



Poster

 2025年9月27日(土) 10:00 ~ 11:00  Poster Session (Foyer 1)

Poster 17

[P-17-01] Conditions Associated with Deaths in Individuals with Schizophrenia in Psychiatric Units

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キーワード : Catatonia、Pulmonary embolism、Suffocation

Background: Individuals with schizophrenia die 11–25 years earlier than the general population, yet few studies have examined mortality among hospitalized patients or psychiatric factors contributing to these deaths.

Methods: We retrospectively analyzed 41 inpatients with schizophrenia who died among 1,823 hospitalized at Ashikaga Red Cross Hospital. Psychiatric diagnoses followed ICD-10 criteria, and causes of death were determined by medical specialists.

Results: Pulmonary diseases, including pneumonia (29.3%), were the leading cause of death, followed by cancer (22.0%), heart diseases (14.6%), and pulmonary embolism (4.9%). Psychiatric factors contributed to 48.8% of deaths, with catatonia (29.2%) being most frequent, followed by bedridden status due to severe apathy (7.3%), choking (4.9%), suicide (4.9%), and water intoxication (2.4%). The mean age at death was lower for psychiatric-related deaths (53.1 ± 14.7 years) than for other cases (62.2 ± 8.3 years; $p < 0.02$). Catatonic patients often succumbed to aspiration pneumonia, tachyarrhythmia, or pulmonary embolism, particularly those with malignant catatonia. Severe apathy led to refractory aspiration pneumonia and pulmonary embolism.

Conclusions: Psychiatric conditions significantly impact mortality among schizophrenia inpatients, with some deaths potentially preventable. Improved recognition and management of catatonia and severe apathy could reduce mortality. Despite limitations of a single-center, retrospective design, these findings provide important insights into the interplay between psychiatric and medical conditions in schizophrenia inpatients.