}

HIV infection is at least 2 or 3 times more prevalent among people with severe mental illness as it is in the general population.³

Hepatitis C infection is at least twice as prevalent in people with a diagnosis of schizophrenia as it is in the general population.⁴

Schizophrenia. As many as 60% of premature deaths among people with schizophrenia are attributable to a medical illness.⁵ For example, those with schizophrenia have an increased 10-year cardiac mortality; comparatively higher rates of hypertension, diabetes, and smoking; and, on average, a lower level of high-density lipoprotein cholesterol. Nasrallah et al reported that the rate of untreated hypertension among patients with schizophrenia is 62.4%.⁶

Premature death. People who have a diagnosis of severe mental illness are



Robert M. McCarron, DO
Section Editor
Consultation-Liaison
Medicine and Psychiatry

Dr. McCarron is Associate Professor, Director of Integrated Medicine and Psychiatry Education, and Director of Pain Psychiatry and Behavioral Medicine, University of California, Davis, School of Medicine, Sacramento, California.

To comment on this editorial or other topics of interest, visit www.facebook.com/CurrentPsychiatry, or go to CurrentPsychiatry.com and click on the "Send Letters" link.

Editorial Staff

EDITOR **John Baranowski**
MANAGING EDITOR **Erica Vonderheid**
ASSOCIATE EDITOR **Patrice Kubik**
WEB ASSISTANTS
Connor Kennedy, Kathryn Wighton

Art & Production Staff

CREATIVE DIRECTOR **Mary Ellen Niatas**
ART DIRECTOR **Pat Fopma**
DIRECTOR, JOURNAL MANUFACTURING
Michael Wendt
PRODUCTION MANAGER **Donna Pituras**

Publishing Staff

PUBLISHER **Sharon J. Spector**
ASSOCIATE DIRECTOR, eBUSINESS
DEVELOPMENT **Joshua Norton**
MARKETPLACE ACCOUNT MANAGER
Linda Wilson
CONFERENCE MARKETING MANAGER
Kathy Wenzler

Editor-in-Chief Emeritus

James Randolph Hillard, MD

Frontline Medical Communications

CHAIRMAN **Stephen Stoneburn**
EVP DIGITAL BUSINESS DEVELOPMENT/CFO
Douglas E. Grose
PRESIDENT/CEO **Alan J. Imhoff**
PRESIDENT, CUSTOM SOLUTIONS **JoAnn Wahl**
VICE PRESIDENT, FINANCE **Dennis Quirk**
EXECUTIVE DIRECTOR, OPERATIONS
Jim Chicca
VICE PRESIDENT, AUDIENCE DEVELOPMENT
Donna Sickles
VICE PRESIDENT, CUSTOM PROGRAMS
Carol Nathan
VICE PRESIDENT, CUSTOM SOLUTIONS
Wendy Raupers
VICE PRESIDENT, MARKETING & CUSTOMER
ADVOCACY **Jim McDonough**
VICE PRESIDENT, SALES **Phil Soufleris**
VICE PRESIDENT, SOCIETY PARTNERS
Mark Branca
CORPORATE DIRECTOR, RESEARCH
& COMMUNICATIONS **Lori Raskin**
DIRECTOR, eBUSINESS DEVELOPMENT
Lee Schweizer
EDITORIAL DIRECTOR **Karen J. Clements**

Subscription Services: (800) 480-4851

In affiliation with Global Academy
for Medical Education, LLC
VICE PRESIDENT, MEDICAL EDUCATION
& CONFERENCES **Sylvia H. Reitman, MBA**
VICE PRESIDENT, EVENTS **David J. Small, MBA**

FRONTLINE
MEDICAL COMMUNICATIONS

7 Century Drive, Suite 302
Parsippany, NJ 07054
Tel: (973) 206-3434
Fax: (973) 206-9378
www.frontlinemedcom.com

Published through an
educational partnership
with Saint Louis University



at risk of dying prematurely by as much as 25 years.^{5,7-10}

Who should take the lead?

How can psychiatrists address this ongoing vulnerability within the mentally ill patient population, and advocate for their patients? A comprehensive answer to this question is beyond the scope of this article, but I can offer this prescription for your consideration.

Be an advocate. You, as a psychiatrist, are well positioned to counter the mental health-related stigma and advocate for implementation of mental health parity nationwide. In addition to participating in community education and outreach, become a member of, and get involved in, established organizations, such as the American Psychiatric Association, that advocates for psychiatric patients at all levels.

Keep patients connected. Make sure your patients are connected with a primary care provider, and use your psychotherapeutic skills to help patients understand the importance of receiving primary and secondary preventive medical care.

Monitor health and disease. As a physician first and a psychiatrist second, closely monitor your patients for general medical conditions that are related to the presence and treatment of psychiatric disorders. Consider routinely reviewing pertinent lab work with patients—even results of tests ordered by a primary care provider (eg, the metabolic panel and a thyroid-stimulating hormone level in patients taking lithium).

Collaborate with your primary care colleagues; they need your help as much as you can use their help! Make sure your patients witness this collaboration, because it mirrors how you would like

them to interact with their primary care provider.

Educate yourself. Education in the essentials of psychiatry-based preventive medical care is key, as we work to more effectively address the increased disability, morbidity, mortality, and overall vulnerability in our patients. Stay “current” on general medical topics by reading the “Med/Psych Update” section of CURRENT PSYCHIATRY (see page 12) and relevant articles in other clinical guides to both integrated and preventive medicine.¹¹

Robert M. McCarron, DO
Section Editor, Consultation-Liaison
Medicine and Psychiatry

References

1. Lasser K, Boyd JW, Woolhandler S, et al. Smoking and mental illness: a population-based prevalence study. *JAMA*. 2000;284(20):2606-2610.
2. Grant BF, Hasin DS, Chou SP, et al. Nicotine dependence and psychiatric disorders in the United States: results from the national epidemiologic survey on alcohol and related conditions. *Arch Gen Psychiatry*. 2004;61(11):1107-1115.
3. Meade CS, Sikkema KJ. HIV risk behavior among adults with severe mental illness: a systematic review. *Clin Psychol Rev*. 2005;25(4):433-457.
4. Dinwiddie SH, Shicker L, Newman T. Prevalence of hepatitis C among psychiatric patients in the public sector. *Am J Psychiatry*. 2003;160(1):172-174.
5. Saha S, Chant D, McGrath J. A systematic review of mortality in schizophrenia: is the differential mortality gap worsening over time? *Arch Gen Psychiatry*. 2007;64(10):1123-1131.
6. Nasrallah HA, Meyer JM, Goff DC, et al. Low rates of treatment for hypertension, dyslipidemia and diabetes in schizophrenia: data from the CATIE schizophrenia trial sample at baseline. *Schizophr Res*. 2006;86(1-3):15-22.
7. Colton CW, Manderscheid RW. Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. *Prev Chronic Dis*. 2006;3(2):A42.
8. Druss BG, Bradford WD, Rosenheck RA, et al. Quality of medical care and excess mortality in older patients with mental disorders. *Arch Gen Psychiatry*. 2001;58(6):565-572.
9. Roshanaei-Moghaddam B, Katon W. Premature mortality from general medical illnesses among persons with bipolar disorder: a review. *Psychiatr Serv*. 2009;60(2):147-156.
10. Newcomer JW, Hennekens CH. Severe mental illness and risk of cardiovascular disease. *JAMA*. 2007;298(15):1794-1796.
11. McCarron RM, Xiong G, Keenan CR, et al. Preventive medical care in psychiatry: a practical guide for clinicians. Arlington, VA: American Psychiatric Publishing; 2014.