

CAUSE-SPECIFIC MORTALITY AMONG PATIENTS WITH PSYCHOSIS: DISENTANGLING THE EFFECTS OF AGE AND DURATION SINCE DIAGNOSIS

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Introduction: There is a large mortality gap between patients with a non-affective psychotic disorder (NAPD) and the general population.

Objectives: To assess whether mortality risks vary for different death causes according to duration since diagnosis and age in a large sample of NAPD patients.

Aims: To get insight into the risk of specific death causes along the treatment trajectory, important for interventions that are tailored to the patients' risk profile.

Methods: Data of NAPD patients (n=12,580) from three Dutch psychiatric registers were linked to the registers of Statistics Netherlands and compared to personally matched controls (n=124,143). Death rates were analysed by duration since the date of diagnosis of the (matched) patient and age using Poisson regression.

Results: Among patients, the rates of all-cause death decreased with longer duration. This was explained by lower suicide rates. E.g., among those aged 40-60 years, the rate ratios (RRs) of suicide during 2-5 and >5 years compared to the early years after diagnosis were 0.52 and 0.46 (P=0.002). Compared with controls, patients experienced higher rates of natural death causes during all stages and in all age categories: RRs 2.35-5.04, P < 0.05. No increase in these RRs for patients compared to controls with increasing duration or increasing age was found.

Conclusions: The high risk of natural death causes among NAPD patients is not (only) an effect of accumulating risks induced by the chronic nature of the disorder and/or antipsychotic treatment, but is already present during the early stages of the treatment and at young age.