

Lack of Care for Diabetes among Schizophrenia

Patients

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Abstract

Previous studies suggest at the minimum, a two-fold higher prevalence of diabetes among schizophrenia patients (Bushe and Holt, 2004). Lack of diabetes care further places this disadvantaged population at greater risk of serious complications and poor outcomes (Berren et al., 1999). However, the documented evidence about diabetes care among schizophrenia patients has been of limited policy value, being based on limited patient panels and/or patchy follow-up data.

Using claims data from Taiwan's National Health Insurance Research Database, covering all inpatient admissions for its 23-plus million citizens, we identified 32,096 patients hospitalized for schizophrenia during the period 1997–2001. Outpatient claims for ambulatory clinic visits in 2004 were examined to identify the scenario of healthcare service utilization for these study subjects. The use of 2004 data ensured an ample follow-up duration to allow for diabetes to develop and to be clinically diagnosed.

Our study finds that only 3.8% of sample patients received diabetes care during the year (Table 1). We compared our findings with those of an on-site field study conducted during the same period, involving active diabetes screening among 246 schizophrenia patients (Hung et al., 2005). They found a diabetes prevalence of 9.8% through active screening, significantly higher than our rate of 3.8% ($\chi^2 = 20.64$; $p < 0.001$).

Table 1.

Proportion of patients with schizophrenia receiving outpatient diabetes care in Taiwan compared with prevalence of diabetes as detected by active screening