

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. SMI conditions, especially schizophrenia, are generally considered diseases of younger individuals due to an earlier age of onset and worse symptoms in that cohort; the ECA found a 3x higher prevalence rate among persons under 45 than in older groups. In fact, Di Maggio notes that the onset age, appearance of initial schizophrenia symptoms, and first treatment contact has been steadily decreasing over time (Di Maggio, Martinez, Menard, Petit, & Thibaut, 2001). The presence of dual diagnosis is also observed far more frequently in younger patients. Unfortunately, as reported by Wang et al., these individuals receive treatment for their serious psychiatric conditions at significantly lower rates than older patients (Wang, Demler, & Kessler, 2002).

Among older patients, SMI conditions typically manifest with less severe symptomology, and these individuals tend to display better overall functioning (Meeks & Murrell, 1997). Social support is also generally stronger within this cohort, which positively affects quality of life and potential outcomes (Walkup & Gallagher, 1999).

However, despite these beneficial attributes of aging and SMI, Cohen (Cohen et al., 2000) notes that a “crisis has emerged” in the diagnosis and treatment of older with schizophrenia and bipolar disorder. In addition to the fact ECA rates might be artificially low, barriers to effective treatment within older patients, stigma, and other factors might deleteriously compensate for less serious SMI circumstances. Negative symptoms are often more difficult to recognize in older patients. While multidimensional needs magnify with age, the healthcare and social systems tend to focus primarily on physical instead of psychiatric concerns. Increased medical care service use among older patients is well documented; however, recent VA studies have found that mental health and substance abuse utilization (both outpatient visits and admissions) drops significantly with age (Barry, Blow, Dornfeld, & Valenstein, 2002; Zeber, Copeland, & Grazier, 2003). Finally, older SMI patients run a substantially greater risk of experience TD and other medication side effects (Mamo, Sweet, Chengappa, Reddy, & Jeste, 2002).

In this report, patient age was determined based on the recorded date of birth and was calculated as of the first day of FY02, 10/1/01.

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, with ECA finding a fairly small but consistently higher prevalence among women. Differential effects have been observed across several important aspects. These include age on disease onset in schizophrenia, where women generally have a later onset and perhaps worse symptoms when onset subsequently arrives (Palmer, McClure, & Jeste, 2001; Hafner, Hambrecht, Loffler, Munk-Jorgensen, & Riecher-Rossler, 1998). This fact has led to theories of a protective effect from estrogen, including the impact of antipsychotic side effects (Usall, Haro, Ochoa, Marquez, & Araya, 2002; Grigoriadis & Seeman, 2002). Men with SMI conditions tend to exhibit worse functional status, while women foster enhanced social support, live independently better, and have higher marital rates (Usall et al., 2001). Women also display more severe positive symptoms, though this decreases with age (Lindamer, Lohr, Harris, McAdams, & Jeste, 1999). Furthermore, although female patients have fewer comorbid psychiatric conditions, their psychosis might be more severe and refractory than men (Sajatovic, Vernon, & Semple, 1997; Miller & Burns, 1995). Gender differences in cognitive abilities and conceptualization have also been observed in Rorschach and other psychological tests (Danielsson, Flyckt, & Edman, 2001).

In terms of utilization, several studies have focused on veterans. Although earlier research (Hoff & Rosenheck, 1998a; Hoff & Rosenheck, 1998b) indicated that women might underutilize all VA care, especially mental health services (perhaps due to their significant minority status in the armed forces), a more recent study found that female SMI veterans receive VA psychiatric care at higher rates than men (Mojtabai, Rosenheck, Wyatt, & Susser, 2003).

These issues of disease epidemiology, care-seeking and treatment rates, and clinical outcomes 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). Despite tremendous progress in eliminating disparities in a variety of medical areas within the VA (Demakis, 2002), differential patterns of psychiatric diagnosis and treatment have been observed in recent studies (Zeber et al., 2003; Copeland, Zeber, Valenstein, & Blow, 2003).

The race of each person was determined based on their first instance of utilization in FY02. 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 and social support are crucial factors for SMI patients. Researchers have noted gender differences in marital status (males much lower), plus worse quality of life and treatment access among single individuals (Salokangas, Honkonen, Stengard, & Koivisto, 2001). In addition to also documenting lower overall marital rates, Hutchinson et al. found reduced fertility

and reproductive behavior; however, they comment this is quite possibly mediated by cultural factors (Hutchinson et al., 1999). SMI illness duration, severity of condition, and clinical outcomes are also associated to the marital course (Thara & Srinivasan, 1997).

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

Key Findings

- Total population of veterans treated for psychosis during FY02 was 205,620, including 95,875 with schizophrenia, 70,345 with bipolar disorder and 39,400 with other psychotic disorders.
- Total SMI population rose again, up 4.5% from FY01 and 7.3% from FY99.
- SCH continued its downward trend, falling 2.9% last year and 8.3% since FY99.
- BP rose again, up 7.3% in the past year, 17.4% over last 4 years.
- Other Psychoses population has risen 46% since FY99
- Sixty percent of the population was white with 40% other racial/ethnic backgrounds.
- Entire population is aging steadily, with the mean age rising nearly 2 years in FY02 and 3 years since FY99.
- Age \geq 80 group rose 4.9% last year.
- Across VISNs:
 - Diagnostic patterns showed considerable variation with the ratio of SCH to BP ratio ranging from 0.88 to 2.17.
 - The percentage of patients receiving a schizophrenia diagnosis varied between 35.1% and 58.9%.
 - For bipolar disorder the range is between 27.1% and 46.2%.

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