



The Impact of Chronic illness on all Cause Mortality in Patients with Mental Illness: A Retrospective Cohort Study using National Health Insurance Corporation Health Assessments in South Korea

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Abstract

The aim of this study was to compare mortality and chronic disease prevalence in people with psychiatric disease and the general population, and to find out which chronic diseases increase the risk of all-cause mortality, especially in people with psychiatric disease. In this study, he evaluated data from his 2019 sample of his cohort from his 2002 health examination of the Korean National Health Insurance Agency. The results showed that people with mental illness had higher all-cause mortality than those without mental illness (11.40% vs. 10.28%, $p=0.0022$). Several chronic diseases have a higher prevalence and risk of all-cause mortality in individuals with mental illness than in the general population. Among people with the same chronic disease, those with psychiatric disorders had a higher risk of all-cause mortality: cancer (aHR 2.55, 95% CI 2.488-2.614), liver cirrhosis (aHR 2.198, 95% CI 2.086-2.316), and arrhythmias (aHR 1.427, 95% CI 1.383-1.472) were the three most common chronic diseases that increase risk. Increased all-cause mortality in people with mental illness compared to people without mental illness. Our results suggest that more attention should be paid to chronic illness in people with mental illness in clinical practice by explaining the impact of chronic illness on all-cause mortality in people with mental illness.

Keywords: Mental illness; Chronic disease; Mortality; Health screening; Retrospective cohort study

Introduction

People with mental illness have a high mortality rate. As noted in various previous studies, mortality from major psychiatric disorders was more than double her individual mortality in comparable general population's. Several studies have reported that her risk of death from any cause is two to three times higher in people with mental disorders than in the general population. A study of people in Nordic countries found that men and women with mental disorders live 20 and 15 years shorter than the general population. Some of the excess mortality was due to suicide or accidents, but the majority of deaths were due to physical illness. A global survey of causes of death found that 67.3% of people with mental illness died from natural causes. Most people with mental illness died from natural causes such as cardiovascular disease, cancer, and respiratory disease [1-3]. Among the causes of natural death, death from chronic disease is the preventable death of individuals with mental disorders. In addition, comorbid chronic illness is associated with increased symptom burden, reduced lifespan and quality of life for people with mental illness. Unfortunately, the prevalence of chronic diseases is higher in people with mental illness than in the general population. In a meta-analysis of comorbidities of mental disorders and chronic physical illnesses, the pooled prevalence of mental disorders in patients with chronic physical illnesses was 36.6% (95% CI, 31.4–42.1), with a pooled odds ratio of (95% CI), 1.7–5.2). Numerous studies have linked psychiatric disorders with chronic diseases such as cancer heart disease, stroke, diabetes chronic obstructive pulmonary disease (COPD). Relationships with disability have been investigated and chronic liver disease. However, large cohort studies involving various chronic conditions as risk factors for mortality in psychiatric patients compared with the general population have not yet been conducted. This study hypothesized that certain chronic conditions increase the risk of all-cause mortality in people with mental illness compared to the general population. The purpose of this study was to use data from the National Health Insurance of South Korea to compare the mortality and prevalence of chronic diseases in the general population of people with mental illness, specifically all-

cause mortality in people with mental illness was to look for chronic diseases that increase the risk of Service Health Screening (KNHIS-HEALS) [4-6].

Subjective heading

This study used data from the KNHIS-HEALS cohort. KNHIS is a public health insurance company that provides universal health insurance to almost all Koreans. KNHIS offers a national screening program, a semi-annual health screening program, for everyone over the age of 40. To build the KNHIS-HEALS database, a sample of participants in the 2002 and He 2003 National Screening Program His cohorts were selected, ranging from age 40 in 2002 to age 79 in he and up to 2019 [7-9]. Tracked. This cohort included 513,655 of his, representing a simple random sample of his 10% of all participants in the national screening program. Information from 2002 to 2019.

This study was approved by the Institutional Review Board of Hanyang University (IRB number: HYU-2021-097). The authors followed the guidelines of the Declaration of Helsinki (1975). The KNHIS database was created after anonymization and in accordance with strict confidentiality guidelines, thus waiving the requirement for informed consent. In this study, he selected 493,164 participants from his 513,655 individuals who make up the national screening program sample. His 20,491 who died between 1 January 2002 and 31 December 2009 were excluded. The classification of people with mental illness in

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this study was based on the diagnostic criteria of ICD-10 code F00-F99. Persons with psychiatric illness diagnosed as critically ill by F-code diagnosis between January 1, 2002, and December 31, 2009, and who had at least one inpatient, outpatient, or day admission were categorized as persons. In this study, I have a mental illness. An individual who had a psychiatric medical record between 2002 and 2009 was defined as having a psychiatric illness, regardless of whether he had a psychiatric diagnosis prior to 2002. A total of 7199 psychiatric patients and 485,965 non-psychiatric patients were identified. Observation period from January 1, 2010 to December 31, 2019 [10-12].

Data Analysis

Independent t-tests were used to compare normally distributed variables and Wilcoxon's rank sum test was used to compare non-normal variables. Categorical variables were compared using the chi-square test and Fisher's exact test. Kaplan-Meier survival curves were used to compare survival rates of people with and without mental illness. Cox's proportional hazards model was used to examine the association between chronic disease and risk of all-cause mortality. Results are presented as adjusted hazard ratios (aHR) with 95% confidence intervals (95% CI) to analyze mortality risk. All Cox proportional hazards models are fully independent for age, sex, income level, number of physical examinations, physical activity level, smoking, alcohol consumption, BMI, blood pressure, fasting blood glucose, total cholesterol, LDL, and chronic disease. All analyzes were performed using SAS software (version 9.4; SAS Institute, Cary, NC, USA). Statistical significance was determined using a two-tailed test with a p-value of 0.05 as a threshold.

The aim of this study was to compare mortality and chronic disease prevalence in people with psychiatric disease and the general population, and to find out which chronic diseases increase the risk of all-cause mortality, especially in people with psychiatric disease. All-cause mortality was found to be higher in people with mental illness than in those without mental illness. People with mental illness had higher prevalence of hypertension, coronary artery disease, cardiac arrhythmias, hyperlipidemia, stroke, arthritis, asthma, COPD and osteoporosis than those without mental illness. , cancer, cirrhosis, and cardiac arrhythmias were the three most common chronic diseases that increase the risk of all-cause mortality in people with mental illness compared with those without mental illness. A difference was shown between those who had a history of psychiatric hospitalization and those who had a history of hospitalization [13-15].

To our knowledge, this is the first study to demonstrate an association between multiple chronic diseases and the risk of all-cause mortality in a national sample, with and without psychiatric illness. Compared to previous studies, the differences in mortality between people with mental illness and the general population were considerably smaller in this study and clinics, extracted and analyzed information on patients with various psychiatric disorders. We defined people with mental illness as those with an ICD-10 F-code diagnosis, regardless of the degree of institutionalization or severity of symptoms. Our population therefore contained many mild patients who were not significantly different from the general population. Still, the results showed higher mortality among people with a wider range of mental disorders than the general population. It is much higher in people with mental illness than in the general population. The high prevalence of cardiovascular disease among people with mental illness is consistent with previous population studies in other countries. . In this study, arrhythmia, congestive heart failure, and hypertension increased the risk of all-

cause mortality in people with mental illness. In addition, patients with psychiatric disorders and those with hypertension, congestive heart failure, or arrhythmias were at higher risk of all-cause mortality than those with each of these disorders but without psychiatric disorders. These results can be explained by high rates of cardiovascular disease risk factors, low treatment rates, and antipsychotic drug use. Several studies have reported that unhealthy lifestyles such as smoking, lack of exercise, and unhealthy diet increase the prevalence of cardiovascular disease and increase the risk of cardiovascular disease death in people with mental illness. I'm here. A study of the impact of unmet cardiac medical needs on high mortality in people with schizophrenia found that the quality of care for patients with schizophrenia with heart disease is often suboptimal and associated with avoidable excess mortality. It was shown that there is a possibility that People with mental illness are less likely to have their weight and blood pressure checked in primary care or less likely to be evaluated and treated for hyperlipidemia from controlled trials, including large randomized trials. Available evidence suggests that some, but not all, antipsychotics may adversely affect obesity and glucose and lipid metabolism. These considerations contribute to cardiovascular disease and mortality risk in people with mental illness.

In this study, there was no significant difference in cancer prevalence between people with and without mental illness. However, patients with cancer and psychiatric disorders had more than double the risk of all-cause mortality compared with those with cancer but not psychiatric disorders. These results may be interpreted as a result of inadequate cancer diagnosis and treatment in people with mental illness. People with mental illness had lower cancer prevalence than the general population because they were more likely to develop metastases at diagnosis and less likely to seek professional intervention. This suggests that more intensive cancer screening and treatment is needed to reduce cancer-related mortality among people with mental illness.

Conclusion

People with mental illness had higher all-cause mortality than those without mental illness. Some chronic diseases were more prevalent in psychiatric patients than in the general population. For some chronic diseases, people with mental illness had a higher risk of all-cause mortality than those without mental illness. People with mental disorders had a higher risk of all-cause mortality. Cancer, cirrhosis, and cardiac arrhythmias were the three most common chronic diseases that increase the risk of all-cause mortality in people with mental illness compared with those without mental illness. These results suggest that more attention should be paid to chronic illness in psychiatric patients in clinical practice by explaining the impact of chronic illness on all-cause mortality in psychiatric patients.

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