

BACKGROUND

Mental health professionals and epidemiologists are recently moving beyond traditional measures of incidence and prevalence to include treatment gap and assessment of unmet needs in psychiatry. A main issue in this field, and one of the critical barriers to the uptake of mental health programs, is the so-called physical healthcare gap, a concern raised by the frequent unattended physical comorbidity and early mortality of persons with severe mental illness (SMI). Indeed, patients with other chronic conditions may be noncompliant to recommended care for several reasons, including their disbelief in the efficacy of treatment, the presence of barriers such as adverse effects, and lack of help and support from family members or from health professionals. Furthermore, mental health disorders might also affect patients' willingness and ability to follow through with treatment. Thus, assessing the extent to which noncompliance might be a concomitant effect of a treatable condition like SMI may be an important step in improving patient adherence and the outcomes of medical treatment.

AIM

To assess the extension of physical healthcare gap among persons with severe mental illness needing chronic drug therapies.

METHODS

A retrospective cohort study was conducted using computerized Healthcare Utilization (HCU) databases of Lombardy region, including a variety of information on residents, such as hospital diagnosis, drug prescriptions, outpatient visits, and specific diagnostic and therapeutic codes for patients receiving specialist mental healthcare.

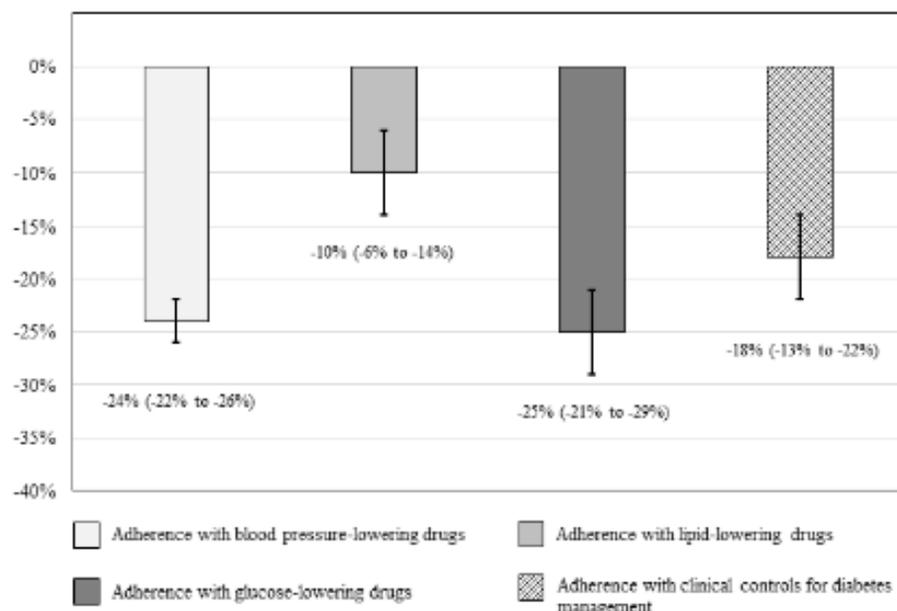
Beneficiaries of the NHS who on December 31st, 2016 (index date) were aged 18 years or older and were resident in Lombardy from at least two years, and who during the years 2015-2016 had at least three consecutive drug dispensations of blood pressure-lowering, lipid-lowering, or antidiabetic agents were included. 2,008,055, 723,694 and 391,773 prevalent users of, respectively, blood pressure-, lipid- or glucose-lowering agents were identified. Of those, prevalent users taken-in-care by a mental health service with diagnosis of depression, schizophrenia, bipolar or personality disorder formed the study-cohort. For each study-cohort member, up to three patients without signs of SMI were randomly selected to be matched for gender, age (± 1 year), and number of contacts with the NHS in the two years prior the index date. Individuals without SMI (the reference cohort) were identified according to whether no diagnosis of mental illness was experienced any time prior the index date and used as comparators. Patients who did not reach at least one year of follow-up were excluded from the study.

One-year adherence with healthcare was measured through the Proportion Days Covered (drug-adherence). Limited to patients on treatment with glucose-lowering agents, exposure to selected recommendations (clinical control adherence) [5], was also evaluated. Multivariable conditional logistic regression was fitted for modelling the odds ratio (OR), and 95% confidence interval (CI), for the association between the exposure (being affected by a severe mental disorder) and the outcome(s) of interest. The outcome(s) was having experienced high adherence with recommended healthcare, i.e., a patient was considered having experienced the outcome whether, during the year of follow-up, (i) at least 75% of specific drugs was available or (ii) at least 4 of the 5 recommended controls for diabetes were performed (only for the diabetic patients).

RESULTS

The 55,162 patients with SMI experienced lower adherence with the corresponding drug therapy with respect to comparators. Patients affected by severe mental disorders had a likelihood to be well adherent with blood pressure-lowering, lipid-lowering, or antidiabetic agents respectively 24% (95% CI, 22% to 26%), 10% (6% to 14%), 25% (21% to 29%) lower than patients without signs of SMI (**Figure**). Concerning the 9,250 diabetic patients with SMI, they showed a 18% (13% to 22%) lower likelihood to meet recommendations for the clinical management of diabetes with respect to diabetic patients without SMI. Stratified analysis showed that type of mental disorder, gender and clinical profile were significant effect modifiers.

Risk reduction (and 95% CI) of being properly treated with recommended healthcare



CONCLUSION

Our study showed, using HCU data, that patients living with mental illness and needing chronic drug therapy with blood pressure-lowering, lipid-lowering or antidiabetic agents, were treated worse than patients without any sign of SMI but the same need of chronic drug therapies.