



# Somatic care for persons with a psychotic disorder

dr. Wilma Swildens<sup>a</sup>, dr. Fabian Termorshuizen<sup>b,c</sup>,  
drs. Alex de Ridder M.D.<sup>a</sup>, dr. Hugo Smeets, M.D.<sup>b,d</sup>, prof dr. Iris Engelhard <sup>a,e</sup>

<sup>a</sup> Altrecht MHC, <sup>b</sup> Julius Center UMCU, <sup>c</sup> Psychiatric Case Register Middle Netherlands (PCR-MN), <sup>d</sup> Achmea health Insurance company, <sup>e</sup> Clinical Psychology University of Utrecht

Altrecht Mental Health Care, Utrecht, The Netherlands  
w.swildens@altrecht.nl



# 1. Background

- People with a psychotic disorder experience more physical problems &
- have a 15-25 years shorter life expectancy than the general population ← strongly related to worse physical health.
- According to the guidelines extra somatic care is necessary. *But is this achieved in practice?*





## **2. Research question design**

- **Do patients with a psychotic disorder receive extra somatic care compared to matched controls without psychiatric diagnoses?**
- **In addition as contrast: somatic health care utilisation is also studied for 3 other psychiatric diagnostic groups compared to their controls (bipolar, depression, anxiety).**



## Research groups, data selection

- Data from a regional psychiatric case register and a data base of a large health insurance company.
- Selected were data of declarations in the year preceding the last treatment appointment between 2007-2009.



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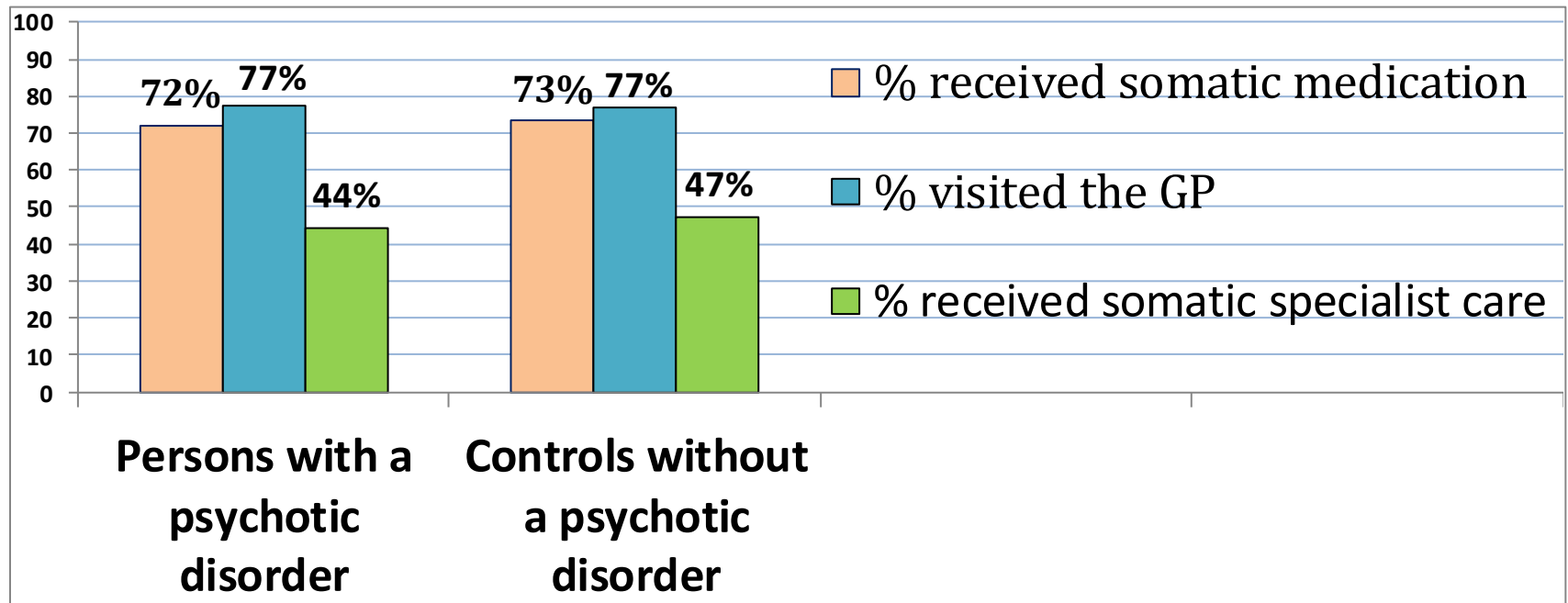
# For what care groups we compared somatic health care utilization?

- Psychosis: 1.438
- Bipolar: 284
- Major depression: 1.958
- Anxiety: 659
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- For each patient 6 controls from the health insurance data base without psych. diagnoses were *matched on gender, age and not-Western birth country*

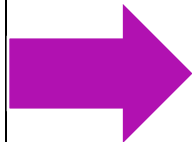
	Patients	Control group
	N %	N %
<b>Diagnoses</b>		
Psychotic dis.	1438 (60.1%)	8628 (60.1%)
Bipolar	284 (40.6%)	1704 (40.6%)
Depression	1958 (34.9%)	11604 (35.1%)
Anxiety	659 (38.6%)	3954 (38.6%)
<b>Age</b>	Mean (SD)	Mean (SD)
Psychotic	47.8 (14.8)	47.5 (14.9)
Bipolar	51.6 (14.1)	51.2 (14.1)
Depression	46.2 (15.5)	46.1 (15.6)
Anxiety	42.2 (14.9)	42.0 (14.9)
<b>% Not Western</b>	%	%
Psychotic dis.	21.2%	21.2%
Bipolar	6.0%	6.0%
Major depression	29.4%	30.6%
Anxiety	21.3%	21.3%
<b>Duration since diagnosis</b>	Mean (SD)	
Psychotic dis.	5.2 (3.5)	
Bipolar	5.1 (3.4)	
Depression	3.0 (2.9)	
Anxiety	2.3 (2.7)	



### 3. Results



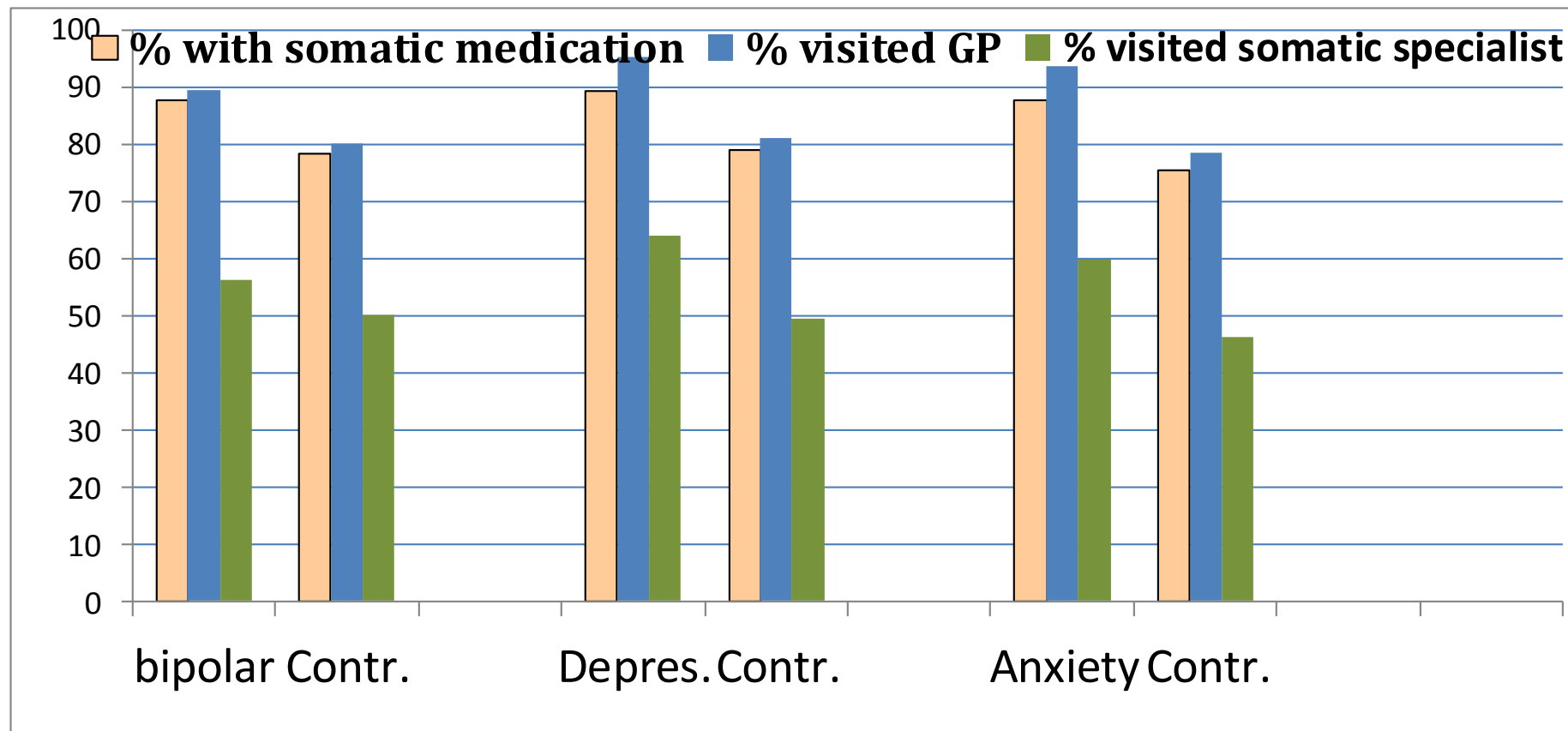
**Difference in utilization of somatic specialist care by persons with a psychotic disorder versus controls ( $AME = -2.89$  (-5.04 tot -0.74)  $p < .001$ ;  $n = 1.438$  en  $8.628$ )**



*Results point at somatic under treatment because no extra care is supplied.*



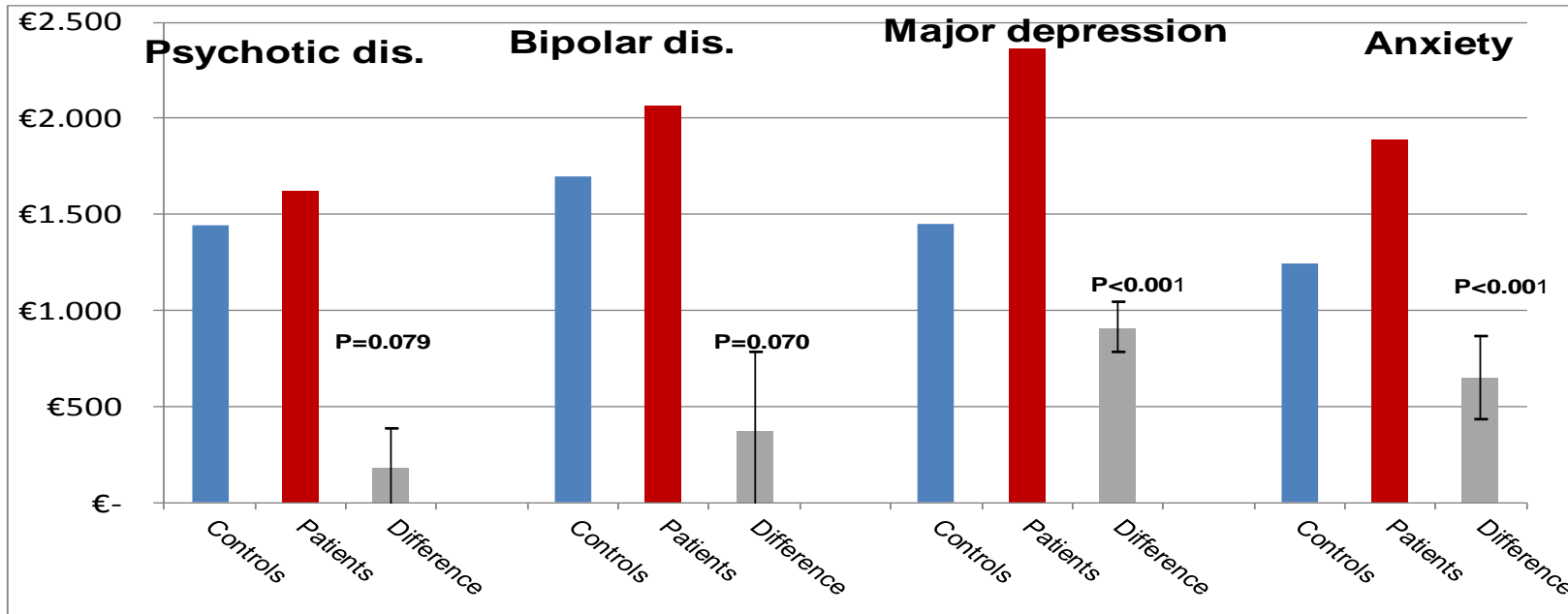
## Somatic care use of the other contrast groups



**Persons with a bipolar disorder, major depression or anxiety disorder do have a higher ( $p < 0.001$ ) % somatic medical care use (medication, GP, somatic specialist) than their matched controls**



# Somatic care costs compared



- Persons with a psychotic disorder and their controls do not differ significantly in their costs for somatic health care.
- Persons with a psychotic disorder (and bipolar disorder) lag behind in somatic care costs compared to the other diagnostic groups.

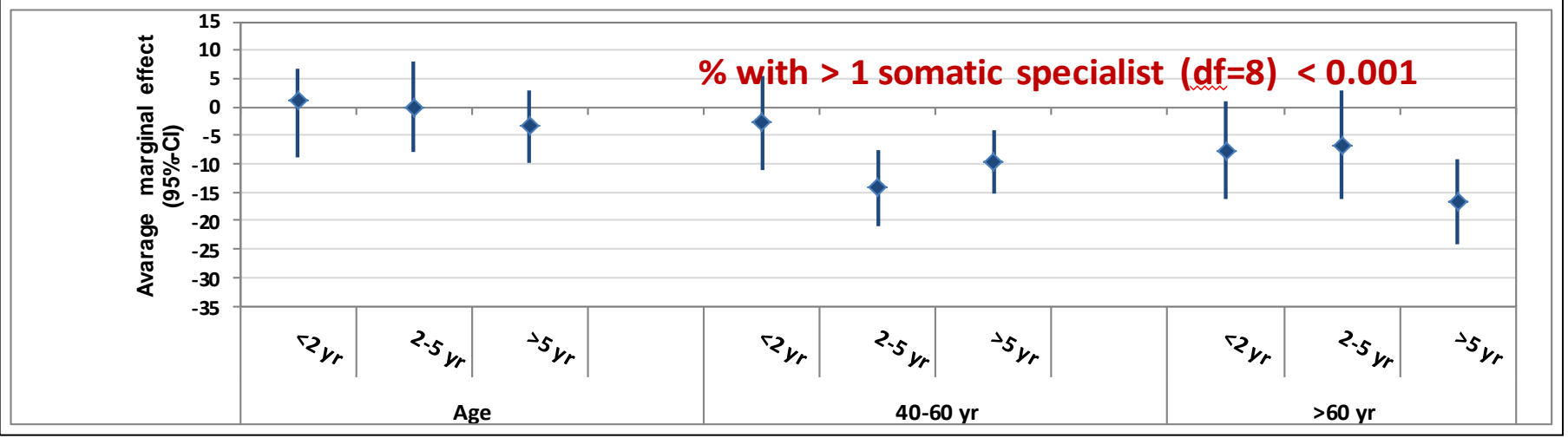
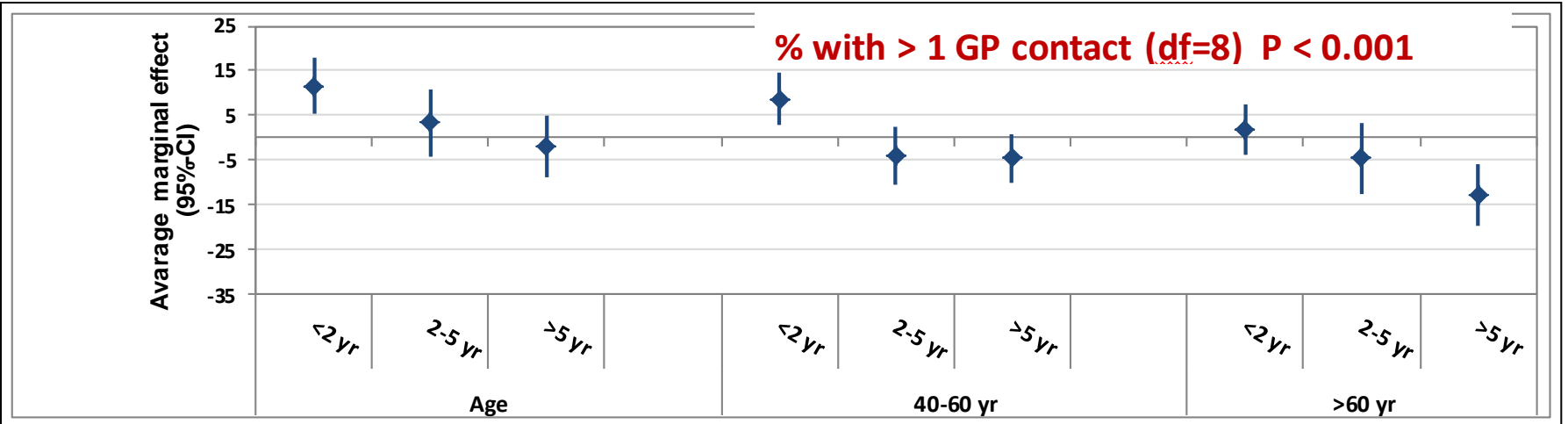




## Care utilization for specific groups

Extra attention is paid to somatic care utilization specified for age groups and duration in mental health care

# Average differences in use of the GP and specialist somatic care: individuals with a psychotic disorder compared to controls





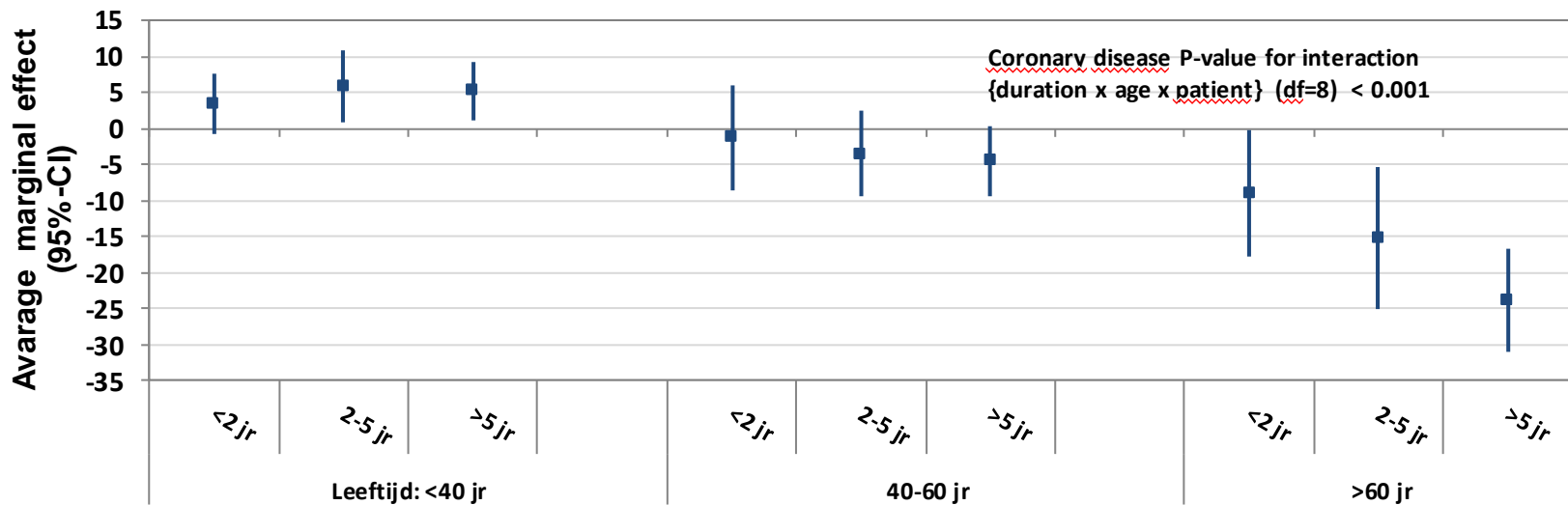
Extra attention for the somatic specialist care use for diabetes and cardiovascular disease.

Considering the larger risks extra health care could be expected for persons with psychotic disorder.



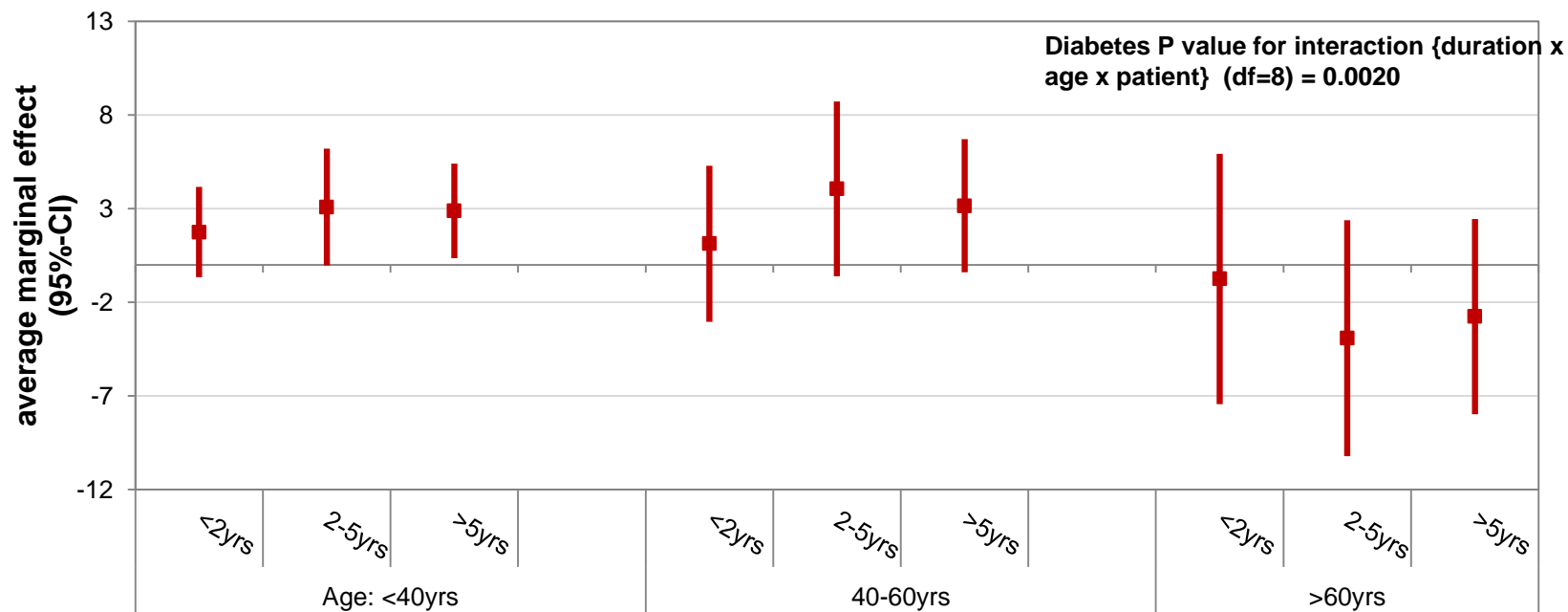


## Somatic care use for cardiovascular disorder : difference for persons with psychotic problems compared to controls





## Somatic health care use for diabetes: difference between persons with a psychotic problems and controls







## 4. Conclusions/take home message

- Results point at somatic undertreatment of persons with a psychotic disorder for somatic problems – especially for patients in older age groups and with a longer care duration!
- → Follow-up research: insight in the nature of somatic undertreatment and ways to improve this,

