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Statin and glucose-lowering treatment in individuals with and without schizophrenia

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Topic(s):
Psychiatric Disorders and Heart Disease

Citation:
Background: We have recently shown that Cardiovascular (CV) mortality is surprisingly high in patients with schizophrenia in Sweden. Diabetes is 2-3 times more common in patients with schizophrenia. Treatment with Metformin have consistently shown effective to lower CV mortality in patients with diabetes. In addition, recent studies have shown that treatment with Metformin reduces weight and improves lipids even in patients with schizophrenia without diabetes. One reason for the high CV mortality in Swedish patients with schizophrenia may be lack of risk factor treatment, such as glucose-lowering treatment and/or lipid lowering treatment with statins.

Objective: To determine the prevalence of treatment with glucose-lowering treatment and statins in patients with and without schizophrenia in Stockholm, Sweden.

Material and methods: Cross-sectional study based on individual-level patient data from the Stockholm regional health-care data warehouse. 6 347 patients with a diagnosis of schizophrenia (International Classification of Diseases, Tenth Revision code F 20.X) were compared with 2 062 112 without schizophrenia from Stockholm County. The prescription of Metformin and insulin were compared in 5-year age groups from 30 to 85 years of age. In addition, the prescription of statins (any statin) were also compared in the same population.

Results: The prescription of metformin in age groups under 60 years were approximately 2 to 8 times more common in patients with schizophrenia, in patients over 60 the corresponding figures were 0.7 to 3 times. The prescription of statin in age groups under 60 were approximately 0.8-3 times more common in patients with schizophrenia. In contrast, in patients over 60 years statins were less often prescribed in patients with schizophrenia compared to controls.

Conclusions: Our results indicate that lack of treatment with metformin may not be a reason for the increase cardiovascular mortality in patients with schizophrenia. However, the surprisingly low prescription of statins in older (> 60 years) patients with schizophrenia might explain the high CV mortality in this patient group.
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Results: The prescription of metformin in age groups under 60 years were approximately 2 to 8 times more common in patients with schizophrenia, in patients over 60 the corresponding figures were 0.7 to 3 times. The prescription of statin in age groups under 60 were approximately 0.8-3 times more common in patients with schizophrenia. In contrast, in patients over 60 years statins were less often prescribed in patients with schizophrenia compared to controls.

Conclusions: Our results indicate that lack of treatment with metformin may not be a reason for the increase cardiovascular mortality in patients with schizophrenia. However, the surprisingly low prescription of statins in older (> 60 years) patients with schizophrenia might explain the high CV mortality in this patient group.