Mortality among psychiatric patients has been found to be higher than the general population, not only in those long-term residents in old-fashioned psychiatric hospitals or attending hospital-based psychiatric services (Harris & Barraclough, 1998) but also in those treated in modern community-based systems of care (Amaddeo et al., 1995; Grigoletti et al., 2009).

The hypotheses about why people with psychiatric disorders are more likely to die than the rest of the population are many, different and often supported by contradictory data.

Psychiatric patients are at higher risk of suicide, accidental or violent death in general, and this association is quite obvious and well known. Less clear is the association that links psychiatric morbidity to a higher mortality for natural causes. A correlation between organic diseases and mental disorders is evident (Buist-Bouwman et al., 2005), but a comprehensive explanation of the excess morbidity and mortality of these populations is still lacking. A possible explanation could be the unhealthy lifestyle of people with psychiatric disorders (smoking, alcohol abuse, dietary habits, etc.), especially those with severe mental illnesses (Brown et al., 2000). Other data suggest that medical assistance could be less adequate for psychiatric patients than for people without psychiatric disorders (Druss et al., 2001). Furthermore, the limited ability of people with mental disorders to recognize and communicate their symptoms of organic diseases could be another possible explanation. Finally, the use of psychotropic drugs has been associated with an excess of cardiac deaths (Appleby et al., 2000; Taylor, 2005).

Other studies showed that mortality of psychiatric patients is also higher, if compared to the general population, when only “avoidable” causes of death are considered (Amaddeo et al., 2007).

Hiroeh et al. (2008) has demonstrated that psychiatric patients not only die more than the general population but
also at a younger age. The problem of increased morbidity and premature death in people with serious mental illness must be addressed with a transformation of the current mental health system and the integration of physical and mental health care, toward a system that utilizes a coordinated, multi-disciplinary holistic approach (Vreeland, 2007). This should be done to overcome some of the multiple barriers that make difficult for individuals with serious mental illness to access a good quality health care.

Research and intervention studies for improving medical care for people with serious mental illness have spanned a continuum of interprofessional involvement, ranging from staff and patient training to on-site consultation by medical staff, multidisciplinary collaborative care approaches, and facilitated linkages between community and mental health and medical providers (Druss & Newcomer, 2007).

For these reasons, we think that research on mortality and causes of death of psychiatric patients is a worthwhile endeavour for the epidemiological research, as they are a good and strong indicator of the quality of care provided to people with mental disorders.

In this issue of *Epidemiologia e Psichiatria Sociale*, we publish three Editorials that face different aspects of mortality studies.

The first one, written by Crompton *et al.* (2010), analyses what we know about mortality risks of people with serious mental illness and which strategies are suggested to deal with this problem. In their Editorial, the Authors emphasize that, apart from an increased risk of suicide, people with schizophrenia or severe mental disorders have an increased risk to die for a wide range of comorbid physical condition, and they describe the evidence that suggest that much of this mortality is avoidable.

The second Editorial is written by De Leo & Sveticic (2010) and affords the issue of fatal and non-fatal suicidal behaviours. The Authors explain as, despite the poor accuracy in predicting suicidal outcomes, there are ample opportunities for improving the management of suicidal patients, also in hospital wards. Although psychiatric hospitalization is seen as protection from suicidal behaviours, there is evidence that both admissions to a psychiatric ward and recent discharge from it increase the risk. The Authors discusses current knowledge on what elements in the chain of well-intentioned approaches to treating psychiatric illness and suicidality fail to protect this vulnerable population.

The third Editorial, by Biggeri & Catelan (2010), explains the conceptual and methodological problems related with mortality studies. Selection bias and reverse causation, time-dependent confounders that are also intermediate variables, complex relationship within a life course have to be considered when researchers try to Hiroeh *et al.* (2008) hanno dimostrato che i pazienti psichiatrici non solo muoiono di più della popolazione generale, ma anche ad una età più giovane. Il problema di un incremento della morbilità e della morte prematura nelle persone con gravi patologie psichiatriche deve essere affrontato con una trasformazione degli attuali sistemi di assistenza alla salute mentale e con l’integrazione di assistenza medica generale e assistenza psichiatrica, andando cioè verso un sistema che utilizzi una approccio coordinato, multidisciplinare ed olistico (Vreeland, 2007). Questo dovrebbe essere fatto per superare alcune delle molte barriere che rendono difficile, per i soggetti con gravi patologie mentali, l’accesso a cure mediche di buona qualità.

Gli studi, sia di ricerca sia di intervento per il miglioramento dell’assistenza medica alle persone con grave disturbo mentale, hanno indicato un continuum di coinvolgimento inter-professionale che va dalla formazione di operatori e pazienti alla consulenza di uno staff medico, approcci assistenziali collaborativi multidisciplinari e rapporti facilitati tra territorio, servizi di salute mentale e assistenza medica (Druss & Newcomer, 2007).

Per queste ragioni, noi crediamo che la ricerca sulla mortalità e sulle cause di morte dei pazienti psichiatrici sia un impegno fruttuoso per la ricerca epidemiologica, anche perché esse costituiscono indicatori utili e forti della qualità dell’assistenza fornita alle persone con disturbi mentali.

In questo numero di *Epidemiologia e Psichiatria Sociale* pubblichiamo tre Editoriali che affrontano diversi aspetti degli studi di mortalità.

Il primo, scritto da Crompton *et al.* (2010), analizza che cosa sappiamo sul rischio di morte delle persone con grave patologia mentale e quali strategie sono state suggerite per far fronte a questo problema. Gli autori evidenziano il fatto che, escludendo il rischio di suicidio, le persone con schizofrenia o gravi patologie psichiche hanno un maggiore rischio di morire per un ampio range di condizioni fisiche presenti in comorbidità e descrivono le evidenze che suggeriscono come molta di questa mortalità sia evitabile.

Il secondo Editoriale, scritto da De Leo & Sveticic (2010), affronta il tema dei comportamenti suicidari fatali e non fatali. Gli Autori spiegano come, nonostante la scarsa accuratezza nel prevedere gli esiti del suicidio, ci siano ampie opportunità per migliorare la gestione dei pazienti a rischio suicidario, anche nei reparti ospedalieri. Nonostante l’ospedalizzazione psichiatrica sia vista come una protezione dai comportamenti suicidari, ci sono evidenze che sia il ricovero in reparti psichiatrici che una recente dimissione da essi incrementano il rischio. Gli Autori spiegano quali sono le attuali conoscenze su quali elementi, della catena di un approccio ben intenzionato a
explain the mortality gap between psychiatric patients and the general population. The Authors discuss the effect of using the general population as reference; this would induce an un-healthy population bias which is symmetrical to the well documented “healthy worker effect”. Therefore, the use of the general population as reference could produce an overestimation of the risk attributable to the psychiatric illness. Another important issue is the reverse effect: the underlying pathological condition caused the occurrence of psychiatric symptoms (e.g. organic psychosis). Moreover, Biggeri & Catelan (2010) show the complexity to take into account all the confounders in such a study. To proper account for such confounding we need to split the data in a sequence of short time period and use inverse probability weighting.

REFERENCES


Crompton D., Groves A. & McGrath J. (2010). What can we do to reduce the burden of avoidable deaths in those with serious mental illness? Epidemiologia e Psichiatria Sociale 19, 4-7.


Mortality among people with mental disorders