

## VISN 5 MIRECC Research Abstract

### Medical Co-Morbidity in Schizophrenia: A Focus on Diabetes

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Persons with schizophrenic disorders have significantly higher mortality rates than persons in the general population. Although such excess mortality may be attributable to underlying genetic vulnerabilities, it is likely that modifiable patient behaviors and health care delivery system characteristics such as access to somatic health care may play major roles. Identification of such modifiable patient and health care system factors may be critical to improving the health status and longevity of persons with schizophrenia. Due to the complexity of this issue, we selected a "tracer" condition strategy, focusing on a single medical disease, diabetes, as a prototypical serious, chronic medical problem from which lessons may generalize to other disorders. Diabetes is a highly prevalent chronic medical disorder which requires active self-care and which may serve as a prototype disorder to understand problems that persons with schizophrenia and other severe mental illnesses have in obtaining and making use of adequate medical care. This study will compare persons with schizophrenia who have diabetes to persons with major affective disorder and to persons without mental illness who suffer from diabetes. We will compare the groups on: 1) diabetes-specific health behaviors (e.g., compliance), health outcomes (control of blood sugar), and quality of diabetes care received; 2) potential mediating variables, hypothesized to differ between schizophrenics and non-schizophrenics, including diabetes health beliefs and illness knowledge. Additional analyses will compare the schizophrenia sample to published norms on diabetes-specific measures. We will also examine whether system characteristics (e.g., integration of physical care and psychiatric care) and clinical characteristics (e.g., social skills, cognitive dysfunction, and symptoms) account for poorer outcomes among persons with schizophrenia and major affective disorder.

Finally, we will compare the changes in the past years, diabetes outcomes and complications, quality of diabetes care, and general health status among persons with diabetes to determine if persons within schizophrenia differ from persons with major affective disorders or persons with SMI. In the four year follow-up we will assess if people are taking aspirin as a preventative measure for cardiovascular issues. In addition, we will assess levels of medication adherence.

Among persons with SMI receiving antipsychotic medications, to evaluate the relationship between the types of antipsychotic medication prescribed and diabetes outcomes, weight gain, and diabetes complications over the four-year follow-up period. We hypothesize that persons prescribed new-generation antipsychotic medications with high occurrence of hyperglycemia and weight gain (clozapine, olanzapine) will experience worse diabetes outcomes, increased weight gain, and a higher rate of diabetes complications over the four-year follow-up period, compared to persons receiving no or other antipsychotic medications (e.g., aripiprazole).