

Chapter 1

Demographics

Background

In order to tailor current services and to follow trends for more targeted planning efforts, it is essential for the VA to have information on the characteristics of its patients with psychoses.

Age

Patient age is often pivotal to understanding their psychiatric illness, as well as being linked to medical comorbidity and, thereby, health care utilization. In this report, patient age was determined based on the recorded date of birth and was calculated as of the first day of FY01, 10/1/00.

Gender

According to the Defense Almanac, as of 4/30/01, there were 199,650 women in the military, comprising approximately 14% percent of the total U.S. Armed Forces. This year, women comprise 7% the patients in the Registry.

There is evidence of differences between the genders in rates of SMI, age on onset, proportion of ‘positive’ symptoms, outcomes, admission rates, and social adaptation (Miller & Burns, 1995; Gur, Petty, Turetsky, & Gur, 1996; Angermeyer, Kuhn, & Goldstein, 1990). These differences must be accounted for, especially as the proportion of women in the veteran population grows.

Race

VHA is committed to ensuring appropriate treatment for all beneficiaries. Monitoring the treatment of different racial groups can aid in this goal. Numerous studies have noted differences in the diagnosis and treatment of SMI based on race. Specifically, it has been found that despite no compelling evidence that African Americans suffer from schizophrenia at higher rates, they are often diagnosed with the illness with greater frequency. Minorities tend to suffer the burden of mental illness at a higher rate (particularly schizophrenia), yet have different diagnostic and treatment rates than Caucasians (Flaskerud & Hu, 1992; Ineichen, 1991; Neighbors, Jackson, Campbell, & Williams, 1989; Goater et al., 1999; Bhugra et al., 1997).

The race of each person was determined based on their first instance of utilization in FY01. If this observation was “unknown”, successive instances were examined until a definitive designation was obtained.

Marital Status

Many VA studies note the high proportion of SMI veterans that are either ‘never married’ or ‘divorced/separated’. This data sheds light on the personal circumstances and social supports of this population.

Marital status was identified as the first non-missing report from PTF data, if available, or from the OPC file.

Findings

- In FY01, VHA provided care to 196,675 patients with psychosis, of whom 98,739 had schizophrenia as their main psychosis and 65,556 had bipolar disorder.
- 1.9% more patients had a psychosis diagnosis in FY01 than in FY00, and 2.7% more than in FY99.
- The number of patients with Schizophrenia dropped 3.5% from FY01 and 5.6% since FY99.
- The Bipolar Disorder population rose 5.8% from FY01 and 9.4% from FY99.
- The Other Psychosis category rose substantially in both years, with a 12.8% rise from FY00 and a 19.6% rise from FY99.
- Approximately 26% of veterans diagnosed with schizophrenia are African American, while, as of 2000, only 20% of the armed services were African American.
- Women comprise 7.1% of patients with psychosis diagnoses in FY01.
- Among patients with bipolar disorder, the percentage who are women was over twice as high as that among patients schizophrenia.
- The mean age of all patients was 54, with almost 25% over the age of 65.
- Almost twice as many veterans with schizophrenia as those with bipolar disorder have never been married (41.8% vs. 21.4%).
- Over 26% of patients had a concurrent substance abuse diagnosis.
- The ratio of patients with schizophrenia to those with bipolar disorder ranges from .85 to 2.5 across VISNs. It is unclear to what extent this is due to uneven distribution of diagnoses versus differing practice/diagnosis patterns.

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