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Premature Aging in Schizophrenia?

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Abstract.

Background: Schizophrenia is associated with higher medical comorbidity and a shorter life span than the general population. It is not clear if this is a result of premature aging (– i.e., whether the process of aging begins early in life) and/or accelerated aging (- i.e., there is progressive worsening with age).

Methods: We used a structured multi-cohort design to recruit 72 outpatients with schizophrenia (39 women; mean age 50.1 years; SD 10.5) and 64 demographically comparable healthy subjects. Mean duration of schizophrenia was 25.2 years (SD 13.2).

Results: There were a number of significant differences between the schizophrenia and comparison groups in terms of physical health, cognitive functioning, mental health, and lab values ($p < .01$). These included worse physical and mental health composite scores on the 36-item Short-Form Scale (SF-36), cognitive performance on the Telephone Interview for Cognitive Status (TICS), and several lab values including hemoglobin A1C and HDL cholesterol, with a trend for worse C-Reactive Protein in individuals with schizophrenia compared to controls. There was a significant inverse correlation between age and the physical health measure ($r = -.305$) in comparison subjects but not in persons with schizophrenia ($r = .014$). Similarly, the correlations between age and SF-36 mental health composite ($r=-.042$), TICS score ($r=.028$), positive and negative symptoms ($rs =.069$ and $-.096$), and blood-based biomarkers (A1C $r=.071$, HDL $r=.073$, C-Reactive Protein $r= -.060$) in the patients were all non-significant (all p values $> .2$).

Discussion: These data suggest that persons with schizophrenia had worse physical, mental, and cognitive functioning than comparison subjects; however, there did not seem to be progressive worsening with age in schizophrenia. While the data are limited by the cross-sectional design, they appear to favor premature aging, rather than accelerated aging, in some

specific domains of health in schizophrenia. We plan to expand our sample size and follow the subjects longitudinally. The results may have potential implications for developing interventions to treat and even prevent premature aging in schizophrenia.