

An Overview of Common Medical Comorbidities in Patients With Schizophrenia

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Schizophrenia is frequently associated with several comorbid medical conditions.¹ In a review by Green et al.,² it was reported that at least 1 comorbid psychiatric or medical condition is present in approximately 50% of patients with schizophrenia. Medical conditions of concern may include, but are not limited to, cardiac disease, metabolic disorders, substance use disorders, infectious disease, and neurologic disorders. Unfortunately, these medical conditions are often underrecognized and undertreated in this patient population. As a result, patients with schizophrenia are at high risk of receiving inadequate health care.

The discovery of atypical antipsychotics has offered patients many benefits, including alleviation of positive and negative psychotic symptoms, cognitive deficits, and mood symptoms and a lower risk of extrapyramidal symptoms, that were not possible with conventional antipsychotics.³ However, evidence is beginning to suggest that these agents may also help treat, or in some cases potentially exacerbate, comorbid medical conditions.

In preparation for this supplement, the authors attended a roundtable to discuss common comorbid medical conditions in patients with schizophrenia and the implications of these conditions for patients, treatment, and overall outcomes. At the meeting, information on the following medical conditions was addressed: cardiovascular disease, metabolic disturbances, substance abuse, human immunodeficiency virus (HIV), and neurologic disorders. This supplement provides an in-depth review of the issues discussed at that meeting, with a particular focus on common medical comorbidities associated with schizophrenia, the role atypical antipsychotics have in these comorbidities, and pertinent clinical issues to consider in the optimal management of patients.

Cardiovascular disease is the major cause of death in the United States, accounting for approximately 30% of all deaths.^{4,5} For the past decade, a great deal of concern within the psychiatric community has been focused on the effect atypical antipsychotics may have on QTc prolongation and subsequent development of torsades de pointes and sudden death. Alexander H. Glassman, M.D., reviews the controversy surrounding antipsychotics and challenges the reader to reevaluate the current thinking on this complex issue. In light of new data, Dr. Glassman suggests that the issues surrounding the risk of torsades de pointes and sudden death with atypical antipsychotics may have been exaggerated. However, some atypical antipsychotics are not completely without cardiovascular side effects, such as orthostatic hypotension and, in the case of clozapine, myocarditis. Thus, screening and monitoring both the medical and psychiatric condition of the patient remains a prudent clinical practice.

David C. Henderson, M.D., discusses the effects of antipsychotic treatment on the development of various metabolic disorders such as weight gain, lipid abnormalities, and diabetes mellitus. The risk of metabolic disorders in patients with schizophrenia is an important and emerging concern within psychiatry. Although evidence suggests that schizophrenia itself may be associated with some risk of metabolic disorders, the effect antipsychotic treatment has in the development of these disorders is gradually emerging. Increased awareness, early

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interventions, and cooperation among the medical community, caregivers, and patients remain the best tools for offsetting the potentially deleterious effects associated with these disorders.

Alan I. Green, M.D., explores the issues surrounding the co-occurrence of substance use disorders and schizophrenia, including the basis for the comorbidity and the emerging use of atypical antipsychotics as a treatment option. Substance use disorders are recognized as common comorbidities in patients with schizophrenia, to which men with first-episode schizophrenia appear to be particularly vulnerable. If left unmanaged, substance use disorder has the potential to seriously complicate the disease course of schizophrenia. Although there is no consensus on the best treatment, early evidence indicates that some atypical antipsychotics may offer an effective strategy in reducing substance use in these patients.

Francine Cournos, M.D., and colleagues address the challenge of screening and treating patients with schizophrenia for HIV and hepatitis C. Patients with schizophrenia exhibit behaviors that put them at a higher risk of contracting HIV and hepatitis C compared with the general population. Unfortunately, few data are currently available regarding the impact these conditions and their treatment may have on patients. Despite the lack of data, the comorbidity of schizophrenia and viral infections confers a poorer prognosis that requires close monitoring. Management of the conditions also becomes more complex, and special attention is needed to encourage treatment adherence and coordinate appropriate medical services to ensure optimal care.

Finally, I review the neurologic abnormalities that have been shown to coexist with schizophrenia. Schizophrenia is associated with structural and functional abnormalities that have an impact on cognitive, emotional, and motivational aspects of human behavior. Although they are not always recognized, these abnormalities are often present years before the development of schizophrenia. Treatment with atypical antipsychotics may also have an impact on brain structure and function. However, their effect on long-term neurobiologic effects remains unclear. Through this review, I suggest that increased recognition of co-existing neurologic abnormalities may permit earlier identification of patients at risk for schizophrenia.

Management of schizophrenia in the presence of comorbid medical conditions requires special considerations. However, in the case of many of these comorbidities, effective management begins with increased awareness and recognition of these disorders. With proper awareness and coordination of mental health and medical services, schizophrenia and medical comorbidities can be successfully and optimally managed, and the long-term adverse consequences associated with these disorders can be potentially minimized.

REFERENCES

1. Sokal J, Messias E, Dickerson FB, et al. Comorbidity of medical illnesses among adults with serious mental illness who are receiving community psychiatric services. *J Nerv Ment Dis* 2004;192:421-427
2. Green AI, Canuso CM, Brenner MJ, et al. Detection and management of comorbidity in patients with schizophrenia. *Psychiatr Clin North Am* 2003;26:115-139
3. Marder SR. Evidence of using atypical antipsychotics in psychosis. *Prim Care Companion J Clin Psychiatry* 2003;5(suppl 3):22-26
4. Mokdad AH, Marks JS, Stroup DF, et al. Actual causes of death in the United States, 2000. *JAMA* 2004;291:1238-1245
5. Minino AM, Arias E, Kochanek KD, et al. Deaths: final data for 2000. *Natl Vital Stat Rep* 2002;50:1-119