

Introduction

Balancing the Equation: Managing Comorbidities in Patients With Severe Mental Illness

Roger S. McIntyre, MD, FRCPC

Persistent mental illnesses, notably schizophrenia and bipolar disorder, are often associated with substantial psychosocial impairment and decreased quality of life. Most individuals with these conditions are also differentially affected by chronic medical disorders that are associated with a more severe mental illness presentation, course, and outcome. Moreover, cardiometabolic disorders are the most frequent cause of premature mortality in these populations. Notwithstanding the hazards posed by medical comorbidity, most individuals with chronic medical disorders are undiagnosed, and, as a result, receive guideline discordant care for their somatic health issues.¹

As outlined in my article in this supplement, the Understanding Needs, Interactions, Treatments, and Expectations (UNITE) Global Survey sought to determine the extent of knowledge about somatic health issues possessed by patients with schizophrenia or bipolar disorder as well as their attitudes about interactions with their health care providers. The UNITE survey is one of the largest Internet-based studies ever conducted in a mixed group of individuals with bipolar disorder and schizophrenia. Further, the results of the UNITE survey expand and refine our knowledge about metabolic disruption and consequent medical comorbidity caused by weight gain-inducing medication, which is a primary area of distress for patients, a frequent reason for treatment discontinuation, and an issue that is infrequently monitored by practitioners.

Next in this supplement, Susan L. McElroy, MD, reviews evidence for a bidirectional relationship between persistent mental illness and overweight/obesity. Pragmatic approaches to opportunistic screening, detection, diagnosis, and manage-

ment of overweight/obesity in psychiatric populations are provided.

Andrea Fagiolini, MD, and Arianna Goracci, MD, continue with the theme of this supplement by discussing the prevalence and clinical implications of comorbid medical disorders in individuals with persistent mental illness. Their article is a clarion call for practitioners to contemporaneously approach mental and physical aspects of their patients' health. As mental health care providers, we cannot genuinely believe that patients have "recovered" if they are in symptomatic remission from their mental disorder yet continue to have serious comorbid medical disorders.

Modifiable risk factors for increased morbidity and premature mortality in individuals with persistent mental illness are reviewed by John W. Newcomer, MD. In many patients, the use of psychotropic medications may increase the risk for overweight/obesity and consequent metabolic disruption. Dr Newcomer discusses strategies for managing medical risk in psychiatric patients receiving antipsychotic treatment with an emphasis on efficacy, tolerability, and safety of individual medications.

The supplement concludes with an article by John M. Kane, MD, wherein he presses the point that several modifiable factors influence premature and excess mortality in patients with persistent mental illness. Dr Kane proposes changes to the health care system, improved dialogue between health care providers and respective stakeholders, the appropriate use of decision support, and the development and implementation of strategies that broadly aim to improve the overall health care of individuals with persistent mental illness.

The encompassing aim of these articles is to be both synthetic and synoptic. We have endeavored to synthesize extant literature that has evaluated mediating and moderating factors that contribute to the increased risk for chronic medical disorders in people with persistent mental illness. We are attempting to be synoptic insofar as the virulence of chronic medical disorders is apparent in individuals with persistent mental illness, and the standard of care in managing these patients should be guided by a chronic disease management framework with a particular emphasis on somatic health.

REFERENCE

1. Haupt DW, Rosenblatt LC, Kim E, et al. Prevalence and predictors of lipid and glucose monitoring in commercially insured patients treated with second-generation antipsychotic agents. *Am J Psychiatry*. 2009; 166(3):345–353.

From the Departments of Psychiatry and Pharmacology and the Institute of Medical Science, University of Toronto, and the Mood Disorders Psychopharmacology Unit, University Health Network, Toronto, Ontario, Canada.

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Corresponding author: Roger S. McIntyre, MD, FRCPC, Psychiatry and Pharmacology, University of Toronto, 399 Bathurst St., Toronto, Ontario, Canada M5T 2S8 (roger.mcintyre@uhn.on.ca).

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