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PREVALENCE OF METABOLIC SYNDROME AND CORONARY HEART DISEASE RISK IN PATIENTS WITH SCHIZOAFFECTIVE DISORDER: CLAMORS STUDY

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Aims: To assess the prevalence of metabolic syndrome (MS) and the coronary heart disease (CHD) risk in patients with schizoaffective disorder treated with antipsychotics.

Methods: Schizoaffective patients from a multicentre cross-sectional study, in which 117 psychiatrists recruited consecutive outpatients meeting DSM-IV criteria for schizophrenia, schizophreniform or schizoaffective disorder and receiving antipsychotic treatment in monotherapy for at least 12 weeks. MS was defined as fulfilment of at least 3 of the following components (NCEP-ATP-III definition): waist circumference >102(men)/>88(women) cm; triglycerides >=150mg/dL; HDL-cholesterol < 40mg/dL(men)/< 50mg/dL(women); blood pressure >=130/85; fasting glucose >=110mg/dL. CHD risk was assessed by SCORE (10-year CV death) and Framingham (10-year all CV events) functions.

Results: 268 valuable patients with schizoaffective disorder (127 men, 48.1%), 41.9 \pm 12.3 years (mean \pm SD) were examined. MS was presented in 26.5% (95%Cl:21.2-31.8) of subjects [26.8% in men (19.1-34.5), 27.0% (19.6-34.4) in women (p=0.966)]. The overall 10-year CV risks (CV death or any event) were 0.8 \pm 1.6 (SCORE) and 6.5 \pm 6.8 (Framingham), respectively. The 8.4% (95%Cl:5.0-11.8) and 20.1% (95%Cl:15.2-24.9) of patients showed high/very-high risk according to SCORE (\geq 3%) and Framingham (\geq 10%), respectively. A high/very-high risk of any CV event (Framingham \geq 10%) was associated with age above 40(men)/45(women) years [OR: 32.44 (9.59-109.71, p< 0.001)], and CGI-S=3-4; [OR: 4.32 (1.15-16.26, p=0.03)]. Women showed lower risk of any CV event [OR: 0.30 (0.14-0.65, p=0.002)].

Conclusions: MS prevalence and CHD risk were high among patients with schizoaffective disorder treated with antipsychotics. Gender, age and poor disease control could be associated with CHD risk. *On behalf of the CLAMORS Collaborative Group.