

ASSOCIATIONS BETWEEN SYMPTOMS, FUNCTIONAL STATUS AND ALL-CAUSE MORTALITY IN PEOPLE WITH SCHIZOPHRENIA

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Background: Compared to the general population, people with schizophrenia have a substantially higher risk of premature mortality which translates into a 10-15 year reduction in life expectancy. The aim of this investigation was to determine if symptoms (including aggression, hallucinations or delusions, and depression) or the environmental and functional status of people with schizophrenia contribute to the high mortality risk observed in this patient group.

Methods: We identified cases of schizophrenia, aged ≥ 15 years in a large secondary mental healthcare case register linked to national mortality tracing. We modelled the effect of specific symptoms, activities of daily living (ADLs), living conditions, occupational and recreational activities (Health of the Nation Outcome Scale [HoNOS] subscales) on all-cause mortality over a 4-year observation period (2007-10) using Cox regression.

Results: We identified 4270 schizophrenia cases (170 deaths) in the observation period. After controlling for a broad range of covariates, mortality was not significantly associated with hallucinations and delusions or overactive-aggressive behaviour, but was associated with subclinical depression (adjusted HR 1.5; 95% CI 1.1-2.2) and ADL impairment (adjusted HR 1.8; 95% CI 1.2-2.9).

Conclusions: Severity of symptoms, such as delusions and hallucinations, was less important in predicting mortality than subclinical depression and difficulties carrying out activities of daily living. The overall picture appears to be one where the highest all-cause mortality risk is in service users who are least visible to clinical teams.