

## Long Term Care for Psychotic Patients with Aging in Taiwan

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### Short Communication

#### Chronic patients with long-term hospitalization

Because of the disease chronicity in mental patients and the influence of family and social support, many patients require long-term hospitalization. Mental health care in Taiwan mainly consists of hospitalization. Similar to the collective culture in Japan, the usage of beds is quite high. The number of hospital beds in Taiwan increased from 15,048 in 2001 to 21,212 in 2013 [1]. However, compared to the US and European countries, the average length of hospital stay in Taiwan was significantly longer. In addition, over 8,000 patients were settled in nursing homes and other long-term care facilities. In addition, the ratio of the consumption of medical resources for a hospitalized patient and an outpatient is approximately 19:1, indicating that if more patients can move from the hospital to the community, medical resources will be more efficiently used; therefore, the resources of mental health care still have room for reallocation!

#### Aging and long-term care of mental patients

The average life expectancy of mental patients is approximately 15-30 years shorter than that of normal individuals. Regarding influencing factors, mental patients who died of suicide or other accidental factors accounted for less than half of the deaths, which indicates that more than half of the deaths were caused by preventable medical and surgical diseases. Patients with psychosis disorder had a relatively higher prevalence of health problems than normal individuals, including obesity (1.4-1.6 folds), diabetes (about 2.37 folds), metabolic syndrome (about 2.45 folds), cardiovascular disease (about 1.23 folds), HIV infection (5.1-23.75 folds), hepatitis (about 2.03 folds), sexual dysfunction (1.35-2.02 folds), osteoporosis (about 1.58 folds), [2-7] dental problems, and reduced sensitivity of pain. Compared to normal individuals, patients with psychosis disorder are at a higher risk of stroke (about 1.4 folds) [5]. The use of antipsychotic drugs, unhealthy lifestyles such as smoking, obesity, and the inadequate intake of fruits and vegetables may all lead to coronary heart disease and stroke in patients. In addition, the investigation

based on data from the database of Taiwan's National Health Insurance showed that the incidence of pneumonia in patients with psychosis disorder was correlated with the duration of the administration of psychotropic drugs. Because they had higher drug adherence and also used medical services frequently, including regular psychiatric treatments, more often than did those with lower drug adherence. Thus, they with high drug adherence seemed to have greater motivation to seek medical treatment to improve their physical condition and cognitive function, which prevented suicide or accidents and decreased the all-cause mortality [6]. In other words, schizophrenic patients who adhered better to medication instructions had a relatively higher risk of suffering pneumonia, but the mortality relationship was the opposite, indicating that psychiatric care can extend the life of patients with mental illness, but it is not necessary to improve quality of life. Therefore, the challenges in the future will include how to make the patients healthy in "aging, to live long, live well, and die respectfully".

#### References

1. MOHW News-Taiwan News. Ministry of Health and Welfare (2016) Accessed on: Feb 12, 2017.
2. Hert MD, Detraux J, Winkel RV, Yu W, Correll CU (2012) Metabolic and cardiovascular adverse effects associated with antipsychotic drugs. *Nat Rev Endocrinol* 8: 114-126.
3. Leucht S, Burkard T, Henderson J, Maj M, Sartorius N (2007) Physical illness and schizophrenia: a review of the literature. *Acta Psychiatrica Scandinavica* 116: 317-333.
4. Sacchetti E, Turrina C, Valsecchi P (2010) Cerebrovascular accidents in elderly people treated with antipsychotic drugs. *Drug safety* 33: 273-288.
5. Tsai KY, Lee CC, Chou YM, Su CY, Chou FH (2012) The incidence and relative risk of stroke in patients with schizophrenia: a five-year follow-up study. *J Schizophr Res* 138: 41-47.
6. Chou FH, Tsai KY, Chou YM (2013) The incidence and all-cause mortality of pneumonia in patients with schizophrenia: A nine-year follow-up study. *J Psychiatr Res* 47: 460-466.
7. Meyer JM, Nasrallah HA (2009) Medical illness and schizophrenia. (2nd edn) American Psychiatric publishing, Washington DC, USA.