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MEETING ABSTRACT Open Access

The general problem of increased somatic comorbidity in bipolar patients

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There is an increasing recognition that bipolar disorder is associated with elevated mortality and morbidity rates. Although there are still some doubts whether schizophrenia impairs physical health more than other disorders, recent papers [1,2] have demonstrated that bipolar disorder impairs metabolic and cardiovascular systems as much as schizophrenia.

Reported prevalence of metabolic syndrome (MetS) in patients with bipolar disorder varies from 18% to 32% in the European Union (EU) and 40% to 49% in the United States of America (USA). These rates are substantially higher than that reported for the general population (15% EU, 27% USA) [3], and very similar to that reported for patients with schizophrenia (19.4% to 44.7%). Much less attention has been paid to cardiovascular risks in these patients. Two recently published studies [1,4] demonstrated higher cardiovascular risk level than the general population. Furthermore, the Spanish study [4] demonstrated that Spanish patients with bipolar disorder were exposed to the same cardiovascular risk level as Spanish patients with schizophrenia.

Unpublished data from our comparative study on physical health in patients with bipolar disorder versus patients with schizophrenia shown that bipolar disorder impairs physical health even more than schizophrenia. There were not statistical significant differences according to diagnosis neither in MetS rates (21.4% of patients with bipolar disorder versus 28.7% of patients with schizophrenia, p 0.315), nor in the mean body mass index (bipolar = 30.3 versus schizophrenia = 30 kg/m2, p 0.723), or in the BMI categories (obesity: bipolar = 43.4% versus schizophrenia = 43%, p 0.964). However, patients with bipolar disorder reported greater proportion of hypertension than patients with schizophrenia (19.6% versus 6.2%, p 0.008) and met criterion 4 -elevated blood pressure- for MetS in a greater proportion too (35.7% versus 13.8%, p = .001).

Psychiatrists must be aware of these facts and carefully monitor and control patients with bipolar disorder for components of MetS and risk factors of cardiovascular diseases as part of the standard of care when treating these patients. Furthermore, specific programs should be implemented for patients with bipolar disorder aimed at reducing cigarette smoking, increasing exercise, and improving dietary habits.

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