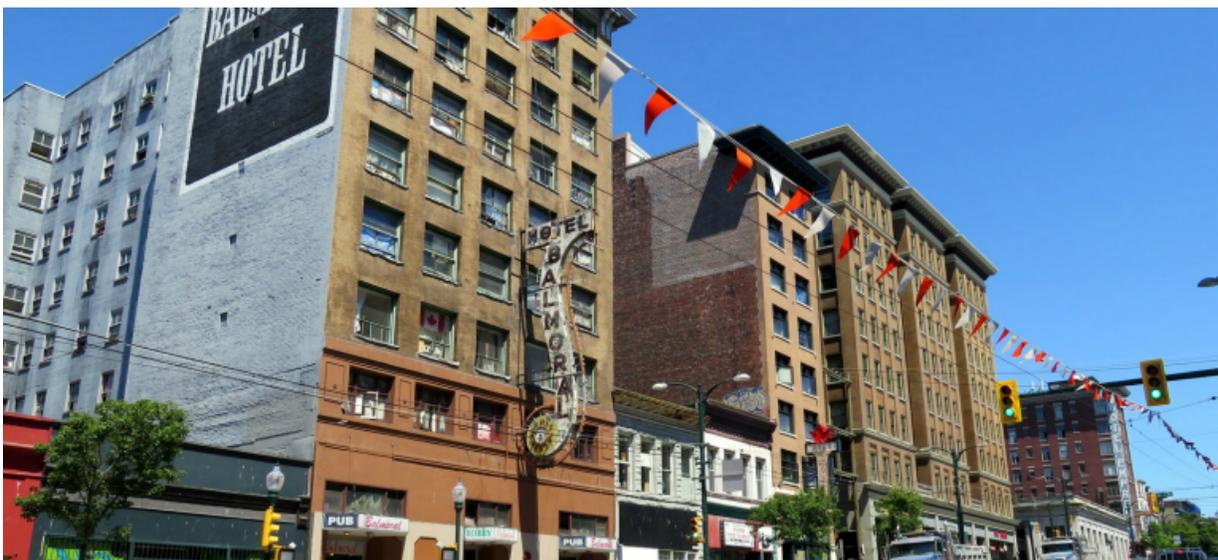


DTES residents dying at more than eight times the national average

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Psychosis and hepatitis C-related liver dysfunction are the greatest risk factors for mortality for vulnerable residents in the Downtown Eastside. Credit: Sean_Marshall, Flickr

Marginalized residents of Vancouver's Downtown Eastside are dying at more than eight times the national average, and treatable conditions are the greatest risk factors for mortality, researchers at the University of British Columbia have found.

In research outlined in the *British Medical Journal Open*, investigators

recruited 371 study participants aged 23 to 72 from single room occupancy hotels and the Downtown Community Court. Over the course of nearly four years, 31 participants died—a mortality rate 8.29 times the average for Canadians of the same age and sex. For participants between the ages of 20 to 59, the mortality rates were even more astounding: more than 10 times the national rate.

When the researchers looked into the associated [risk factors](#) for mortality, they did not find any link with HIV or substance addiction. Instead, they found psychosis and hepatitis C-related [liver dysfunction](#) to be significantly associated with increased mortality, particularly among participants under the age of 55.

"We were somewhat surprised because most people thinking about the Downtown Eastside think about HIV/AIDS or the possibility of overdosing on opioids like heroin," said Dr. William Honer, professor and head of UBC's Department of Psychiatry and co-author of the study. "Our system is not doing as well in getting treatments out there for psychosis and hepatitis C in this group, and it's interesting that those two illnesses are causing risk for early mortality."

While close to two-thirds of participants living with HIV were receiving antiretroviral treatment, not one of the 57 participants with active hepatitis C infection and related liver dysfunction was receiving treatment. Only one third of the 173 participants diagnosed with psychosis were receiving treatment.

"Psychosis is an extremely prevalent issue among inner city populations and we need to address this," said lead author Andrea Jones, an MD/PhD candidate in mental health and addictions research at UBC. "We need to be ready to detect and treat mental illness in an integrated way that really meets the patients where they're at. We need to improve the detection and treatment of psychosis and hepatitis C in marginalized people across

Canada."

About the study

About 3,800 people live in subsidized single room occupancy (SRO) housing in the DTES. The Downtown Community Court (DCC) is a partnership of justice, social and health care services, and processes 2,500 cases a year.

Between November 2008 and August 2012, researchers recruited 371 [study participants](#), 81 of them women, from SROs and the DCC. The participants were followed for an average of 3.8 years. Mental and physical illnesses were identified and assessed with psychiatric evaluations, neuropsychological testing and MRI scans, as well as blood tests.

For the 31 [participants](#) who died during the study, Coroner's reports were requested, healthcare providers were interviewed, and medical and mental-health related hospital records were obtained for the year prior to death.

More information: Mortality from treatable illnesses in marginally housed adults: a prospective cohort study,

bmjopen.bmj.com/content/5/8/e008876.full

Provided by University of British Columbia

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