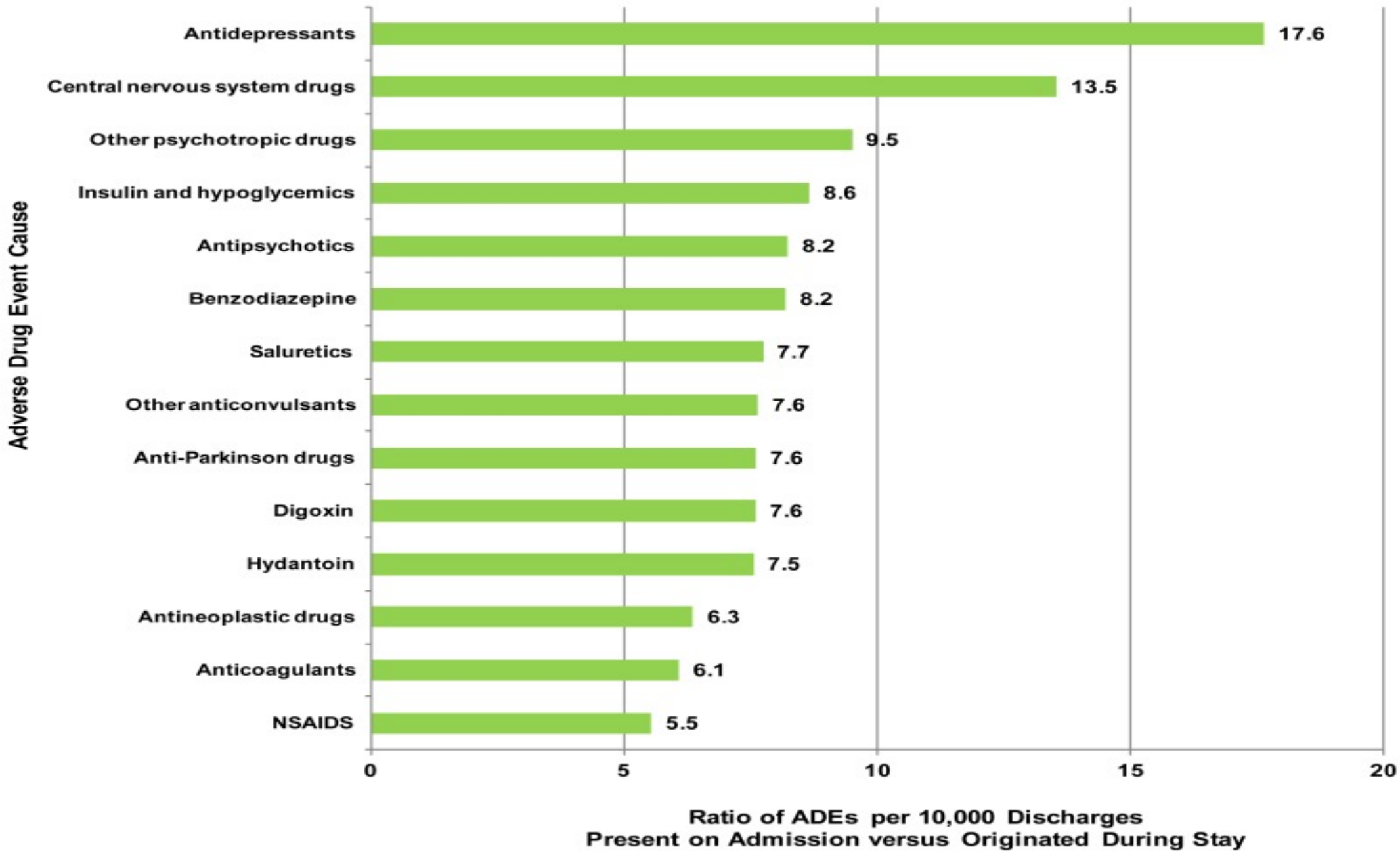


MANAGEMENTUL AFECȚIUNILOR CARDIOVASCULARE LA PACIENTUL CU AFECȚIUNI PSIHIATRICE

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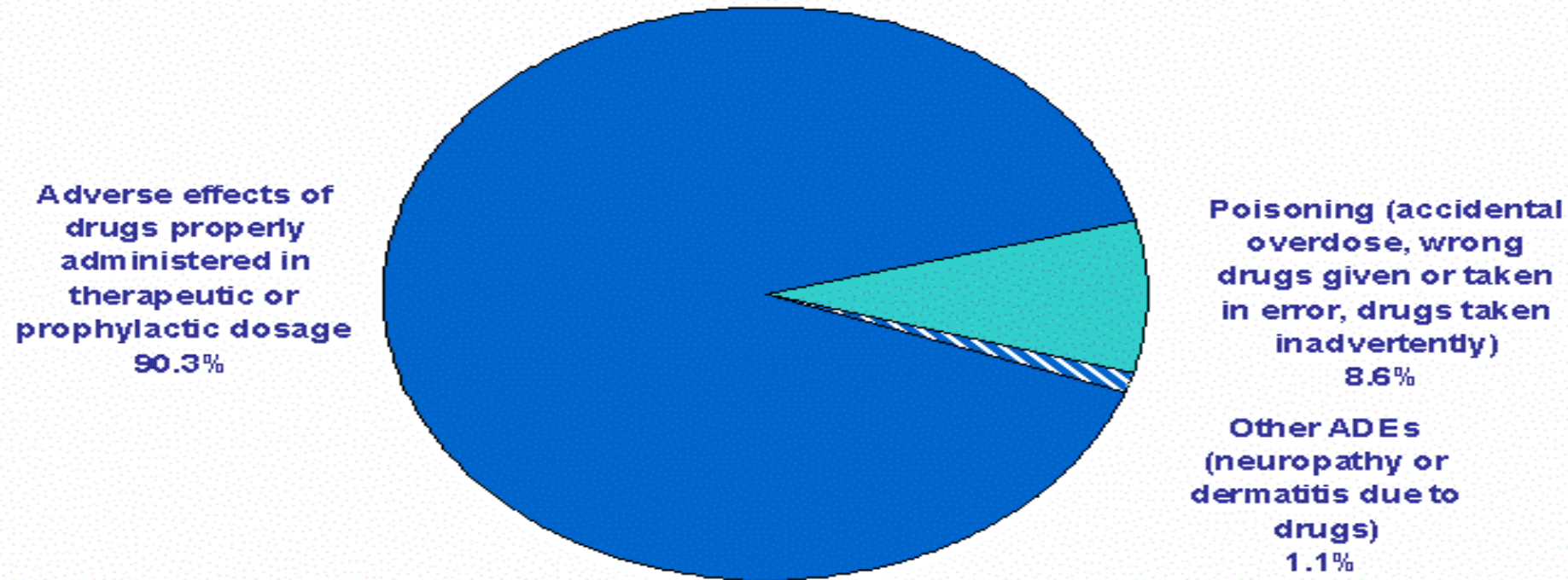
Craiova, 7 noiembrie 2019



Healthcare Cost and Utilization Project (HCUP) Statistical Briefs Rockville (MD): Agency for Healthcare Research and Quality (US); 2006 Feb, <https://www.ncbi.nlm.nih.gov/books/NBK52651/>



Figure 1. Types of adverse drug events (ADEs)* in U.S. hospitals, by broad category, 2004

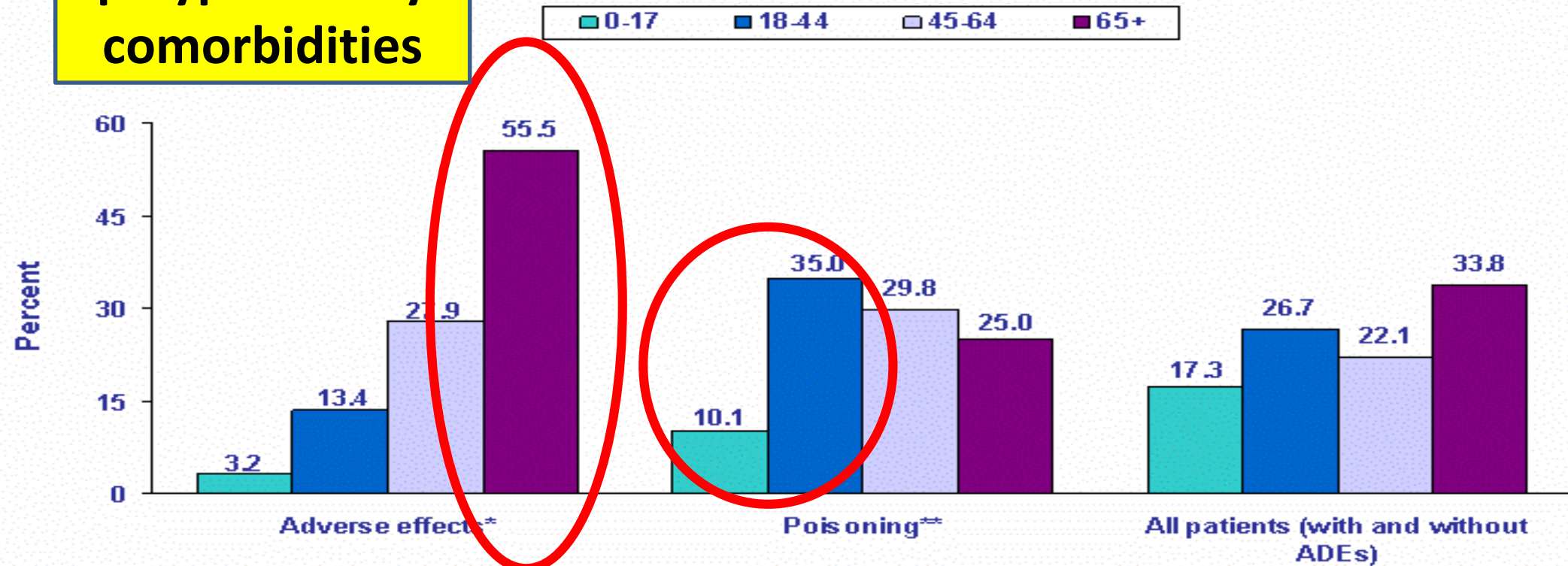


*Based on a total of 1,211,100 hospital stays with at least one ADE recorded.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2004.

Figure 2. Distribution of adverse drug events (ADEs), by patient age, 2004

**polypharmacy
comorbidities**

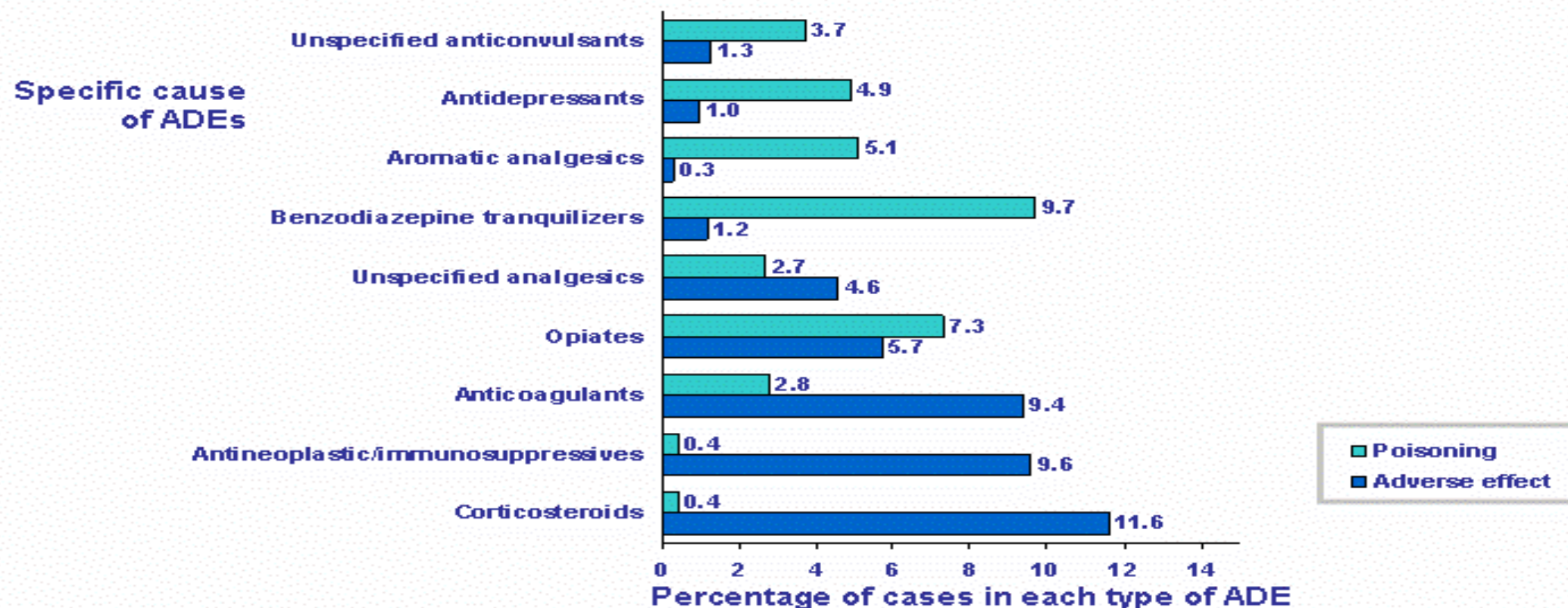


*Adverse effects = effects of drugs properly administered in therapeutic or prophylactic dosage.

** Poisoning = accidental overdose, wrong drugs given or taken in error, drugs taken inadvertently.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2004.

Figure 5. Most common specific causes of ADEs* in U.S. hospitals, by type of ADE, 2004



* More than one event can be recorded during a hospital stay. This is based on a total of 1,364,100 events in 1,211,100 hospital stays with at least one ADE event recorded.

Source: AHRQ, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, Nationwide Inpatient Sample, 2004.

Regional area	Analysis details	Prevalence of CVD	Incidence of CVD	Risk ratios for incident CVD	Adjusted hazard ratios for incident CVD
Asia	Pooled estimate, % (95% CI)	5.4 (4.3-6.7)	2.6 (1.9-3.6)	1.63 (1.31-2.04)	1.75 (1.38-2.22)
	p value	<0.0001	<0.0001	<0.0001	<0.0001
	Heterogeneity, I ² (p value)	98 (<0.0001)	100 (<0.0001)	99 (<0.0001)	96 (<0.0001)
	No. comparisons	8	12	9	10
Europe	Pooled estimate, % (95% CI)	9.7 (6.5-14.2)	3.4 (2.2-5.3)	1.17 (0.96-1.42)	1.88 (1.44-2.46)
	p value	<0.0001	<0.0001	0.11	<0.0001
	Heterogeneity, I ² (p value)	97 (<0.0001)	100 (<0.0001)	97 (<0.0001)	96 (<0.0001)
	No. comparisons	9	33	20	22
North America	Pooled estimate, % (95% CI)	14.6 (12.0-17.7)	4.6 (3.4-6.2)	1.39 (0.91-2.12)	1.88 (1.62-2.19)
	p value	<0.0001	<0.0001	0.13	<0.0001
	Heterogeneity, I ² (p value)	97 (<0.0001)	100 (<0.0001)	97 (<0.0001)	62 (0.003)
	No. comparisons	17	15	11	11
Oceania	Pooled estimate, % (95% CI)	20.6 (10.9-35.4)	26.3 (24.1-28.6)	1.52 (1.40-1.66)	1.58 (1.41-1.78)
	p value	<0.0001	<0.0001	<0.0001	<0.0001
	Heterogeneity, I ² (p value)	97 (<0.0001)	100 (<0.0001)	0 (0.72)	0 (0.84)
	No. comparisons	4	3	3	3
<i>p (difference between regions)</i>		<0.0001	<0.0001	0.08	0.29

Prevalence, incidence and mortality from cardiovascular disease in patients with pooled and specific severe mental illness: a large-scale meta-analysis of 3,211,768 patients and 113,383,368 controls

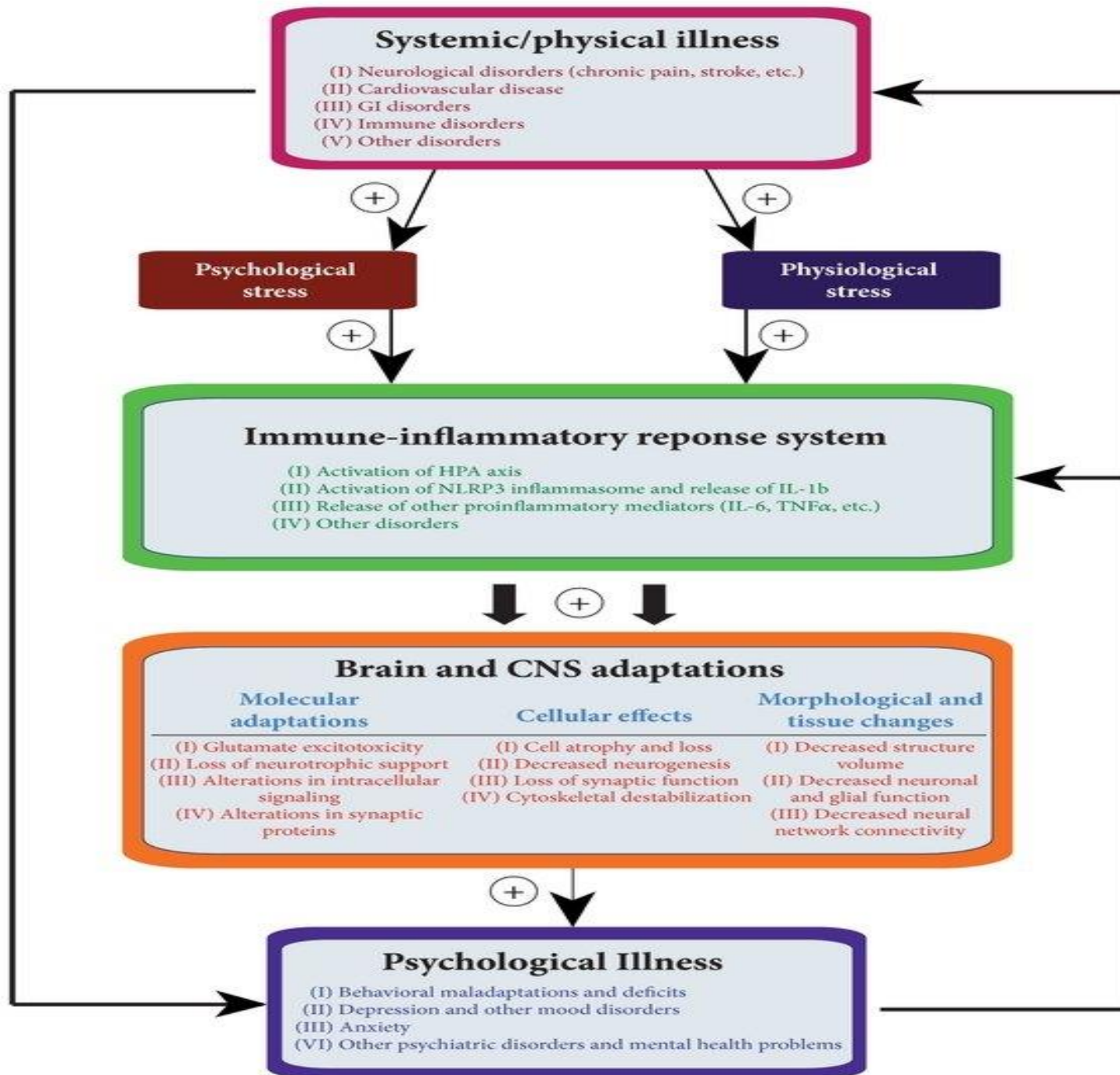
- **Patients with SMI show a 53% higher risk for having CVD, a 78% higher risk for developing CVD, and an 85% higher risk of death from CVD compared to the regionally matched general population.**

People with severe mental illness (SMI –schizophrenia, bipolar disorder, major depressive disorder, and their related spectrum disorders) **have a life expectancy shortened of 10-17.5 years** compared to the general population

While suicide explains some of this reduced life expectancy, it is now established that physical diseases account for the overwhelming majority of premature mortality.

Among physical conditions, cardiovascular disease (CVD) is the main potentially avoidable contributor to early deaths in patients with SMI

This large-scale meta-analysis confirms that SMI patients have significantly increased risk of CVD and CVD-related mortality. Elevated body mass index, antipsychotic use, and CVD screening and management require urgent clinical attention.



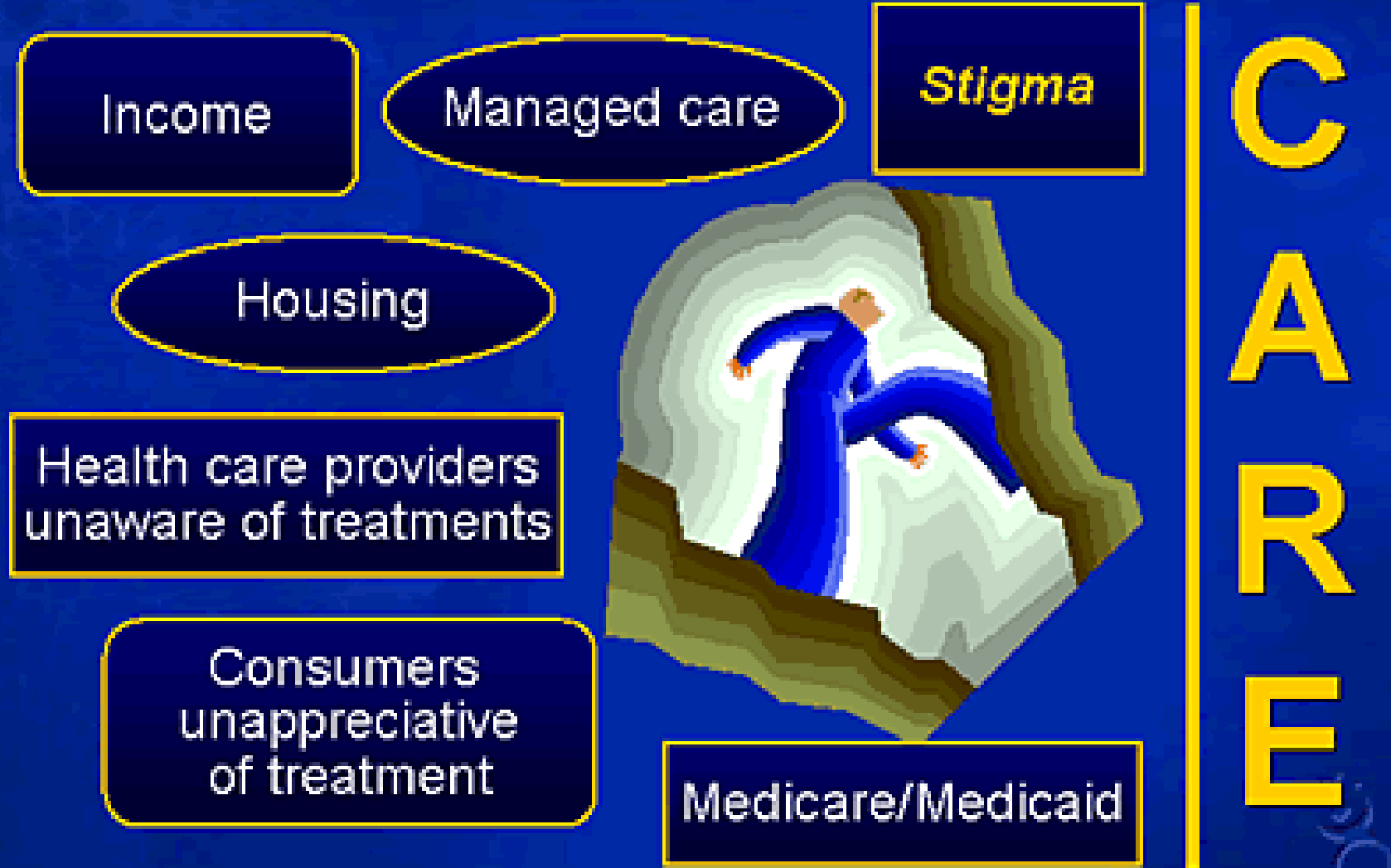
Duric Vanja, Clayton Sarah, Leong Mai, Yuan Li-Lian, Comorbidity Factors and Brain Mechanisms Linking Chronic Stress and Systemic Illness. Neural Plasticity. 2016. 1-16. 10.1155/2016/5460732.

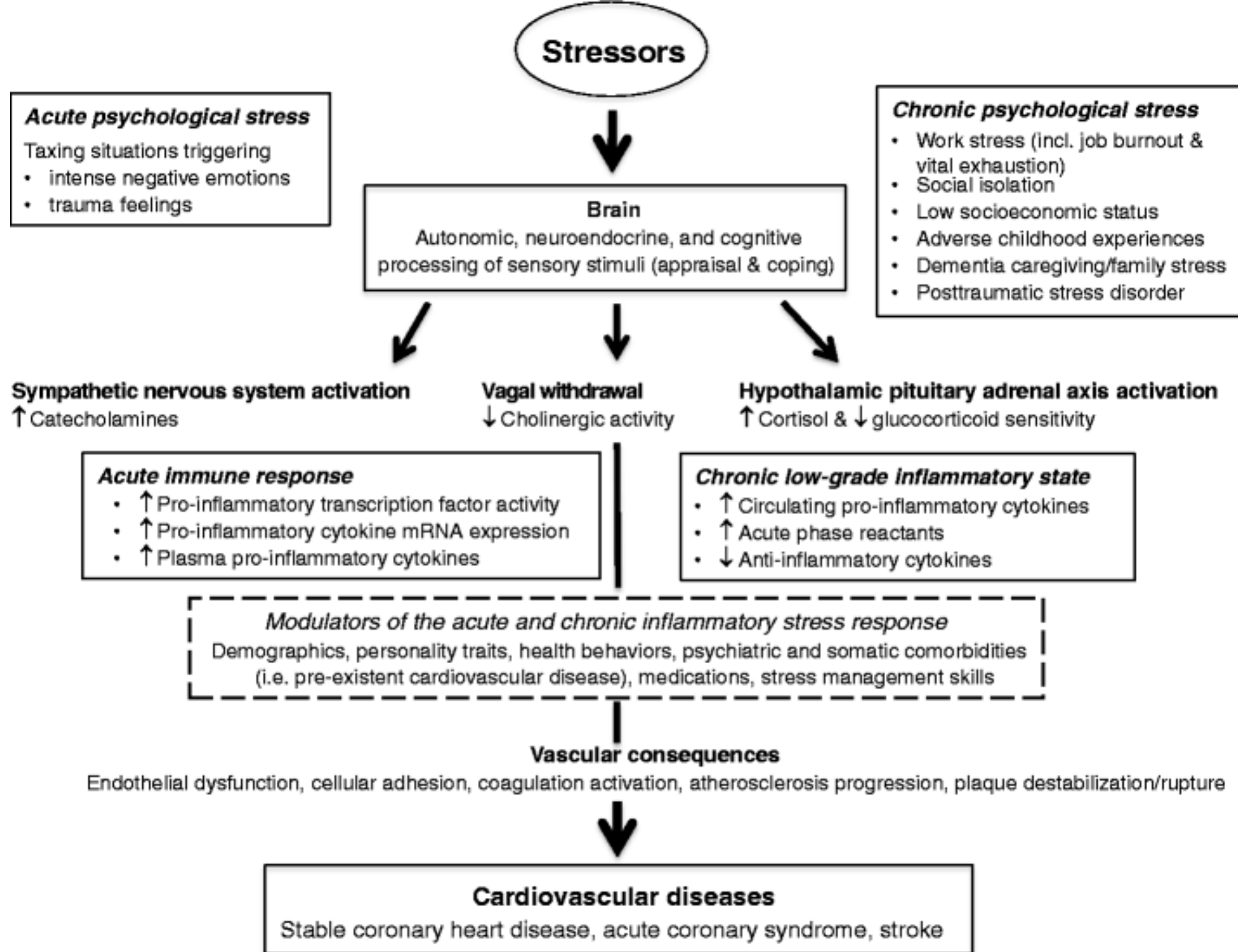
Depression and Cardiovascular Disease

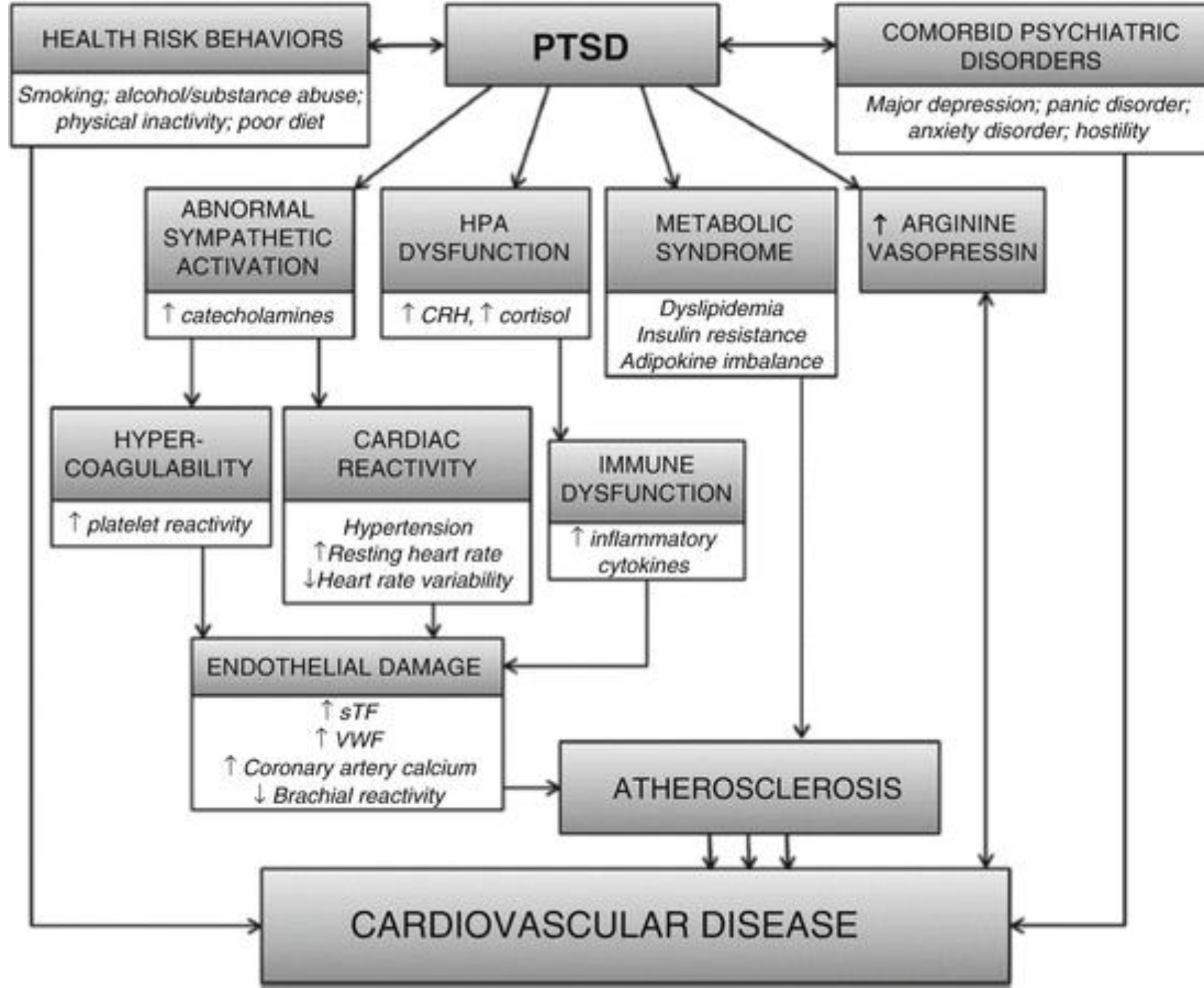
Cardiovascular Illness	Impact of Depression
Hypertension	3x ↑ morbid risk
Coronary artery disease	40% ↑ risk of cardiac events
Unstable angina	3x ↑ of cardiac death at 1 year
Post-MI	↑ mortality 4-6x
Congestive heart failure with LVEF < 20	50% survival vs. 78% survival at 1 year

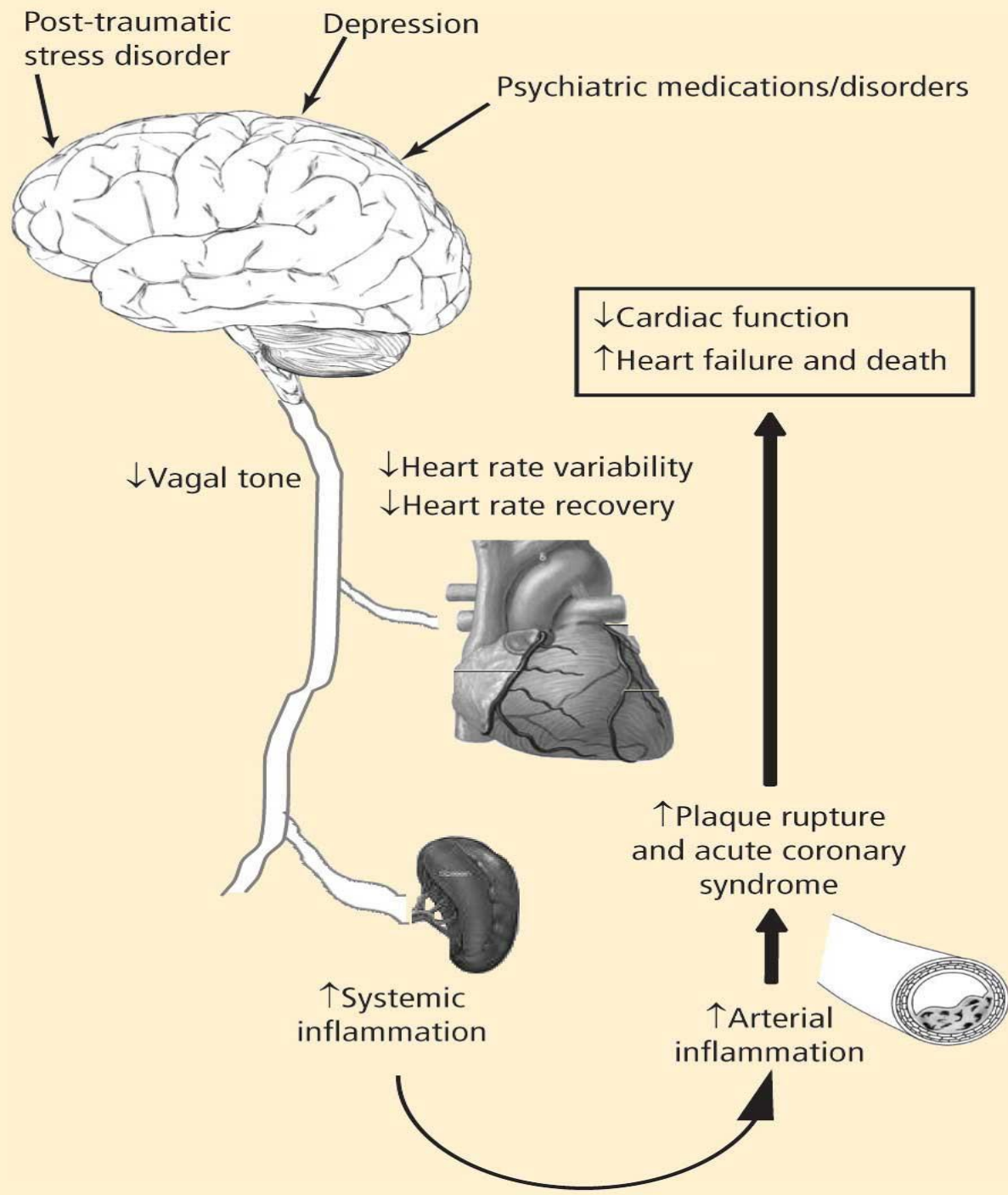
Rabkin JG, et al. *Am J Psychiatry*. 1983;140:1072–1074; Carney RM, et al. *Psychosom Med*. 1988;50:627–633; Schleifer SJ et al. *Arch Intern Med*. 1989;149:1786–1789; Frasure-Smith N, et al. *Circulation*. 1995;99:999–1005; Lesperance, et al. *J Am Coll Cardiol*. 1998; Freedland. *Psychosom Med*. 1998.

Barriers to Care





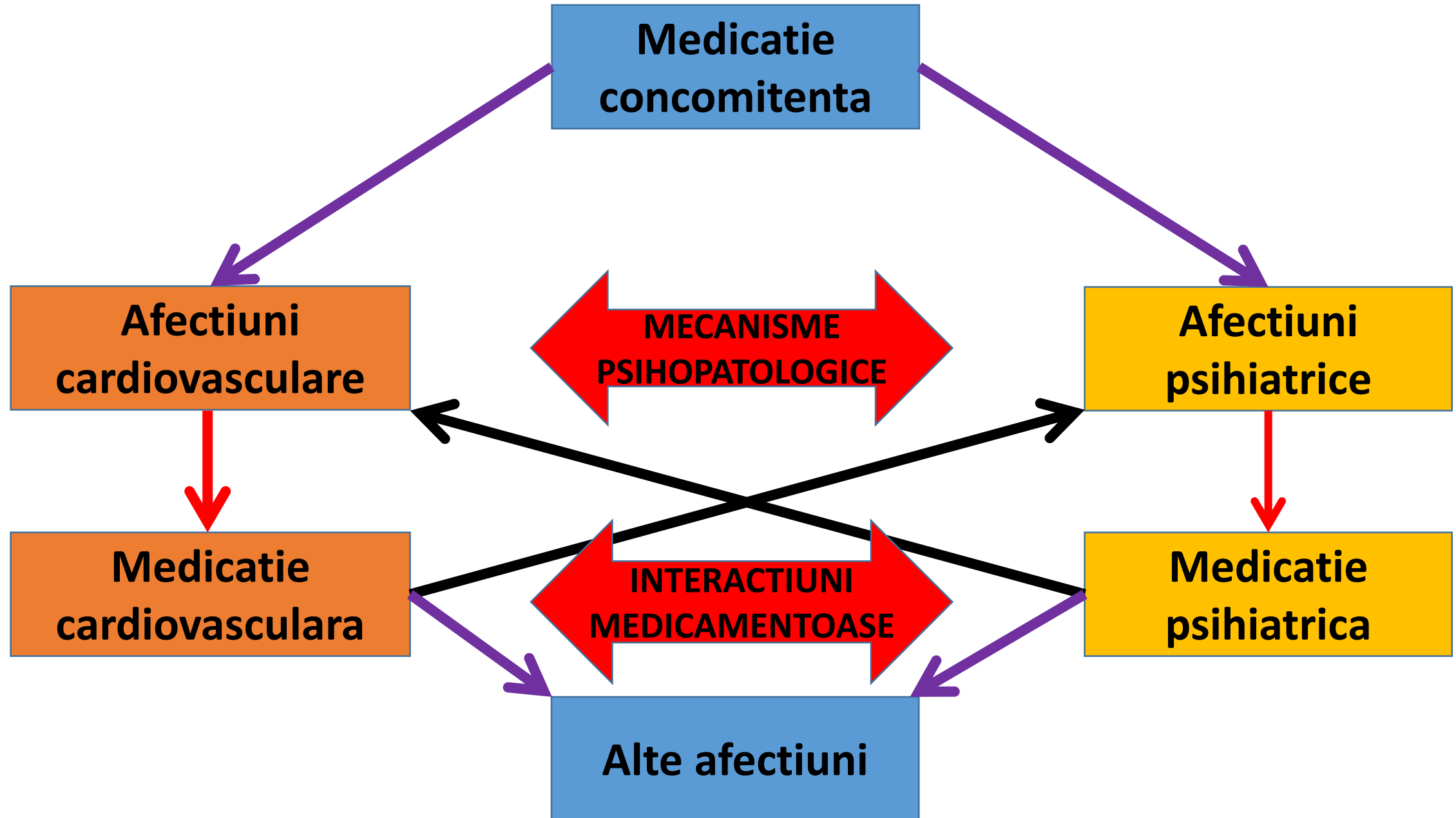




Mecanisme fiziopatologice ale interrelationarii dintre afectiunile psihiatrice si cele cardiovasculare

- Biologice
- Comportamentale
- Psihologice
- Genetice
- Afectiuni comorbide

IMPLICATII FARMACOLOGICE



AMELIORAREA CALITATII VIETII PACIENTILOR CU SUFERINTE PSIHATRICE ESTE DEPENDENTA DE:

1. Precocitatea si corectitudinea diagnosticului
2. Abordarea terapeutica bazata pe principiile psihofarmacologiei personalizate
3. Modelul adecvantei terapeutice
4. Abordarea etiopatogenica in defavoarea tratamentului simptomatic
5. Evitarea tratamentelor simptomatice care determina polipragmazie cu riscuri crescute de RA, IM si ineficienta terapeutica