

## CAUSES OF DEATH IN SCHIZOPHRENIA PATIENTS WITH REGULAR FOLLOW-UP AND TREATMENT; KADIKÖY TRSM

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Schizophrenia is a serious psychiatric disorder that affects the thoughts, feelings and behaviours of individuals. While the quality of life of individuals can be significantly improved with effective treatment and regular follow-up, it is known that mortality rates in these patients are higher than in the general population. Understanding the causes of death in schizophrenia patients is critical for developing treatment and care strategies. The aim of this study was to investigate the causes of death in schizophrenia patients with regular follow-up.

The study was initiated with the approval of Erenköy Mental and Neurological Diseases Training and Research Hospital's ethics committee meeting dated 20.02.2025 and numbered 18. Since 2016, the retrospective causes of death of schizophrenia patients with Kadıköy TRSM follow-up who were removed from the records due to death were determined by analysing the hospital records (Kortex, the follow-up system approved by the Ministry of Health).

Age factor has a determining effect on the causes of death in schizophrenia patients. Although suicide was reported to be

the most common cause of death in psychotic patients in older sources (15%), this rate is lower in follow-up patients (7%) compared to other studies. MI is the most common cause of death in all age groups and in both sexes (58%), cancer (19%) ranks second. Another important point that the study shows us is that the suicide rate decreases significantly in both sexes and in all age groups as the follow-up period increases.

Under regular follow-up and treatment, the causes of death in schizophrenia patients are largely due to physical health problems. Therefore, a treatment that includes not only psychiatric treatment but also comprehensive and frequent check-ups to maintain their physical health is needed. Early diagnosis and management of cardiovascular and metabolic diseases, smoking cessation interventions, promotion of physical activity and psychosocial crisis management to reduce the risk of suicide play a critical role in improving the living conditions of these patients.

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