Patterns of tobacco-related mortality among individuals diagnosed with schizophrenia, bipolar disorder, or depression

Journal Article

Abstract
Even though individuals with psychiatric conditions have a prevalence of smoking approximately 2–4 times greater than the general population, surprisingly little evidence exists to inform an assessment of the full range of tobacco-related mortality in such populations.

The current study aims to provide mortality estimates for conditions causally related to tobacco use among individuals hospitalized with a primary psychiatric diagnosis in California from 1990 to 2005.

Restricting cases to those of individuals aged 35 or older at the mid-point of their follow-up period, we assembled cohorts of individuals with ICD-9 diagnoses of schizophrenia and related disorders ("schizophrenia"; n = 174,277), depressive disorders (n = 338,250), or bipolar disorder (n = 78,739).

Inpatient records were linked to death-certificate data. We generated age-, sex-, and race-adjusted standardized mortality ratios (SMRs) for the 19 diseases identified by the Centers for Disease Control and Prevention as being causally linked to tobacco use.

The SMRs for all tobacco-linked diseases combined were: schizophrenia, 2.45 (95% CI = 2.41–2.48); bipolar, 1.57 (95% CI = 1.53–1.62); and depression, 1.95 (95% CI = 1.93–1.98). Tobacco-related conditions comprised approximately 53% (23,620/44,469) of total deaths in the schizophrenia, 48% (6004/12,564) in the bipolar, and 50% (35,729/71,058) in the depression cohorts.

Addressing tobacco use in psychiatric populations is a critical clinical and public-health concern, especially in light of the currently limited clinical attention devoted to tobacco use in these groups.

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Bipolar disorder, Category-Sociological, depression, E-Cigarette, Folder-E-Cigs, Leans-Neutral, Nicotine-Benefits, Nicotine, RESEARCH, schizophrenia, Standardized mortality rates, Tobacco-related conditions