BACKGROUND
Schizophrenia is one of the 15 major causes of disability worldwide according to recent estimates, with schizophrenia being diagnosed in 1.1% of the adult population in the United States. 

It is a chronic illness that affects 1 in 100 people and associates with a 214% lifetime risk of death due to suicide. Schizophrenia can be diagnosed at any age, but typically occurs between 15 and 45 years. It mostly affects men but is not rare among women.

Simulated electronic health records system or planning and developing healthcare systems as models to evaluate health outcomes and experiences of patients with schizophrenia. This study aims to characterize and link healthcare burden of schizophrenia.

OBJECTIVE

To examine the characteristics and healthcare burden of patients with schizophrenia enrolled in a large integrated healthcare system in the United States.

METHODS

Data Source

Brigham’s electronic medical records from January 2008 to June 2019

Study Design

This is a retrospective cohort study using Brigham’s electronic medical records from January 2008 to June 2019, with the date identification for the Brigham Health Integrated Care System, within which all patients had continuous electronic medical records during 12 months.

Exclusion Criteria

Patients were followed for 6 months or less in the Brigham Health Integrated Care System were excluded.

Study Population

Inclusion criteria

• ≥18 years of age
• ≥1 discharge after January 2008 with schizophrenia as the primary diagnosis

• Age ≥18 years at the time of first encounter with a schizophrenia diagnosis

• Electronic medical records available for 12 months after the index date

Measures

Patient’s demographic characteristics (age, sex, race, insurance status), comorbidities (heart disease, diabetes, hypertension, respiratory, musculoskeletal, hyperlipidemia, depression, anxiety, and stroke), and healthcare utilization (outpatient visits, inpatient visits, ER visits, home healthcare, and hospice care) were collected during the 12 months. Some visits may not have been for schizophrenia/mental health management.

RESULTS

A total of 1,733 patients met the study criteria.

The mean age of the patients was 48.3 ± 10.7 years, and the mean Charlson Comorbidity Index was 3.2 ± 2.4.

66.2% of the patients had a history of suicide, 65.2% had hypertension, and 48.5% had hyperlipidemia.

Table 1: Demographic and Clinical Characteristics of the Study Cohort

CTSC diagnosis

ICD-9-CM/ICD-10-CM diagnoses

Table 2: Healthcare Utilization in the Study Cohort

Number of outcomes

Mean ± SD (median, IQR)

Conclusions

Patients with schizophrenia within a US integrated healthcare system consume substantial healthcare resources, and future research should focus on improving healthcare interventions to reduce the healthcare burden and improve the health of patients with schizophrenia.

LIMITATIONS

Electronic medical records are subject to data entry errors and may contain inaccuracies.

Healthcare utilization measures with an associated schizophrenia/mental health diagnosis have been reported. It is possible that some discharge records may not have been for schizophrenia/mental health conditions.

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References


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Statistical Analysis

Descriptive statistics (mean, standard deviations, medians, and interquartile ranges) were generated.

Table 1: Study design schema

Table 2: Healthcare Utilization in the Study Cohort

Table 3: Characteristics and Healthcare Burden of Patients With Schizophrenia Treated Within 12 Months

Figure 1: Data study scheme

Figure 2: Patient Selection Criteria

Table 1. Demographic and Clinical Characteristics of the Study Cohort

Table 2. Healthcare Utilization in the Study Cohort

Table 3. Characteristics and Healthcare Burden of Patients With Schizophrenia Treated Within 12 Months

Available at: https://www.nimh.nih.gov/health/topics/schizophrenia/index.shtml.