


Myocardial infarction as a consequence of poor socioeconomic, lifestyle and nutritional characteristics of patients with schizophrenia, bipolar affective disorder and depression

 **Muhamed Zuko^{1,*}**,
 **Mirela Arnautović
Tahirović¹**,
 **Amir Tahirović²**,
 **Nejra Siručić¹**

¹Psychiatric Hospital of
Canton Sarajevo, Sarajevo,
Bosnia and Herzegovina

²Psychiatric Clinic, Clinical
Center University of Sarajevo,
Sarajevo, Bosnia and
Herzegovina

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***ADDRESS FOR CORRESPONDENCE:** Muhamed Zuko, Koševo br.15, 71000 Sarajevo, Bosnia and Herzegovina. /
Phone: 0038761557286 / E-mail: muhamed.zuko@yahoo.com

ORCID: Muhamed Zuko, <https://orcid.org/0000-0002-7373-3761> • Mirela Arnautović Tahirović, <https://orcid.org/0000-0001-8545-2492>
Amir Tahirović, <https://orcid.org/0000-0001-9981-6066> • Nejra Siručić, <https://orcid.org/0000-0001-7165-929X>

Introduction: Myocardial infarction in patients with psychiatric diseases is to a large extent more prevalent and is accompanied by a worse prognosis after a cardiac incident. Despite the higher mortality, these patients are less frequently subjected to coronary angiography and coronary intervention. With this research, we want to show the frequency of myocardial infarction in patients with schizophrenia, bipolar affective disorder, and depression, depending on age, gender, socioeconomic characteristics, professional qualifications, and dietary habits.^{1,2}

Patients and Methods: Patients diagnosed with schizophrenia, bipolar affective disorder and depression hospitalized in Psychiatric Hospital of Sarajevo Canton. A total of 405 patients were treated over a period of five years.

Results: Myocardial infarction in patients with schizophrenia was represented in 11.9% of cases. Depending on socioeconomic characteristics, myocardial infarction was most often experienced by patients who were married, employed, or retired, and who lived in urban areas. The youngest patient in whom we verified a myocardial infarction was a 37-year-old man. Examining the risk factors for the occurrence of myocardial infarction, through our research, we found that smoking, elevated blood pressure values, elevated BMI, although they are more frequent, do not have a significant impact on the occurrence of myocardial infarction in all three study groups. Patients with elevated values of glucose, total cholesterol and LDL cholesterol had a higher incidence of myocardial infarction. Eating habits had no influence on the onset of myocardial infarction in patients with schizophrenia and depression. By analyzing the presence of metabolic syndrome, we did not prove a statistically significant difference in the occurrence of myocardial infarction compared to patients without metabolic syndrome.

Conclusion: To prevent cardiac events, it is necessary to work on raising the awareness of people suffering from psychiatric diseases regarding lifestyle and eating habits, and to conduct periodic health examinations. The most important preventive measure after a myocardial infarction is to stop smoking. Smokers live an average of ten years less than non-smokers.

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LITERATURE

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