

# SEE WHAT OTHERS DON'T



**Serious mental illnesses (SMI)** are associated with increased disease and economic burden in patients.<sup>1,2</sup>

**IN 2021,** there were an estimated



people aged 18 or older in the United States with SMI.<sup>1</sup>

This number represented

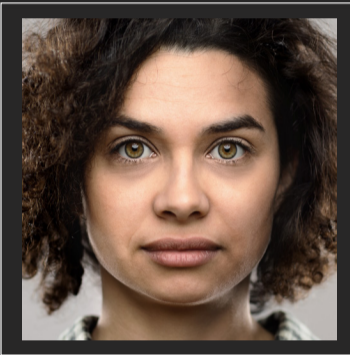
**5.5%**  
of all U.S. adults.<sup>3</sup>



Clinician-patient relationships have the capacity to transform patients' experiences and potentially to improve health-related outcomes.<sup>4</sup>

## THESE ARE A FEW EXAMPLES\*

### EARLY ONSET. MULTIPLE SYMPTOMS. UNCLEAR DIAGNOSIS.



- Early 20s, recent diagnosis
- Multiple overlapping symptoms caused delay in diagnosis
- Patient and family lack education on SMI

**FOCUS:**  
Early intervention

\*Not actual patients. Patient profiles are hypothetical and for educational purposes only.

#### DID YOU KNOW?



Factors such as earlier age of onset and financial burden are associated with a longer diagnostic delay in an SMI such as schizophrenia.<sup>5,6,7</sup>



Early intervention programs for SMI such as psychosis have been demonstrated to prevent long-term loss of function.<sup>2,8</sup>

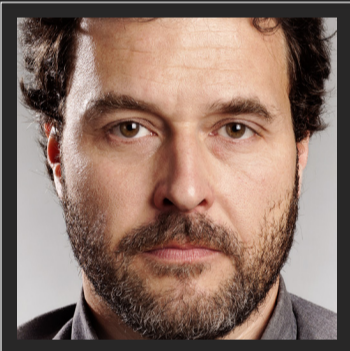


By better understanding those patients that are at a higher risk for specific adverse outcomes, clinicians can more appropriately target interventions to reduce the significant burden of SMI.<sup>9</sup>



Transitional interventions including pre-discharge counseling and post-discharge follow-up may be effective in preventing psychiatric readmission.<sup>10</sup>

### EVOLVING SYMPTOMS. MIXED FEATURES.



- Early 40s
- First diagnosed with Bipolar Disorder (BD) at age 20
- Recently began experiencing mixed features of mania/depression

**FOCUS:**  
Lead a productive life with SMI

\*Not actual patients. Patient profiles are hypothetical and for educational purposes only.

#### DID YOU KNOW?



Mixed features present in ~40% of patients with BD during disease course, and are associated with more mood episodes, increased rates of suicide, higher rates of comorbidity, and poorer response to treatments.<sup>11,12</sup>

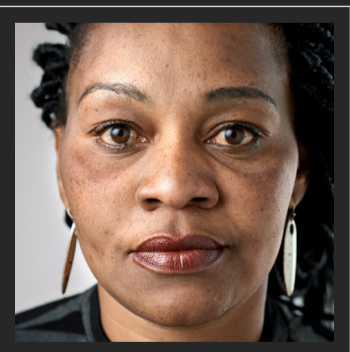


Mixed features are often underdiagnosed, with important consequences in terms of worsening prognosis, frequent admission to the hospital, higher suicide risk, and poorer quality of life.<sup>13</sup>



The frequency of mixed features in mania has been variably reported between 20 and 80%.<sup>14</sup>

### LONG-TERM CONSIDERATIONS.



- Early 60s
- BD
- Polypharmacy
- Emerging cardiometabolic comorbidity

**GOAL:**  
Maintain quality of life

\*Not actual patients. Patient profiles are hypothetical and for educational purposes only.

#### DID YOU KNOW?



Patients with Older-Age Bipolar Disorder (OABD) often experience mixed symptoms, somatic comorbidity and impaired cognitive function, necessitating a management approach that considers these specific characteristics.<sup>15,16</sup>



OABD can be associated with a faster accumulation of chronic physical diseases and a faster decline in health perception compared to the general aging population.<sup>17</sup>



A nearly threefold increase in the rate of dementia has been observed in OABD patients compared to age-matched individuals without bipolar disorder.<sup>18</sup>



Cardiovascular disease is the most common cause of premature mortality in OABD patients.<sup>14</sup>

1. Janssen EM, et al. *Gen Hosp Psychiatry*. 2015;37(3):199-222. 2. Seabury SA, et al. *Health Aff (Millwood)*. 2019;38(4):652-659. 3. National Institute of Mental Health. March 2023. Accessed July 18, 2023. <https://www.nimh.nih.gov/health/statistics/mental-illness>. 4. Kornhaber R, et al. *J Multidiscip Healthcare*. 2016;9:537-546. 5. Berk M, et al. *J Affect Disord*. 2007;103:181-186. 6. Nguyen T, et al. *BMC Psychiatry*. 2019;19:385. 7. Qiu Y, et al. *Early Interv Psychiatry*. 2017;13:1-7. 8. Randall JR, et al. *Schizophrenia Bulletin*. 2015;41(6):1379-1386. 9. Forma F, et al. *Clinicoecon Outcomes Res*. 2020;12:123-132. 10. Vigod S, et al. *Br J Psych*. 2013; 202(3):187-194. 11. Muneer A. *Chonnam Med J*. 2017;53:1-13. 12. Swann AC, et al. *Am J Psychiatry*. 2013;170:31-42. 13. Cervone A, et al. *Outcomes*. 2020;34(Suppl 8): 38-41. 14. McIntyre RS, et al. *World Psychiatry*. 2022;21:364-387. 15. Eyster et al., *Am J of Geriatric Psychiatry* 2022; 30 (10): 1096-1107. 16. Dols A, et al. *Clin Geriatr Med*. 2020;36:281-296. 17. Beunders et al., *Journal of Affective Disorders* 2021; 288: 83-91. 18. Shobassy A. *Curr Psychiatry Rep*. 2021;23:5.