

Mortality in psychiatric inpatient services, global overview between the West and the East

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Mortality data is essential marker for service provision, health status and system efficiency. Mortality in psychiatry was first reported by Malzberg 1937 to be 6 times greater for in-patient psychiatric users than general population in New York. Since this pinnacle paper, researchers, intrigued to find out underlying causations, risks and correlating factors leading to premature death in the part of mentally ill individuals.

This presentation will gauge psychiatric inpatient mortality rates, natural and unnatural cause, and correlates between high- and low-income countries.

Over times, organic and natural causations were the dominant underlying factors of death in psychiatry. However, the difference in causations widened between the West and the East over the past 4 to 5 decades. With decreasing graph on the natural causes in favour of unnatural causes such as suicide and cardiovascular related deaths as consequence of psychotropic use. While organic causations for inpatient psychiatric mortality still predominate in the East with emerging increasing death as consequence of conventional antipsychotic cardiovascular and MNS related side effects.

Whilst inpatient psychiatric mortality correlates in the west feature strong characteristic of middle age, older adult with history of substance misuse, and diagnosis of depression and schizophrenia.

In the East, mortality correlates show young adult with diagnosis of organic psychosis and often within the first 10 days following admissions.

Moreover, this trend of high mortality for inpatients continues following discharge, as, this prove to be up to 16 times more than in the general population in the first year following discharge.

In conclusion this presentation will highlights the general features of inpatient psychiatric mortality and distil its leant lessons with recommendations to those on the frontline of how they can do to reduce mortality.