

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 ( $53.1 \pm 14.7$  years) than for other cases ( $62.2 \pm 8.3$  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.