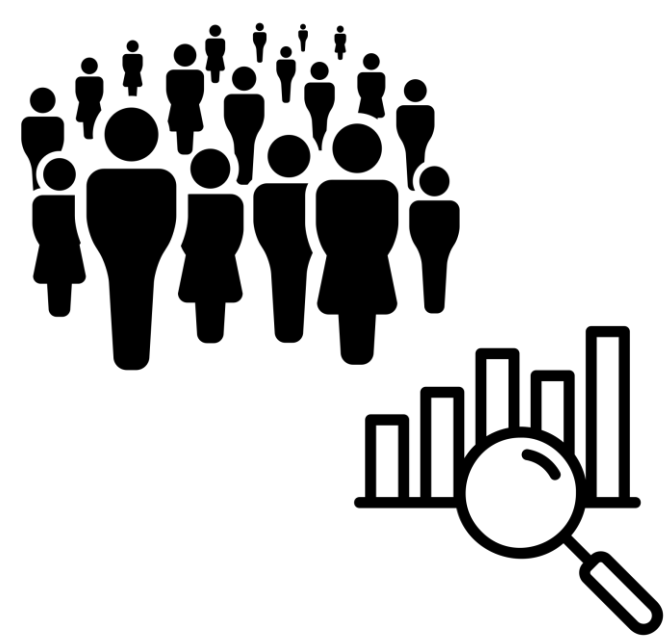


# Severe mental illness (SMI) and physical disease: uncovering inequalities

Caroline Jackson, Kelly Fleetwood, Sarah Wild



## RESEARCH PROGRAMME OVERVIEW



**The population health problem:** people with SMI live 10-15 fewer years than the general population, largely due to a higher burden of physical disease, in particular cardiometabolic disease

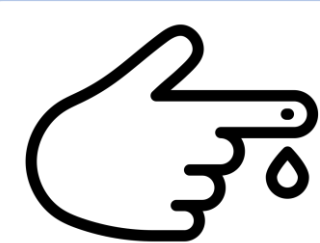
**Our approach:** leveraging large complex, electronic health data and linked cohort studies to investigate how SMI relates to incidence of, clinical care for, and outcomes from, physical disease

**Project teams:** multidisciplinary collaborations comprising expertise in epidemiology, statistics, diabetes, cardiovascular disease, psychiatry, primary care, public health, qualitative methods

## RESEARCH HIGHLIGHTS

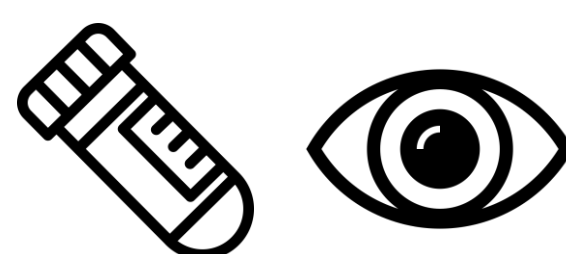
In Scotland, the life expectancy gap in people with SMI remains entrenched, with evidence of a worsening gap in people with schizophrenia, and a persistent gap in people with bipolar disorder and depression over the past twenty years


### DIABETES

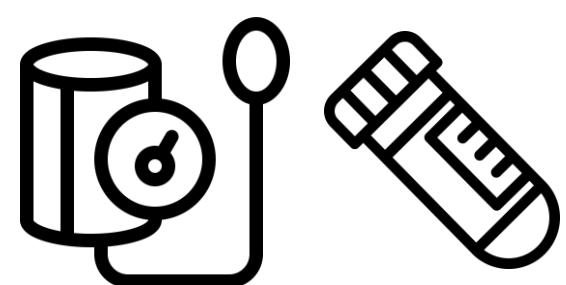


SMI =  risk of diabetes and its complications

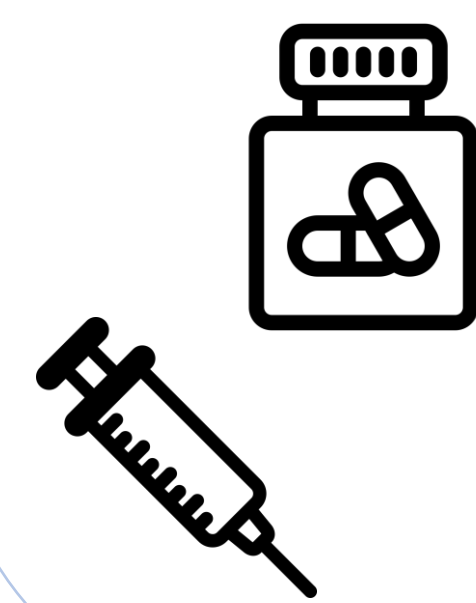
Compared to people without SMI, people with SMI are:



- equally or more likely to receive regular diabetes monitoring delivered in primary care, but  eye screening



- equally or more likely to achieve blood sugar, blood pressure and cholesterol targets within first year following diabetes diagnosis

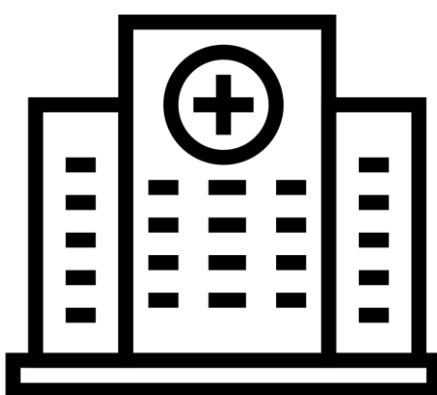



- Less likely to be prescribed statins at one year post-diabetes diagnosis if they have a history of cardiovascular disease
- prescribed each of metformin and insulin sooner

### CARDIOVASCULAR DISEASE

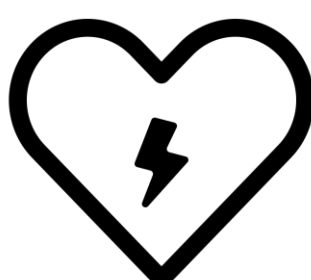


SMI =  risk of heart disease and stroke and poorer outcomes

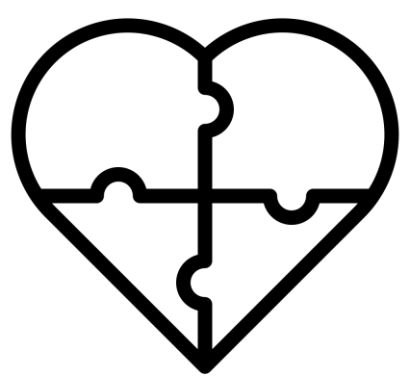


SMI =  receipt of clinical care standards following heart attack; disparities not impacted by COVID-19

No clear evidence of disparities in receipt of stroke care by SMI status



SMI =  poorer survival following out-of-hospital cardiac arrest

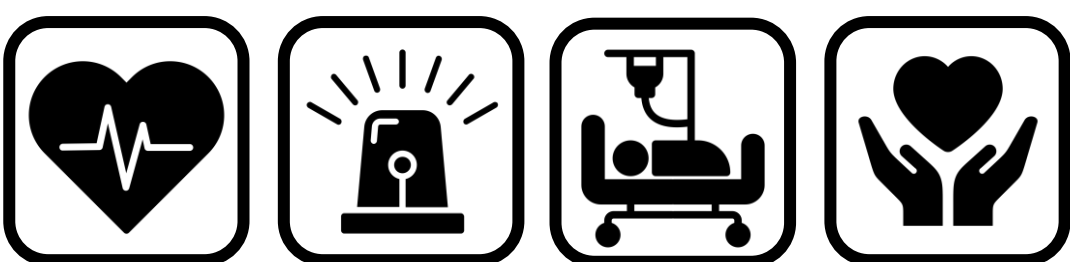


Structural, practitioner and patient factors contribute to sub-optimal cardiovascular medication prescribing and acute treatment for heart attack in people with SMI

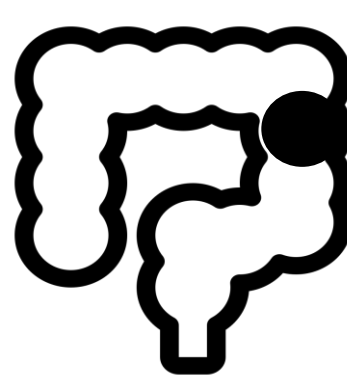
## CURRENT AND FUTURE DIRECTIONS



Metabolic marker patterns over time in people with SMI



Interrogation of heart attack care pathway in people with SMI



SMI and colorectal cancer care and survival



Maternal mental illness and child outcomes

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