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PROTEIN-C-REACTIVE AS A MARKER OF INFLAMMATION AND CARDIOVASCULAR DISEASE IN PATIENTS WITH SCHIZOPHRENIA: A CROSS-SECTIONAL ANALYSIS OF A HEALTHCARE PROVIDER ADMINISTRATIVE CLAIM DATABASE

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Purpose: The goal of this research was to explore the use of PCR as a marker of inflammation and CVD in patients with Schizophrenia.

Methods: A cross-sectional analysis of the BSA administrative claim database was conducted including all men and women, >18 years, with a schizophrenia spectrum disorders (by DSM-IV criteria) diagnosis. PCR measurement together with socio-demographics, evolution, medical history, 10-years CVD risk (Framingham equation) and biochemistry data was extracted for analysis.

Results: 705 patients [53.0% men, 48.2±15.8 years (mean±SD), 5.9±3.2 years of evolution, 79.7% on atypical drugs] met criteria for analysis. Mean 10-year CVD risk was high; 11.9%±5.7% and mean PCR levels were 2.6±2.5 mg/L with 30.4% showing values above normal's (≥3 mg/L). Unadjusted PCR slightly correlated with CVD risk; $r=0.171$, $p<0.001$. After adjusting by age, sex, evolution, smoking and anti-inflammatory drugs treatment, PCR was linearly associated with 10-year CVD risk stratified by its level of risk (low, moderate, high/very high); respectively, 2.3 (95% CI: 2.1-2.5), 3.1 (2.6-3.5) and 3.7 (3.2-4.1) mg/L; $F=13.5$, $p<0.001$. Patients with known CVD showed also higher PCR levels; 3.7 (2.9-4.5) vs. 2.5 (2.4-2.7) mg/L, $p=0.008$, and higher probability of values above normal's; Odds Ratio=4.71 (2.01-11.04), $p<0.001$.

Conclusions: High PCR levels (above normals) were associated with both known CVD and high/very high 10-year risk of CVD event in patients with schizophrenia. Then, PCR might be a marker of inflammation and CVD in this psychiatric disorder.