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HIGHER CASE FATALITY AFTER CARDIOVASCULAR EVENT FOR PATIENTS WITH COMORBID PSYCHIATRIC DISEASE

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Introduction: The National Board of Health and Welfare in Sweden has recently published regional comparisons and assessment of the psychiatric care in Sweden. More than 30 health care quality indicators are used that comprises processes and results of the care for the mentally ill. There are indications that psychiatric patients do not receive adequate treatment of their somatic illness. The study exemplifies that.

Objectives: To investigate whether patients with mental disorders are more likely to die after being hospitalized for acute myocardial infarction or stroke.

Aims: To pinpoint possible disparities in physical health outcomes/mortality among patients with mental illness.

Method: Patients were identified in the National Patient Register and Cause of Death Register. Mental illness was defined as having a registered psychiatric main diagnose at least once in the past five years.

Results: In 2007 30% of the patients in total that had an acute myocardial infarction died within 28 days. Among patients that also had psychiatric diagnose 44% died within 28 days. Case fatality within 28 days after a stroke was 22% and 34% respectively. There are differences in outcome between the regions.

Conclusions: Our study indicates that the case fatality after a cardiovascular event is much higher in patients with comorbid psychiatric disease. Many reasons can be plausible, including bad compliance to treatment. But the higher case fatality might also be an indicator of non-optimal processes within the health care system for mentally ill people.