Executive Summary:
Co-Occurrence of Diabetes and Schizophrenia Among Adults Discharged from State Psychiatric Hospitals in 2007

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Recent evidence shows that persons with serious mental illnesses (SMI) are at a greater risk of grave morbidity and mortality than the general population.[1] The average lifespan of persons with SMI is approximately 25 years shorter than that of the general population. Diabetes is one of the most common medical conditions in the United States afflicting approximately 18 million people in 2007.[2] It is one of the leading causes of death and among the costly chronic medical conditions. It has been reported that individuals diagnosed with schizophrenia have an increased likelihood of developing type II diabetes.[3, 5]

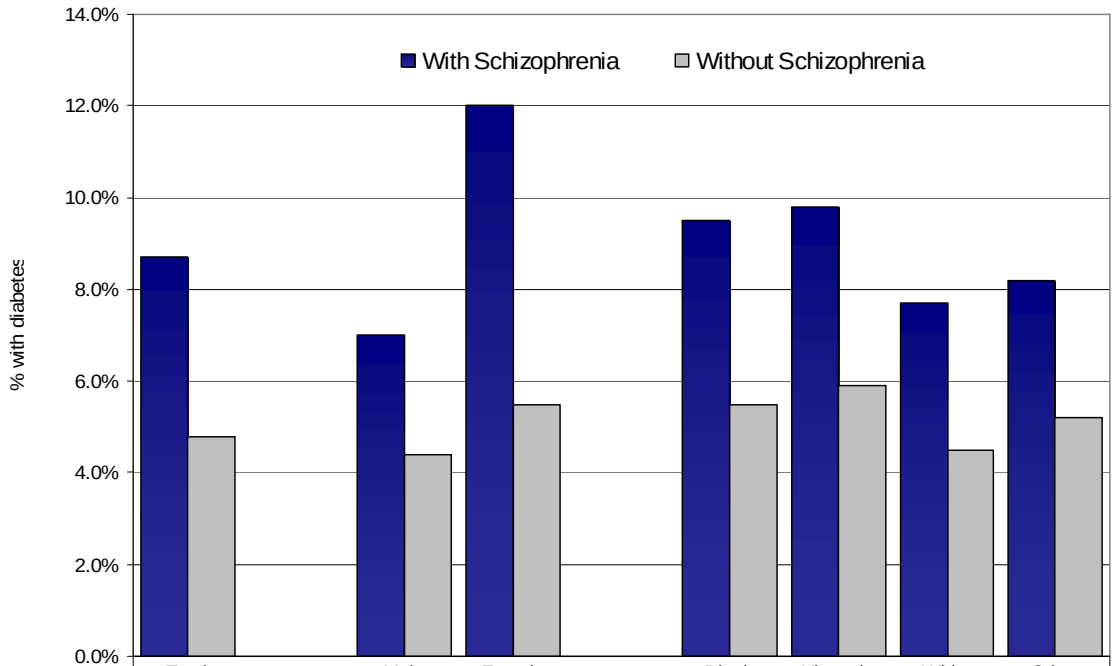
Utilizing a national database of all inpatients in state psychiatric hospitals, the present study examines the prevalence and demographic characteristics of individuals dually diagnosed with schizophrenia and diabetes. The study sample included 161,053 adult clients ranging in age between 18 to 64 years who were discharged from inpatient psychiatric facilities during January 1, 2007 to December 31, 2007. Data from 213 state psychiatric hospitals across the United States were included.

According to the CDC, 5.92% of the US population in 2007 was diagnosed with diabetes.[4] In the overall study sample of adults discharged from state inpatient psychiatric facilities in 2007, 6.1% were diagnosed with diabetes. Our results showed that the rate of diabetes among clients with schizophrenia (8.7%) almost doubles the rate of diabetes in clients without a diagnosis of schizophrenia (4.8%). The prevalence rates for diabetes among females with a diagnosis of schizophrenia almost double that of men with a diagnosis of schizophrenia and it was twice the prevalence rate for females without a diagnosis of schizophrenia. Black (9.5%) and Hispanic (9.8%) clients with a diagnosis of schizophrenia had the highest rates of diabetes. These rates were higher than the rates of diabetes for the overall sample under study (6.1%) and for those clients with a diagnosis of schizophrenia (8.7%).

There are several performance improvement implications based on the findings of our study. First, knowledge of the elevated risk of having a dual diagnosis of diabetes and schizophrenia will lead toward more conscientious reporting of medical diagnoses for psychiatric inpatients. Second, as a part of the treatment plan, clinicians will educate clients on aspects of healthy living such as maintaining a balanced diet and increasing physical activity. The ultimate goal of addressing physical health conditions is to try to prevent or delay long-term health consequences. Third, clients with untreated diabetes report having the poorest health status[3, 6] and as state mental health systems move towards a recovery model, clients' life satisfaction needs to be addressed.

BHPMS Office: 209 Madison Street, Suite 401 Alexandria, VA 22314 (703) 682-9476 December 2008

Prevalence of Diabetes Among Clients With and Without Schizophrenia Discharged from State Psychiatric Hospitals in 2007



	Total	Male	Female	Black	Hispanic	White	Other
With Schizophrenia	8.7%	7.0%	12.0%	9.5%	9.8%	7.7%	8.2%
Without Schizophrenia	4.8%	4.4%	5.5%	5.5%	5.9%	4.5%	5.2%

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