

## HEALTH CARE UTILIZATION OF PATIENTS WITH NON-AFFECTIVE PSYCHOTIC DISORDERS

W. Swildens<sup>1</sup>, F. Termorshuizen<sup>2</sup>, H.M. Smeets<sup>2,3</sup>, I.M. Engelhard<sup>1,4</sup>

<sup>1</sup>Altrecht Institute for Mental Health Care, <sup>2</sup>Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht, <sup>3</sup>Agis Zorgverzekeringen, Amersfoort, <sup>4</sup>Department of Clinical and Health Psychology, Utrecht University, Utrecht, The Netherlands

**Introduction:** Research indicates a higher risk of somatic problems and cardiovascular and respiratory mortality among patients with non-affective psychotic disorders (NAPD). Data on health care (HC) utilization of this group have revealed ambivalent results pointing at a higher appeal to somatic HC and possible under-consumption.

**Objective:** This study focuses on somatic HC utilization in the Netherlands among patients with NAPD, unipolar depression, anxiety or bipolar disorder, compared to matched controls without psychiatric diagnosis.

**Aims:** To study possible under-consumption associated with NAPD and its correlates.

**Methods:** The HC utilization of 2,392 cases with NAPD registered in the Psychiatric Case Register Middle Netherlands (PCR-MN) and above mentioned comparison groups was analyzed by using linked data on prescribed medication, general practitioner (GP) consults and treatment by specialists from insurance company Agis.

**Results:** The costs for somatic HC among NAPD patients was on average €1621 per year, marginally higher compared to matched controls (€1441,  $p=0.079$ ). Among patients with depression and anxiety, much greater differences with their matched controls were found ( $p < 0.05$ ). The percentage of NAPD patients who received somatic treatment by a specialist was lower than that of controls (OR=0.89,  $P < 0.05$ ), especially at higher age ( $>60$ ) and longer duration since diagnosis ( $>5$  years) (OR=0.60,  $P < 0.05$ ). In particular, treatment by a specialist was lower for cardiovascular disorders (OR=0.61) and diabetes (OR=0.37,  $P < 0.05$ ).

**Conclusion:** In view of the higher somatic death risk, our data suggest HC under-consumption, which is increasing with a longer illness duration and older age.