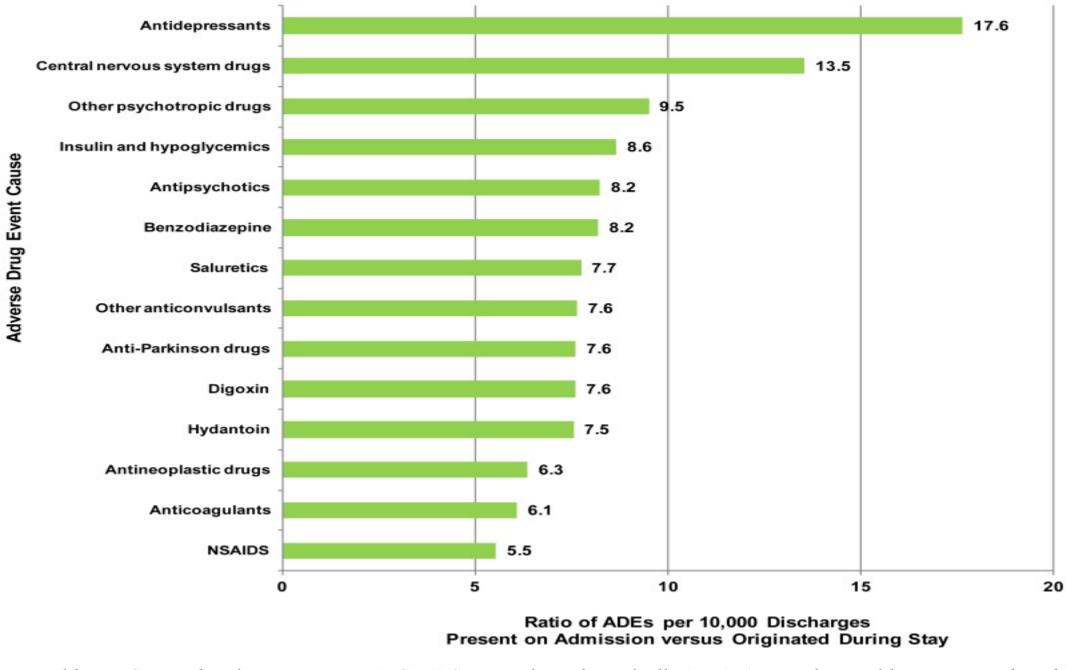
MANAGEMENTUL AFECȚIUNILOR CARDIOVASCULARE LA PACIENTUL CU AFECȚIUNI PSIHIATRICE

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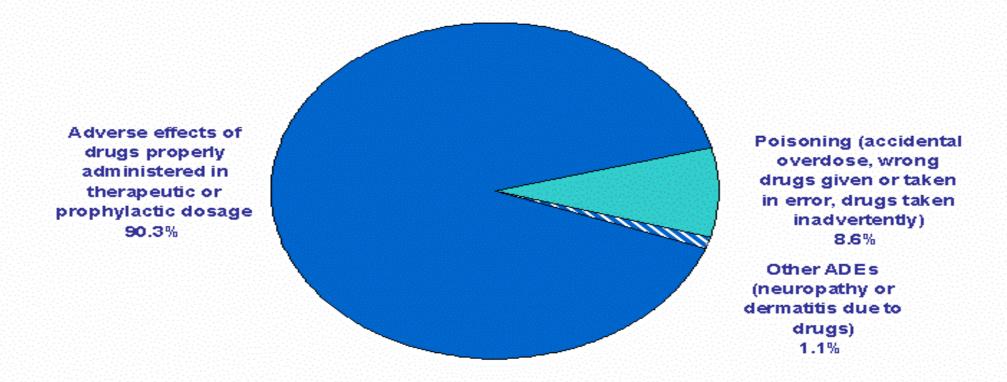
Craiova, 7 noiembrie 2019



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/



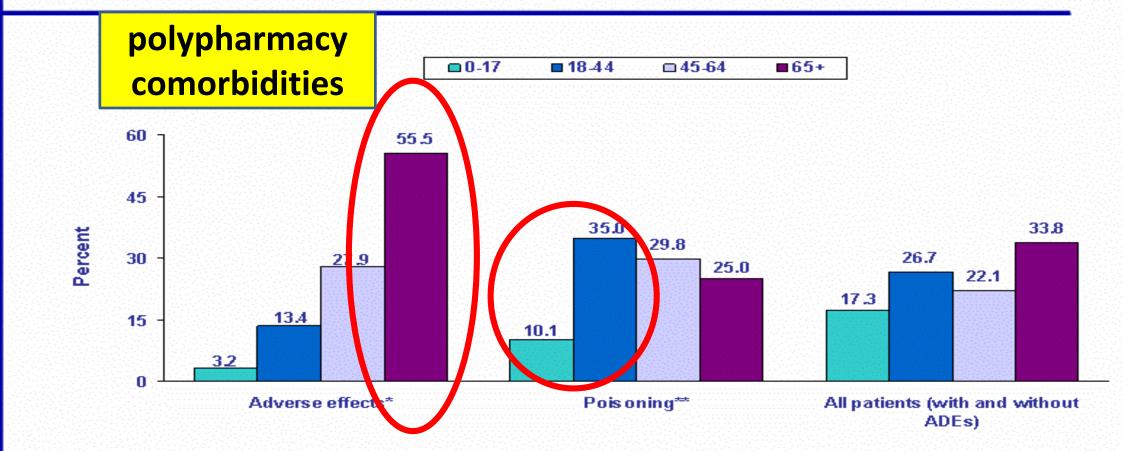
Figure 1. Types of adverse drug events (ADEs)* in U.S. hospitals, by broad category, 2004



*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

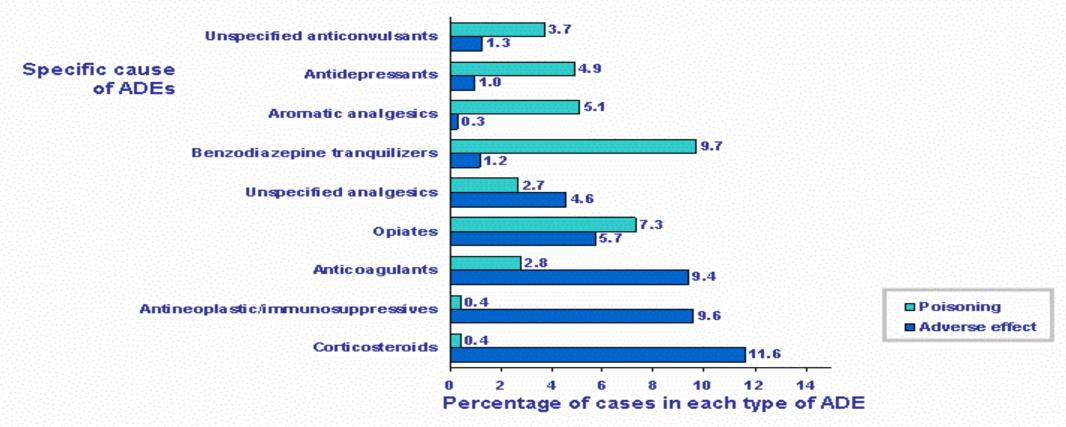


*Adverse effects = effects of drugs properly administered in therapeutic or prophylactic dosage.
** Poisoning = accidental overdose, wrong drugs given or taken in error, drugs taken inadvertently.

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	0	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	
	p (difference between regions)	<0.0001	<0.0001	0.08	0.29	
Durandanas incidenas and mentality from condinuoscular disease in noticets with realed and consific						

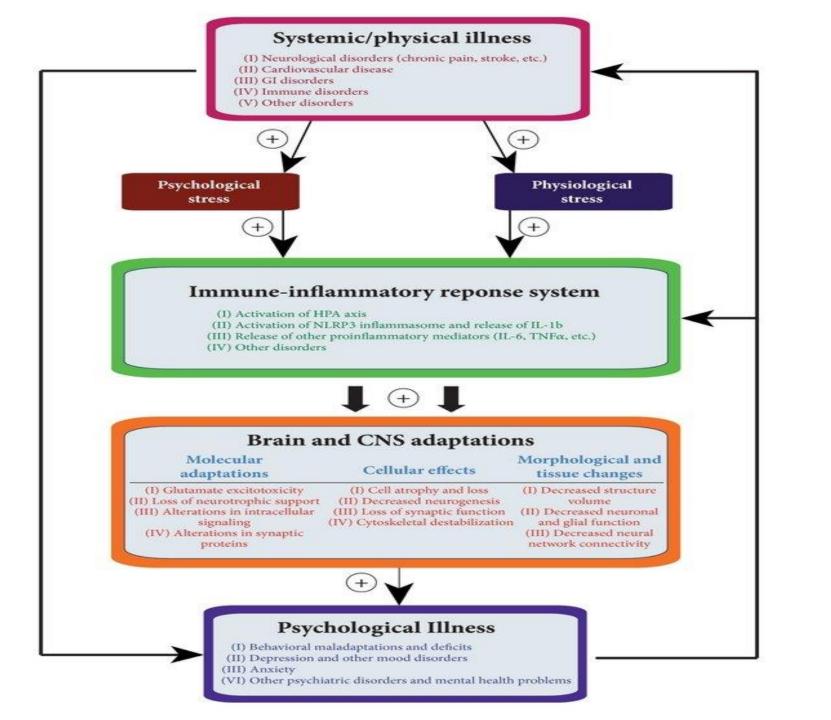
Prevalence, incidence and mortality from cardiovascular disease in patients with pooled and specific severe mental illness: a large-scale meta-analysis of 3,211,768 patients and 113,383,368 controls

 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 春 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;149:1785–1789; Frasure-Smith N, et al. Circulation. 1995;999–1005; Lesperance, et al. J Am Coll Cardiol. 1998; Freedland. Psychosom Med. 1998.



Barriers to Care

Income

Managed care

Stigma

Housing

Health care providers unaware of treatments

> Consumers unappreciative of treatment



Medicare/Medicaid

General's Report on the Stigma of Mental Illness: Have We Made Progress?, Presented by Prakash S. Masand, David Satcher, Larry Culpepper, https://www.medscape.org/viewarticle/497856 A Surgeon

Acute psychological stress

Taxing situations triggering

- intense negative emotions
- trauma feelings





Brain

Autonomic, neuroendocrine, and cognitive processing of sensory stimuli (appraisal & coping)







Hypothalamic pituitary adrenal axis activation

vital exhaustion)

Social isolation

Chronic psychological stress

Low socioeconomic status

Work stress (incl. job burnout &

Adverse childhood experiences

Dementia caregiving/family stress Posttraumatic stress disorder

↑ Cortisol & ↓ glucocorticoid sensitivity

Sympathetic nervous system activation

↑ Catecholamines

Vagal withdrawal

↓ Cholinergic activity

Acute immune response

- TPro-inflammatory transcription factor activity
- Pro-inflammatory cytokine mRNA expression
- Plasma pro-inflammatory cytokines

Chronic low-grade inflammatory state

- T Circulating pro-inflammatory cytokines
- Acute phase reactants
- Anti-inflammatory cytokines

Modulators of the acute and chronic inflammatory stress response

Demographics, personality traits, health behaviors, psychiatric and somatic comorbidities (i.e. pre-existent cardiovascular disease), medications, stress management skills

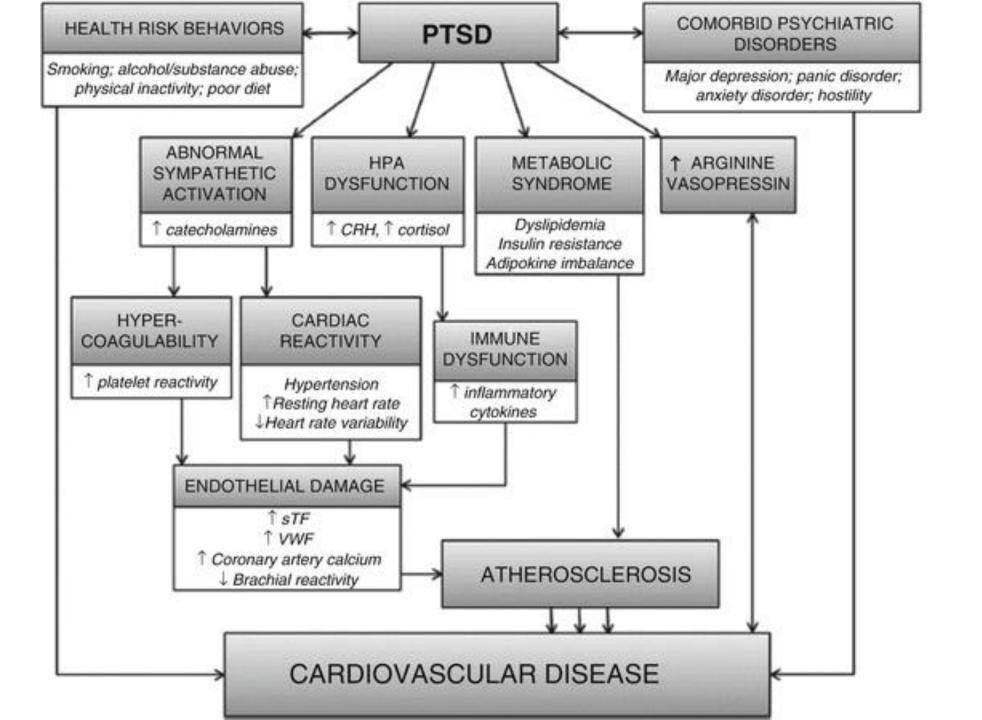
Vascular consequences

Endothelial dysfunction, cellular adhesion, coagulation activation, atherosclerosis progression, plaque destabilization/rupture



Cardiovascular diseases

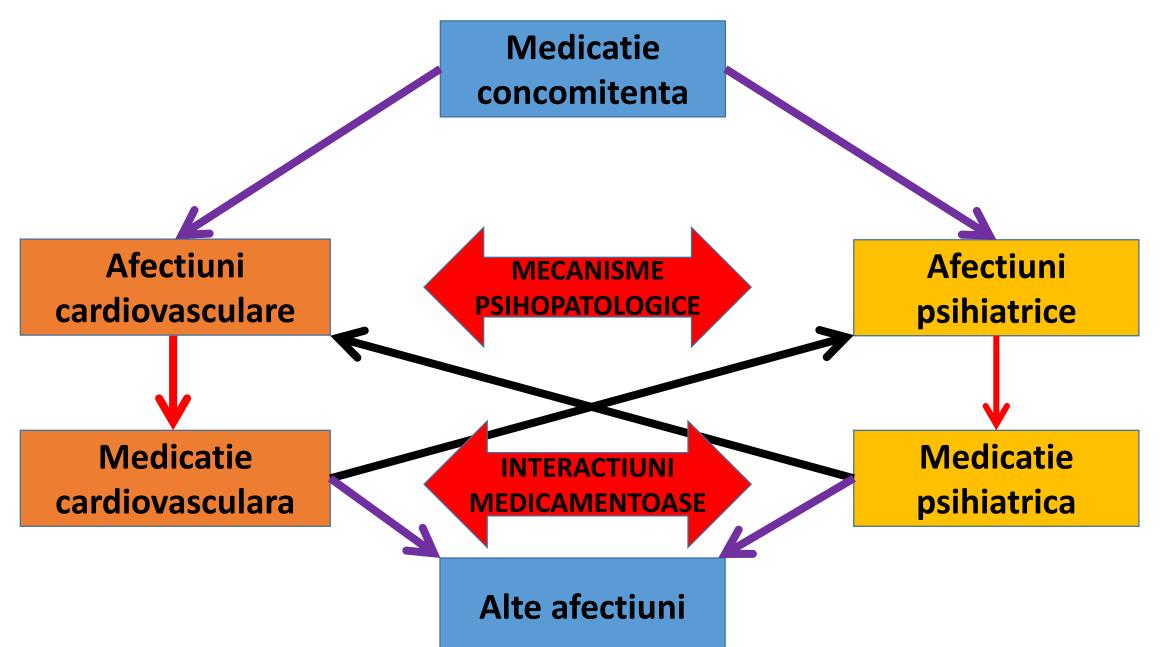
Stable coronary heart disease, acute coronary syndrome, stroke



Mecanisme fiziopatologice ale interrelationarii dintre afectiunile psihiatrice si cele cardiovasculare

- Biologice
- Comportamentale
- Psihologice
- Genetice
- Afectiuni comorbide

IMPLICATII FARMACOLOGICE



AMELIORAREA CALITATII VIETII PACIENTILOR CU SUFERINTE PSIHIATRICE ESTE DEPENDENTA DE:

- 1. Precocitatea si corectitudinea diagnosticului
- 2. Abordarea terapeutica bazata pe principiile pshifarmacologiei 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