Are People with Mental Disorders Less Likely to Be Treated for Somatic Diseases over Time? Longitudinal Analyses From the Gazel Cohort Study.

E. Prokofyeva[1,4], M. Azevedo Da Silva[1,4], A. Dugravot[1,4], M. Zins[1,2,4], M. Goldberg[2], C. Lemogne[3,5,6], A. Singh-Manoux[1,4,7], H. Nabi[1,4]

[1]Centre for Research in Epidemiology and Population Health (CESP), INSERM, Villejuif, France ; [2]UMS 011, INSERM-UNSQ, Villejuif, France ; [3]Medecine, Paris Descartes University, Paris, France ; [4]University of Versailles Saint-Quentin, UMRS 1018, F-94807 Villejuif, France ; [5]AP-HP, Psychiatry of the adult and the elderly, Paris, France ; [6]INSERM, Centre of Psychiatry and Neuroscience, Paris, France ; [7]Department of Epidemiology and Public Health, University College London, London, UK

Introduction: Although accumulating evidence suggests that individuals with mental disorders have an increased risk of mortality from physical illnesses, the underlying mechanisms remain to be fully understood.

Objectives: To examine the association between mental disorder status and self-reported treatment for major somatic diseases, including respiratory, cardiovascular (CVD), metabolic diseases, and cancer over a 12-year follow-up period.

Aims: To test whether people with mental disorders are less likely to be treated for somatic diseases.

Methods: In the large prospective French GAZEL cohort of 15 798 employees, mental disorder was defined as at least one sickness absence exceeding 7 days from 1989 – 2000 and self-reported treatment of somatic diseases was assessed from 2001 - 2011. Longitudinal logistic regression models based on generalized estimating equations were used to study the association.

Results: In fully adjusted-models, a diagnosis of severe mental disorder was associated with an 18% and a 6% greater annual increase in the likelihood of receiving treatment for respiratory disease and CVD over time, respectively. Any mental disorder was associated with a 2% greater annual decrease in the likelihood of receiving treatment for CVD over time. Depressive disorder (3%), mental disorders due to substance abuse, and mixed mental disorders (2%) had similar patterns of decrease.

Conclusions: This longitudinal study suggests that the impact of mental disorders on treatment receipt for somatic disorders depends on the diagnostic categories. People with depressive disorder, mental disorders due to substance use, and mixed mental disorders may be at risk of not receiving treatment for CVD.