

People with schizophrenia more likely to die of heart attack, study finds

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The risk of death resulting from heart attack is higher in people with schizophrenia than in the general public, according to scientists at the Centre for Addiction and Mental Health (CAMH) and the Institute for Clinical Evaluative Sciences (ICES).

On average, people with schizophrenia have a lifespan 20 years shorter than the general population. This is partly due to factors such as smoking, increased rates of diabetes, and metabolic problems brought on by the use of some [antipsychotic medications](#). These factors often worsen once a cardiac condition arises because people with schizophrenia are less likely to make the necessary [lifestyle changes](#), such as diet and exercise, to offset the problem.

This study, published online in *Schizophrenia Research*, examined mortality and access to cardiac care after heart attacks ([acute myocardial infarction](#)) in those with schizophrenia.

Dr. Paul Kurdyak, Chief, Division of General and Health Systems Psychiatry at CAMH, analyzed four years of Ontario-wide patient data and tracked all incidents of heart attack among people with schizophrenia, and compared results to people without schizophrenia.

"When we looked at the data, we found that people with schizophrenia were 56 per cent more likely to die after discharge from hospital following a heart attack than those who did not have schizophrenia," says Dr. Kurdyak, also an Adjunct Scientist at ICES. "We also found that

patients with schizophrenia, despite the increase in [mortality risk](#) after a heart attack, were half as likely to receive life-saving [cardiac procedures](#) and care from cardiologists than those without schizophrenia."

Specifically, the study found that people with schizophrenia were 50 per cent less likely to receive cardiac procedures or to see a cardiologist within 30 days of discharge from hospital.

"The numbers tell us that people with schizophrenia—the ones who are at most risk to develop and subsequently die from heart attacks—are not receiving adequate care," says Dr. Kurdyak. "The possible solutions are two-fold: prevention is one. We need to support patients whom we know are at risk of developing medication-related metabolic issues by working with them to provide strategies to offset weight gain, such as healthy eating and physical activity. The other part is aftercare - the mental health care team, primary care providers, and the cardiac specialists need to work together to ensure that patients are seen again after a first incident of [heart attack](#)."

Provided by Centre for Addiction and Mental Health

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