

Why such a high burden of chronic health conditions in persons with Serious Mental Illness?



John E. Baldacci, Governor

*Quality Improvement
Services*

*An Office of the
Department of Health and Human Services*

Brenda M. Harvey, Commissioner

Why?

- Metabolic Changes related to Mental Illness
- Medications
- Lifestyle issues: smoking, physical activity and nutrition
- Poor access to quality health care

Physiologic Changes in Depression

- Increased platelet stickiness and thrombogenesis, reversed by antidepressant medication
- Increase in endothelial inflammation markers
- Prolonged sympathetic nervous system activation
- Changes in insulin and gluco-corticoid signalling
- Increases in cortisol and adipokinines, reversed by antidepressants

Maine BRFSS Data: Mental Illness and Health Risk

	% Smoking	% Obesity	% No Exercise
No Frequent Mental Distress 2000-2005	19.0%	19.7%	22.5%
Frequent Mental Distress	40.6%*	29.3%*	35.0%*
No Depression 2006	17.5%	20.2%	18.5%
Depression Past or Current	32.4%*	33.5%*	27.7%*

*Chi Square, $p < .05$

Not only physiologic
changes, lifestyle issues
and psychotropics

Access and Quality of Care



Department of Health and Human Services

*Maine People Living
Safe, Healthy and Productive Lives*

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