

Prior hospitalization for mental illness increases death risk in patients with chest pains

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New research from Scotland has shown that the rate of death in men and women hospitalised for chest pain unrelated to heart disease is higher in those with a history of psychiatric illness than without.

The study published online in Europe's leading cardiology journal, the [European Heart Journal](#) [1] today found that the death rate one year after hospitalisation for NCCP (non-cardiac [chest pain](#)) was higher in men and women with a previous psychiatric hospitalisation than without, with [cardiovascular disease](#) accounting for the majority of deaths among men and women with a previous psychiatric hospitalisation.

Dr Michelle Gillies, Clinical Lecturer in Epidemiology, at the University of Glasgow, Glasgow, UK, said: "We found that men and women with a prior psychiatric hospitalisation were younger, more socioeconomically deprived and more likely to be suffering from diabetes or [hypertension](#) than those without a prior psychiatric hospitalisation. Even after adjusting for these differences we found that the rate of death at one year from any cause and from cardiovascular disease was higher in men and women with a previous psychiatric hospitalisation than without, with the excess risk being greatest in younger patients."

Using routinely collected [hospital admission](#) data from the Scottish National Health Service the researchers identified over 150,000 men and women, without existing [heart disease](#), hospitalised for the first time for

NCCP between 1991 and 2006. Of these, 3514 (4.4%) men and 3136 (3.9%) women had a previous psychiatric hospitalisation in the preceding 10 years. One year after [hospital discharge](#) for NCCP, there were more deaths among patients with a previous psychiatric hospitalisation than those without: 6.3% versus 4.3% respectively in men, and 5.3% versus 3.6% in women. Cardiovascular disease was the most frequent cause of death, accounting for 28.2% and 44.1% of all deaths in men and women respectively, who had a previous psychiatric hospitalisation.

Dr Gillies said: "Our findings are consistent with previous studies that have shown that patients with [psychiatric illness](#) have a greater risk of heart-related problems and are at a greater risk of death than the general population. In our study patients with psychiatric illness were at excess risk of death relative to the rest of the study population, despite having been assessed by hospital physicians for chest pain. A [hospitalisation](#) for chest pain is a valuable opportunity to engage this difficult-to-reach population, assess cardiovascular risk and intervene to reduce risk.

"Our study highlights the need to carefully assess all patients who are admitted to hospital with chest pain and suggests that current approaches to this assessment may be less effective in patients with psychiatric illness. Further studies to understand why this is so, are required. We would urge clinicians to carefully assess cardiovascular risk in all patients with psychiatric illness, a view supported by a recent joint position statement issued by the European Psychiatric Association and European Society of Cardiology," [3], said Dr Gillies.

In an accompanying editorial [2], Bertram Pitt, Professor of Internal Medicine at the University of Michigan School of Medicine (Michigan, USA), wrote: "The initial episode of psychiatric hospitalization or possibly the diagnosis of psychiatric illness rather than the first episode of NCCP should be the time to consult a cardiologist, and the stimulus

for intensive cardiac evaluation and risk factor control to prevent the development of coronary artery disease and its consequences."

He added: "While the exact mechanisms linking a prior psychiatric hospitalization and a first hospitalization for NCCP to increased cardiovascular and total mortality remain uncertain, we are indebted to Dr Gillies et al. for pointing out the increased cardiovascular risk and the need for cardiovascular evaluation of these patients. The increasing evidence that both vascular disease and psychiatric illnesses such as anxiety and depression share common mechanisms suggests challenges and opportunities for both the psychiatrist and the cardiologist to improve risk detection and to prevent cardiovascular and total mortality in patients with psychiatric illnesses both with and without NCCP. . . . This will, however, require a further understanding of the links between psychiatric illness and cardiovascular disease as well as prospective evaluation."

More information: [1] "Prior psychiatric hospitalization is associated with excess mortality in patients hospitalized with non-cardiac chest pain: a data linkage study based on the full Scottish population (1991)". European Heart Journal. [doi:10.1093/eurheartj/ehr401](https://doi.org/10.1093/eurheartj/ehr401)

[2] "Increased cardiovascular risk associated with non-cardiac chest pain in patients with a prior psychiatric hospitalization: an opportunity and challenge for both the psychiatrist and the cardiologist". European Heart Journal. [doi:10.1093/eurheartj/ehr390](https://doi.org/10.1093/eurheartj/ehr390)

[3] "Cardiovascular disease and diabetes in people with severe mental illness position statement from the European Psychiatric Association (EPA), supported by the European Association for the Study of Diabetes (EASD) and the European Society of Cardiology (ESC)". European Psychiatry (2009), [doi:10.1016/j.eurpsy.2009.01.005](https://doi.org/10.1016/j.eurpsy.2009.01.005)

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