

TABLE 1: DIABETES AND HYPERGLYCAEMIA PAPERS

Source	Patient sample description	Comparison group description	Outcome measure	Prevalence estimates or Mean/SD	Main results
(A) STUDIES WITH A CONTROL GROUP					
<i>Community Samples</i>					
Sokal et al, 2004 (USA) [12]	N = 100. Men and women with SCZ or S-AFF	N = 3052. Matched for age/race/gender (15:1 ratio). From NHIS national survey dataset	Diabetes (ascertained from patient interview) – lifetime prevalence	<i>SMI</i> : Obs = 10/97 (10.3%) <i>Control</i> : Obs = 167/2861 (5.8%)	Unadjusted OR = 1.98 (0.99 to 3.96); Adjusted OR ^c = 1.98 (0.95 to 4.10) *Calculated RR = 1.77 (0.96 to 3.23)
Osborn et al, 2006 (UK: England) [8]	N = 74. Men and women with SCZ, S-AFF or N-ACP	N = 148. Men and women	Diabetes (recorded in GP records)	<i>SMI</i> : Obs = 7/74 (9.6%) <i>Control</i> : Obs = 4/148 (2.7%)	Unadjusted OR = 3.8 (1.1 to 13.3); Adjusted OR ^a = 3.7 (0.9 to 15.4); Adjusted OR ^b = 6.0 (1.2 to 3.10) *Calculated RR = 3.50 (1.06 to 11.58)
			Hyperglycaemia (random blood glucose > 11.0 mmol/L)	<i>SMI</i> : Obs = 5/74 (6.9%) <i>Control</i> : Obs = 6/148 (4.1%)	Unadjusted OR = 1.7 (0.5 to 5.9); Adjusted OR ^a = 1.2 (0.3 to 4.9); Adjusted OR ^b = 1.1 (0.2 to 5.4)
			Mean random glucose levels (mmol/L)	<i>SMI</i> : Mean = 6.1 mmol/L (SD 3.5) <i>Control</i> : Mean = 5.3 mmol/L (SD 2.1)	SMI > Controls: t-test: F = -2.1, p = .003 *SMD = 0.302 (0.02-0.583)
McEvoy et al, 2005 (USA) [47]	N=689. Men and women with chronic SCZ	Compared to randomly selected population from the NHANES III study matched for age/race/gender (N=689)	1). Mean fasting glucose (mg/dl) (no SD) 2). Met the glucose criterion for metabolic syndrome (>110mg/dl)	<i>Males</i> : <i>SMI</i> mean = 97.7, <i>Control</i> mean = 102.4 <i>Females</i> : <i>SMI</i> mean = 100.9 <i>Control</i> mean = 99.9 <i>Males</i> : <i>SMI</i> 14.1%, <i>Controls</i> 14.2% <i>Females</i> <i>SMI</i> 21.7%, <i>Controls</i> 11.2%	SMI < controls: t test p=0.034 SMI = controls: t test p=0.793 SMI = controls: chi sq p=0.964 SMI > controls: chi sq p=0.008
<i>Outpatient and Inpatient Samples</i>					
Curkendall et al, 2004 (USA) [14]	N = 3022. Men and women with SCZ. Members of US health plans	N = 12088. Matched for age/gender (4:1 ratio). Randomly selected from same health databases	Diabetes diagnosis (ICD-9 Code 250) or prescriptions for oral anti-diabetic medications or insulin	<i>SMI</i> : Prevalence = 91.7 per 1000 Incidence = 7.0 per 1000 person-years <i>Control</i> : Prevalence = 50.5 per 1000 Incidence = 4.3 per 1000 person-years	<i>Prevalence</i> : Unadjusted OR = 1.9 (1.6 to 2.2); Adjusted OR ^d = 2.1 (1.8 to 2.4) <i>Incidence</i> : Unadjusted RR = 1.6 (1.2 to 2.2); Adjusted RR ^d = 1.8 (1.2 to 2.6) *Calculated risk ratio = 1.82 (1.58 to 2.08)
Enger et al, 2004 (USA) [8]	N = 1920. Men and women with SCZ. Members of US health plan	N = 9600. Matched for age/gender (5:1 ratio). Identified from same health plan database	Diabetes diagnosis (ICD-9 Code 250) or at least one dispensing of anti-diabetic drug	<i>SMI</i> : Obs = 105 events Rate = 3464 per 100,000 person-years <i>Control</i> : Obs = 201 events Rate = 1380 per 100,000 person-years	Adjusted rate ratio ^e = 1.75 (1.38 to 2.21) *Calculated risk ratio = 2.00 (1.62 to 2.46)
Kilbourne et al, 2004 (USA) [16]	N = 4310. Men and women with BPAD from National US Veterans cohort	N = 3408760. Men and women. From same Veterans cohort	Diabetes diagnosis (ICD-9)	<i>SMI</i> : Obs = 743 /4310 (17.2%) <i>Control</i> : Obs = 532926/3408760 (15.6%)	None reported *Calculated risk ratio = 1.10 (1.03 to 1.18)
<i>Inpatient Samples</i>					
Finney, 1989 (Sweden) [17]	Search of inpatient register (1969-1983) to identify conscripts (N = 621074) with diabetes diagnosis <u>and</u> SCZ. All males aged under 27 years	Members of same conscript cohort (National Enrolment Register 1969-1979) with diabetes diagnosis but <u>no</u> SCZ. All males aged under 27 years	<i>Juvenile</i> onset diabetes (ICD Code 250)	<i>Diabetics with schizophrenia</i> : Obs = 0; Exp = 4 <i>Diabetics without schizophrenia</i> : Obs = 1154 cases (Rate = 1.9 per 1000) <i>General population rates (1969-1983)</i> : For age 0-19 = 0.2 per 1000	None reported
Makikyro et al, 1998 (Finland) [18]	N = 89. Members of 1966 Birth Cohort with SCZ. Followed up 1982-1994. No gender information	N = 10630. Members of same Birth Cohort with no history of psychiatric disorder. Men and women	Diabetes mellitus (hospital-treated cases): ICD-8 and ICD-9	<i>SMI</i> : Obs = 0/89 (0%) <i>Control</i> : Obs = 78/10630 (0.7%).	None reported *Calculated risk ratio = 0.75 (0.05 to 12.04)
Ryan et al, 2003 (Finland) [19]	N = 26. Men and women with SCZ. First-episode and drug-naive	N = 26. Men and women	Impaired glucose tolerance (>110 mg/dl and <125 mg/dl) Mean fasting blood glucose (mg/dL)	<i>SMI</i> : 4/26 (15.4%) <i>Control</i> : 0/26 (0%) <i>SMI</i> : Mean = 95.8 (SD 16.9) <i>Control</i> : Mean = 88.2 (SD 5.4)	None reported *Calculated risk ratio = 9.00 (0.51 to 159.15) SMI > Controls (t-test, p <.03) *SMD = 0.606 (0.049 to 1.162)
Saari et al, 2005 (Finland) [20]	N = 31. Men and women with SCZ. Members of 1966 Birth Cohort followed up in 1997/1998	N = 5455. Men and women with no history of psychiatric treatment. From same 1966 Birth Cohort	Fasting blood glucose ≥ 110 mg/dL	<i>SMI</i> : Obs = 0/31 (0%) <i>Control</i> : Obs = 157/5455 (3%)	None reported *Calculated risk ratio = 0.54 (0.03 to 8.50)
Arranz et al, 2004 (Spain) [21]	Men and women with SCZ. <i>Antipsychotic-free</i> group: N=50 <i>Antipsychotic-naive</i> group: N = 50 (first psychotic episode)	N = 50. Men and women. Hospital staff with no history of SCZ or medication affecting glucose homeostasis	Mean fasting blood glucose (mmol/L)	<i>Antipsychotic-free</i> : Mean = 4.47 (SD 0.08) <i>Antipsychotic-naive</i> : Mean = 4.33 (SD 0.05) <i>Control</i> group: Mean = 4.22 (SD 0.08)	No significant differences– ANCOVA ^f , p = .21 *SMDs <i>Antipsychotic-free</i> = 3.125 (2.538 to 3.712) <i>Antipsychotic-naive</i> = 1.649 (1.194 to 2.104)

TABLE 1: DIABETES AND HYPERGLYCAEMIA PAPERS (continued)

(B) STUDIES COMPARING PATIENTS WITH SMI TO NORMATIVE DATA					
Source	Patient sample description	Comparison group description	Outcome measure	Prevalence estimates or Mean/SD	Main results
<i>Outpatient Samples</i>					
Lamberti et al, 2004 (USA) [22]	N = 196. Patients with SCZ. No gender information	Compared to general population rate for comparable age groups (data from Mokdad et al, 2001)	Diagnosis of diabetes (medical chart review)	<i>SMI</i> : Obs = 27/196 (13.8%) <i>General population rate</i> : 7.3%	None reported. *Calculated risk ratio = 1.89
Dickerson et al, 2002 (USA) [23]	N = 43. All <i>females</i> , with SCZ or S-AFF	N = 101. Age-range matched females from Maryland Behavioural Risk Factor Survey (BFRS) 1999 dataset	Diabetes (ever) – self-reported in interview using BRFS tool	<i>SMI</i> : Obs = 6/43 (14%) (CI: 5 to 28%) <i>Controls</i> : Obs = 8/101 (8%) (CI: 6 to 10%)	None reported *Calculated risk ratio = 1.90 (0.70 to 5.16)
<i>Outpatient and Inpatient Samples</i>					
Casadebaig et al, 1997 (France) [24]	N = 3470. Men and women with SCZ	Compared to INSEE-CREDES 1991 general population survey data.	Treatment for diabetes (ICD-9 Code 250)	<i>SMI</i> : Males Obs = 24; Females: Obs = 30 <i>Controls</i> : No prevalence estimates reported	<i>Standardised Morbidity Ratio</i> Male SMR = 4.0 (Chi square p<.05) Female SMR = 2.0 (Chi square p<.05).
Dixon et al, 2000 (USA) [25]	(i) <i>Field Study</i> (1994-96): N = 719. Men and women with SCZ. (ii) <i>Medicaid Data</i> (1991): N = 6066. Men and women with SCZ, S-AFF or SFD. (iii) <i>Medicare Data</i> (1991): N = 14182. Men and women with SCZ, S-AFF or SFD	Compared to general population self-reported rates from National Health Interview Survey (NHIS 1994) – Adams & Marano, 1995	<i>Field Study</i> : Self-reported diabetes: lifetime and current. <i>Medicaid/Medicare Data</i> : Any diabetes-related claim	<i>SMI</i> : (i) <i>Field Study</i> : Lifetime diabetes: 107/719 (14.9%); Current diabetes: 78 cases (10.8%); (ii) <i>Medicaid claims</i> : 673/6066 (11.1%). Age 18-44 = 6.7%; Age 45-64 = 18.8% (iii) <i>Medicare claims</i> : 1766/14182 (12.5%). Age 18-44 = 5.6%; Age 45-64 = 14.9% <i>Cited general population rates</i> : Age 18-44 = 1.2%; Age 45-64 = 6.3%	None reported *Calculated risk ratio = 4.67 (age 18-44 yrs) *Calculated risk ratio = 2.36 (age 45-64 yrs)
Susce et al, 2005 (USA) [46]	N=560. Men and women with SCZ, S-AFF, BPAD, DEP	Compared to Kentucky general population (percentages not raw data)	Diagnosis of diabetes (medical chart review)	<i>SMI</i> : Obs = 101/560 (18%) <i>Controls</i> = 7%	Reported OR: 2.9 (95%CI=2.3to 3.6) *Calculated risk ratio=2.57
<i>Inpatient Samples</i>					
Lilliker, 1980 (USA) [26]	N = 1134. Patients with SCZ discharged 1973-1978. No gender information	Compared to general population data from National Health Survey 1960/62	Diabetic diet recorded in dietary records	<i>SMI</i> : Obs = 38/1134 (3.3%) <i>General population rate</i> = 1.8%	None reported
Regenold et al, 2002 (USA) [27]	N = 71. Men and women with SCZ. Older Adults (age 50-74 yrs)	Compared to general population survey data for age, race and gender matched rates (NHANES III study)	Diagnosis of Diabetes Type 2 or prescription for insulin or oral hypoglycaemics (chart review)	<i>SMI</i> : Obs = 9/71 (13%) <i>General population rate</i> = 15% (matched controls)	None reported *Calculated risk ratio = 0.84
Hung et al, 2005 (Taiwan) [28]	N = 246. Men and women with SCZ	Compared to general population rates based on data from Lu et al (1998).	Diagnosis of diabetes (on fasting plasma glucose > 126 mg/dL)	<i>SMI</i> : Obs = 24/246 (9.8%) <i>General population</i> : Obs = 120/1534 (7.8%)	None reported *Calculated risk ratio = 1.25 (0.822 to 1.893)
Regenold et al, 2002 (USA) [27]	N = 20. Men and women with S-AFF. Older Adults (age 50-74 yrs)	Compared to general population survey data (age, race and gender matched rates – NHANES III study)	Diagnosis of Type 2 Diabetes or prescription of insulin or oral hypoglycaemics (chart review)	<i>SMI</i> : Obs = 10/20 (50%) <i>General population rate</i> = 10% (matched controls)	None reported *Calculated risk ratio = 5.0
Cohen et al, 2003 (Netherlands) [29]	N = 93. Men and women with SCZ or S-AFF	Compared to Dutch general population rates (Nivel, 1999 study)	Diabetes Mellitus Type 2 (non-fasting blood glucose > 11.0 mmol/L)	<i>SMI</i> : Observed rate = 7.5% <i>General population rate</i> = 1.9%	OR = 4.288 (CI 1.979 to 9.289) *Calculated risk ratio = 3.95
Lilliker, 1980 (USA) [26]	<i>Study 1</i> : N = 203. Men and women with BPAD. <i>Study 2</i> : N = 129. Patients with BPAD discharged 1973-1978. No gender information.	<i>Study 1</i> : Compared to general population rates from National Health Survey 1960/62 (N=6692). <i>Study 2</i> : Compared to inpatients discharged 1973-1978 with 'other' diagnoses (<i>including</i> SCZ).	<i>Study 1</i> : Diagnosis of diabetes recorded in notes <i>Study 2</i> : Diabetic diet noted in dietary records	<i>Study 1</i> : Diagnosed cases (note review): <i>Bipolar</i> : Obs = 20/203 (9.85%) Males = 4/79 (5.06%); Females = 16/124 (12.9%) <i>General population rate (expected)</i> = 1.8% <i>Study 2</i> : Based on dietary records: <i>Bipolar</i> : Obs = 16/129 (12.4%) <i>Other diagnoses</i> : Obs = 121/4379 (2.8%)	None reported *Calculated risk ratio = 5.47
Cassidy et al, 1999 (USA) [30]	N = 345. Men and women with BPAD	Compared with general population norms	Diagnosis of diabetes (from medical history review) – Type I or Type II	<i>SMI (matched sample)</i> : Obs = 34/345 (9.9%) <i>SMI (unmatched sample)</i> : Obs = 36/357 (10.1%) <i>Expected rate (from US norms)</i> = 3.5%	None reported *Calculated risk ratio = 2.83

TABLE 1: DIABETES AND HYPERGLYCAEMIA PAPERS (Continued)

Source	Patient sample description	Comparison group description	Outcome measure	Prevalence estimates or Mean/SD	Main results
Inpatient samples (continued)					
Regenold et al, 2002 (USA) [27]	N = 53. Men and women with BPAD. Older Adults (age 50-74 yrs)	Compared to general population survey data (age, race and gender matched rates – NHANES III study)	Diagnosis of Type 2 Diabetes or prescription of insulin or oral hypoglycaemics (chart review)	SMI: Obs = 14/53 (26%) General population rate = 13% (matched cases)	None reported *Calculated risk ratio = 2.03
Regenold et al, 2002 (USA) [27]	N = 144. Men and women with SCZ, S-AFF or BPAD. Older Adults (age 50-74 years)	Compared to general population survey data (NHANES III study)	Diagnosis of Type 2 Diabetes or prescription for insulin or oral hypoglycaemics (chart review)	SMI: Obs = 33/144 (22.9%) General population rate = 14%	None reported
Cohen et al, 2003 (Netherlands) [29]	N = 93. Men and women with SCZ or S-AFF	Compared to general population rates – by age group (Hoorn, 1995 study)	Hyperglycaemia (non-fasting blood glucose >7.8 and < 11.0 mmol/L)	SMI: Obs = 11/93 (11.83%) Age 20-49 = 15.2%; Age 50-59 = 13.0% General population rates: Age 20-49 = 5.7%; Age 50-59 = 6.3%	Age 20-49 years: OR = 2.959 (CI 1.230 to 7.119) Age 50-59 years OR = 2.220 (CI 0.0644 to 7.650)
Long Stay Samples					
Mukherjee et al, 1996 (Italy) [31]	N = 95. Men and women with SCZ	Compared to general population data from 2 studies – Verriollo et al (1985) and Bruno et al (1992)	Diagnosis of diabetes – record of OGTT fasting plasma glucose > 140 mg/dL on ≥ 2 occasions	SMI: Obs = 15/95 (15.8%) (CI 12.1% to 19.5%) General population rates: 1985 data = 3.2%; 1992 data = 2.1%	None reported *Calculated risk ratio = 4.93
Subramaniam et al, 2003 (Singapore) [32]	N = 194. Men and women with SCZ	Compared to prevalence rates for general population (National Health Survey Singapore 1998)	Prevalence of diabetes (via OGTT using WHO criteria)	SMI: Obs = 31/194 (16%) General population rate = 9%	None reported *Calculated risk ratio = 1.77
			Impaired glucose tolerance (via OGTT using WHO criteria)	SMI: Obs = 60/194 (30.9%) General population rate = 15%	None reported
(C) STUDIES COMPARING PATIENTS WITH SMI TO PATIENTS WITH OTHER DIAGNOSES					
Community Samples					
Chafetz et al, 2005 (USA) [33]	N = 271. Men, women and transgender with SCZ or S-AFF	N = 510. Men and women with 'other' diagnoses (including BPAD)	Diabetes (ascertained from nursing notes)	SCZ/S-AFF group: Obs = 20/271 (7.4%) 'Other diagnoses' group: Obs = 16/510 (3.1%)	None reported *Calculated risk ratio = 2.35 (1.239 to 4.464)
Outpatient Samples					
Gierz & Jeste, 1993 (USA) [34]	N = 30. Men and women with SCZ – predominantly male. Elderly veterans: mean age 67.6 yrs (SD 6.5)	N = 26. Men and women with DEP from same clinic. Elderly veterans: mean age 66.5 yrs (SD 4.5). Also cite population rates for age >65 years (Schick, 1986).	Diabetes mellitus (ascertained from chart review, computerised profiles, prescription records)	SCZ group: Prevalence rate = 16.7% DEP group: Prevalence rate = 15.4% Cited population norms: Rate = 8.3%.	None reported *Calculated risk ratio = 2.01
Lamberti et al, 2004 (USA) [22]	N = 196. Patients with SCZ. No gender information	N = 240. Patients with other psychiatric diagnoses (including S-AFF, BPAD, DEP and other psychotic disorders)	Diagnosis of diabetes (medical chart review)	Schizophrenia group: Obs = 27/196 (13.8%) 'Other diagnoses' group: Obs = 35/240 (14.6%)	None reported
Inpatient Samples					
Kessing et al, 2004 (Denmark) [35]	N = 6706. Men and women with BPAD. Excluded patients with an existing diagnosis of diabetes	(a) N = 108525 patients with osteoarthritis. Men and women (b) N = 29035 patients with DEP. Men and women	Diagnosis of diabetes during study period: ICD-8 (Codes 249.00-250.09) or ICD-10 (Codes DE10.0-DE11.9)	Bipolar: Obs = 101/6706 (1.51%) Osteoarthritis: Obs = 1980/108525 (1.82%) DEP: Obs = 358/29035 (1.23%)	None reported *Calculated risk ratio = 1.22 (0.981 to 1.521) – compared to Depression *Calculated risk ratio = 0.83 (0.677 to 1.007) – compared to Osteoarthritis
Long Stay Samples					
Steinert et al, 1996 (Germany) [36]	N = 90. Men and women with SCZ or S-AFF	N = 90. Men and women with DEP.	Diabetes mellitus (unclear how ascertained from notes)	SMI: Males: Obs = 3/43 (7%) Females: Obs = 8/47 (17%) Non-SMI: Males: Obs = 2/43 (4.7%) Females: Obs = 3/47 (6.4%)	None reported *Calculated risk ratio = 2.2 (0.796 to 6.076)

Notes: ^a Adjusted for age and gender; ^b Adjusted for age, gender and unemployment; ^c Adjusted for body mass index (BMI); ^d Adjusted for age, sex and relevant medical risk factors; ^e Adjusted for age, gender, year of initial dispensing, ratio of dispensed days to total days, diabetes, anti-angina medications, anti-hypertensive medication; ^f Controlling for age, BMI, sex and family history of diabetes; * If odds ratios or risk ratios are not reported in papers, risk ratios have been calculated wherever possible.

Abbreviations: SCZ = Schizophrenia; S-AFF = Schizoaffective Disorder; BPAD = Bipolar Affective Disorder; N-ACP = Non-affective Chronic Psychotic Illness; SFD = Schizophreniform Disorder; DEP = Depression/Major Depressive Disorder; OGTT = Oral Glucose Tolerance Test. Obs=observations

TABLE 2: HYPERTENSION PAPERS

Source	Patient sample description	Comparison group description	Outcome measure	Prevalence estimates or Mean/SD	Main results
(A) STUDIES WITH A CONTROL GROUP					
<i>Community Samples</i>					
Sokal et al, 2004 (USA)[12]	N = 97. Men and women with SCZ or S-AFF	N = 2861. Matched for age, race and gender (15:1 ratio). Randomly selected from national survey datasets	Lifetime prevalence of hypertension – self-reported in face to face interview	<i>SMI</i> : Obs = 24/97 (24.7%) <i>Control</i> : Obs = 673/2861 (23.6%)	Unadjusted OR = 1.09 (0.67 to 1.77) Adjusted OR ^a = 1.04 (0.62 to 1.74) Adjusted OR ^b = 1.05 (0.64 to 1.71) *Calculated risk ratio = 1.05 (0.74 to 1.50)
Osborn et al, 2006 (UK: England)[13]c	N = 74. Men and women with SCZ, S-AFF or N-ACP	N = 148. Men and women	Prevalence of hypertension (Systolic BP > 160 or Diastolic BP > 95 mmHg)	<i>SMI</i> Obs = 9/74 (12.2%) <i>Control</i> : Obs = 19/148 (12.8%)	Unadjusted OR = 0.9 (0.4 to 2.2) Adjusted OR ^d = 0.7 (0.3 to 1.8) Adjusted OR ^e = 0.5 (0.4 to 2.2) *Calculated risk ratio = 0.95 (0.45 to 1.99)
<i>Outpatient and Inpatient Samples</i>					
Curkendall et al, 2004 (USA) [14]	N = 3022. Men and women with SCZ	N = 12088. Men and women. Age and sex matched (4:1 ratio). Randomly selected from health databases	Prevalence of hypertension (ICD-9 Code 401 to 405)	<i>SMI</i> : Obs = 414/3022 (13.7%) <i>Control</i> : Obs = 2019/12088 (16.7%)	No OR reported *Calculated risk ratio = 0.82 (0.74 to 0.90)
McEvoy et al, 2005 (USA) [47]	N=687. Men and women with chronic SCZ	Compared to population from NHANES III study matched for age/race/gender (n=687)	1) Met metabolic syndrome blood pressure criteria 2). Mean systolic BP (mmHg) No SD 3). Mean diastolic BP (mmHg) No SD	<i>Male</i> : <i>SMI</i> : 47.2% of 508; <i>controls</i> : 31.1% <i>Female</i> : 46.9% of 179; <i>controls</i> : 26.8% <i>Male</i> : <i>SMI</i> : 124 mmHg; <i>Control</i> =123.4 <i>Female</i> : <i>SMI</i> : 122mmHg; <i>Control</i> =119 <i>Male</i> : <i>SMI</i> : 79 mmHg; <i>Control</i> =77 <i>Female</i> : <i>SMI</i> : 80mmHg; <i>Control</i> : 73	No OR Reported; *calculated risk ratio for males and females combined =1.57 (1.37-1.81) SMI=controls T test: p=0.295 SMI=controls T test: p=0.063 SMI>controls T test: p=0.000 SMI>controls T test: p=0.000
Kilbourne et al, 2004 (USA)[16]	N = 4310. Men and women with BPAD or cyclothymia. US Veterans.	N = 3408760. National Veterans cohort. Demographically similar to patient group	Prevalence of hypertension (ICD-9 – codes not specified)	<i>SMI</i> : Obs = 1500/4310 (34.8%) <i>Control</i> : Obs = 1256034/3408760 (36.8%)	No OR reported *Calculated risk ratio = 0.94 (0.91 to 0.98)
<i>Inpatient Samples</i>					
Saari et al, 2005 (Finland) [20]f	N = 31. Men and women with SCZ. All in early 30's (1966 Birth Cohort)	N = 5455. Men and women from same birth cohort.	Prevalence of hypertension (BP ≥ 130/85 mmHg)	<i>SMI</i> : Obs = 15/31 (48%) <i>Control</i> : Obs = 2209/5455 (40%)	No OR reported *Calculated risk ratio = 1.19 (0.83 to 1.72)
(B) STUDIES COMPARING PATIENTS WITH SMI TO NORMATIVE DATA					
<i>Outpatient Samples</i>					
Dickerson et al, 2002 (USA)[23]	N = 43. Females with SCZ or S-AFF. Age 40-70 years.	N = 101. Age-matched females from Maryland Behavioural Risk Factor Survey (BFRS) 1999 dataset	Prevalence of hypertension – self-reported in interview (using BFRS)	<i>SMI</i> : Obs = 16/43 (37%) (CI: 7%-53%) <i>General population rate</i> = 28% (CI: 24%-31%)	No OR reported *Calculated risk ratio = 1.33
<i>Outpatient and Inpatient Samples</i>					
Casadebaig et al, 1997 (France)[24]	N = 3470. Men and women with SCZ	Men and women from INSEE-CREDES 1991 survey dataset (representative sample of French general population)	Prevalence of hypertensive disease (ICD-9 Codes 401-405)	<i>SMI Males</i> : Obs = 51 cases <i>SMI Females</i> : Obs = 33 cases Comparison group rates not reported	Standardised Morbidity Ratios (no CI reported): Male SMR = 2.0; Female SMR = 0.5
Cohn et al, 2004 (Canada) [37]f	N = 240. Men and women with SCZ or S-AFF	General population rates from Canadian Heart Health Survey (1986-1990)	Prevalence of hypertension (BP ≥ 135/85 mm Hg or current treatment with antihypertensive medication)	Presented as graphs – exact values not given in table or text.	No OR reported
Susce et al, 2005 (USA) [46]	N=560. Men and women with SCZ, S-AFF, BPAD, DEP	Compared to Kentucky general population prevalence; no raw data	Prevalence of hypertension from medical charts	<i>SMI</i> : obs 151/560= 27% <i>Control</i> = 30%	OR=0.86,95%CI=0.71 to 1.03) *Calculated risk ratio=0.9

TABLE 2: HYPERTENSION PAPERS (continued)

Source	Patient sample description	Comparison group description	Outcome measure	Prevalence estimates or Mean/SD	Main results
Inpatient Samples					
Yates & Wallace, 1987 (USA) [38]c	N = 50. Men and women with BPAD. Study <i>excluded</i> non-white patients	Expected rates derived from general population data for age- and gender-specific controls (NHANES II Survey data 1971-75).	Prevalence of hypertension – defined as: (1) Patient history or physician diagnosis of hypertension; (2) Use of antihypertensive medication; (3) mean BP > 160/95 mmHg Also report mean systolic and diastolic BP (with 95% CI)	Obs = 14/50 (28%); Exp = 5.6 (11.2%) <i>Males</i> : Obs = 7/25 (28%); Exp = 3.0 (12%) <i>Females</i> : Obs = 7/25 (28%); Exp = 2.6 (10.4%) Mean SBP = 128.7 (124.1-132.33) <i>Males</i> = 123.7 (117.3-130.00) <i>Females</i> = 133.8 (127.8-139.0) Mean DBP = 81.0 (77.9-84.1) <i>Males</i> = 79.5 (75.4-83.6) <i>Females</i> = 82.5 (77.6-87.4)	None reported *Calculated risk ratio = 2.5
Long Stay Samples					
Steinert et al, 1996 (Germany)[36]c	N = 90. Men and women with SCZ or S-AFF. Age range 41-90 years	Data from German DHP Studie (1988) – Men and women, aged 40-70 years.	Mean systolic and diastolic blood pressure (with SD)	<i>SMI</i> : Male = 126.8 (11.3)/79.3 (7.1) Female = 127.2 (15.4)/78.2 (5.9) <i>General population data</i> : Male = 139.2 (19.5)/85.4 (11.9) Female = 136.0 (15.8)/82.0 (11.2)	None reported
(C) STUDIES COMPARING PATIENTS WITH SMI TO PATIENTS WITH OTHER DIAGNOSES					
Community Samples					
Chafetz et al, 2005 (USA) [33]	N = 271. Men and women with SCZ or S-AFF	N = 510. Men and women. Patients with other psychiatric diagnoses	Prevalence of hypertension (derived from nurse records)	<i>SMI</i> : Obs = 39/271(14.4%) <i>Other diagnoses</i> : Obs = 56/510 (11.0%)	No OR reported *Calculated risk ratio = 1.31 (0.90 to 1.92)
Outpatient Samples					
Gierz & Jeste, 1993 (USA)[34]	N = 30. Elderly men and women with SCZ. From US Veterans clinic: mean age 67.6 yrs (SD 6.5)	N = 26. Elderly men and women with DEP from same clinic: mean age = 66.5 yrs (SD 4.5)	Prevalence of hypertension (derived from chart/records review)	<i>SMI</i> : Observed rate = 26.7% <i>DEP</i> : Observed rate = 46.2% <i>General population rate</i> : Over 65 years = 37.9%	No OR reported *Calculated risk ratio = 0.58 (vs Depression) *Calculated risk ratio = 0.70 (vs gen popn)
Long Stay Samples					
Steinert et al, 1996 (Germany) [36]c	N = 90. Men and women with SCZ or S-AFF. Age range = 41-90 years	N = 90. Men and women with DEP. Age range 39-88 years	Prevalence of hypertension – definition unclear. Also report mean systolic and diastolic blood pressure (with SD)	<i>SMI</i> : Males – Obs = 3/43 (7%) Females – Obs = 5/47 (10.6%) <i>DEP</i> : Males – Obs = 2/43 (4.7%) Females – Obs = 2/47 (4.3%) Mean SBP/DBP <i>SMI</i> : Male = 126.8 (11.3)/79.3 (7.1) Female = 127.2 (15.4)/78.2 (5.9) <i>DEP</i> : Male = 123.2 (15.3)/76.7 (8.5) Female = 124.6 (15.9)/78.0 (9.3)	None reported. *Calculated risk ratio = 2.00 (0.62 to 6.41)

Notes on Tables: ^a Adjusted for BMI; ^b Adjusted for smoking; ^c Study also reports mean systolic and diastolic BP values; ^d Adjusted for age and gender; ^e Adjusted for age, gender and unemployment; ^f Data presented as part of metabolic syndrome study. * If odds ratios or risk ratios are not reported in papers, risk ratios have been calculated wherever possible.

Abbreviations: SCZ = Schizophrenia; S-AFF = Schizoaffective Disorder; BPAD = Bipolar Affective Disorder; N-ACP = Non-affective Chronic Psychotic Illness; SFD = Schizophreniform Disorder; DEP = Depression/Major Depressive Disorder. BP: Blood pressure

TABLE 3: DYSLIPIDEMIA PAPERS

Source	Patient sample description	Comparison group description	Outcome measure	Prevalence estimates or Mean/SD	Main results
(A) STUDIES WITH A CONTROL GROUP					
<i>Community Samples</i>					
Osborn et al, 2006 (UK: England) [13]c	N = 74. Men and women with SCZ, S-AFF or N-ACP	N = 148. Men and women	Prevalence of raised total cholesterol (> 5.1 mmol/L)	<i>SMI</i> : Obs = 41/74 (56.2%) <i>Control</i> : Obs = 73/148 (49.3%)	Unadjusted OR = 1.3 (0.7 to 2.5) Adjusted OR = 1.4 (0.8 to 2.5) ^b Adjusted OR = 1.9 (0.9 to 3.9) ^c
			Prevalence of low HDL cholesterol (< 1.0 mmol/L)	<i>SMI</i> : Obs = 12/74 (16.7%) <i>Control</i> : Obs = 7/148 (4.8%)	Unadjusted OR = 4.0 (1.5 to 10.7) Adjusted OR = 3.9 (1.4 to 10.8) ^b Adjusted OR = 2.2 (0.7 to 7.6) ^c
			Prevalence of high total/HDL cholesterol ratio	<i>SMI</i> : Obs = 43/74 (59.7%) <i>Control</i> : Obs = 66/148 (44.9%)	Unadjusted OR = 1.8 (1.0 to 3.2). Adjusted OR = 1.7 (0.9 to 3.0) ^b Adjusted OR = 1.3 (0.7 to 2.6) ^c
			Mean total cholesterol (mmol/L)	<i>SMI</i> : Mean = 5.41 (SD 1.3) <i>Control</i> : Mean = 5.3 (SD 1.3)	*Standardised mean diff= 0.08 (-0.20 to 0.36)
			Mean HDL cholesterol (mmol/L)	<i>SMI</i> : Mean = 1.4 (SD 0.45) <i>Control</i> : Mean = 1.6 (SD 0.48)	*Standardised mean diff = -.42 (-0.71 to -0.14)
			Mean LDL cholesterol (mmol/L)	<i>SMI</i> : Mean = 2.98 (SD 1.05) <i>Control</i> : Mean = 2.98 (1.12)	*Standardised mean diff = 0(-0.30 to 0.30)
			Mean triglycerides (mmol/L)	<i>SMI</i> : Mean = 2.5 (SD 1.7) <i>Control</i> : Mean = 1.8 (SD 1.5)	*Standardised mean diff = 0.47(0.16 to 0.73)
			Mean total/HDL cholesterol ratio	<i>SMI</i> : Mean = 4.3 (SD 1.5) <i>Control</i> : Mean = 3.7 (SD 1.3)	*Standardised mean diff = 0.44 (0.15 to 0.72)
McEvoy et al, 2005 (USA) [47]	N=687. Men and women with chronic SCZ	Compared to population from NHANES III study matched for age/race/gender (n=687)	Met metabolic syndrome criteria for HDL cholesterol (mg/dl)	<i>Males</i> : <i>SMI</i> 48.9%, <i>Control</i> 31.9% <i>Females</i> <i>SMI</i> 63.3% <i>Controls</i> 36.3%	<i>SMI</i> > <i>Controls</i> Chi Sq P=0.000 <i>SMI</i> > <i>controls</i> Chi Sq P=0.001
			Met metabolic syndrome triglyceride (mg/dl) criteria	<i>Males</i> : <i>SMI</i> = 50.7% <i>Controls</i> =32.1% <i>Females</i> : <i>SMI</i> =42.3% <i>Controls</i> =19.6%	<i>SMI</i> > <i>controls</i> Chi Sq P=0.000 <i>SMI</i> > <i>controls</i> Chi Sq P=0.000
			Mean HDL cholesterol (mg/dl) [fasting]	<i>Males</i> : <i>SMI</i> = 42.3 mg/dl; <i>Controls</i> =47.2 (No SD) <i>Females</i> : <i>SMI</i> = 47.7; <i>Controls</i> : 55.2 (No SD)	<i>SMI</i> < <i>controls</i> T test P=0.000 <i>SMI</i> < <i>controls</i> T test P=0.000
			Mean triglycerides (mg/dl) [fasting]	<i>Males</i> : <i>SMI</i> =194.7 <i>Controls</i> =143.6 (No SD) <i>Females</i> : <i>SMI</i> =173.8, <i>Controls</i> =118.9 (No SD)	<i>SMI</i> > <i>controls</i> T test P=0.000 <i>SMI</i> > <i>controls</i> T test P=0.000
<i>Outpatient and Inpatient Samples</i>					
Curkendall et al, 2004 (USA)[14]	N = 3022. Men and women with SCZ	N = 12,088. Age and sex matched to patients (4:1 ratio). Randomly selected from health databases	Prevalence of disorders of lipid metabolism (ICD-9 Code 272) or claims for antilipemic medication	<i>SMI</i> : Rate = 5.4% <i>Control</i> : Rate = 6.3%	No OR reported *calculated risk ratio 0.86 (0.73, 1.01)
Kilbourne et al, 2004 (USA)[16]	N = 4310. Men and women with BPAD. US Veterans.	N = 3408760. National Veterans cohort. Demographically similar to patient group.	Prevalence of hyperlipidemia (ICD-9, codes not specified)	<i>SMI</i> : Obs = 973/4310(22.6%) <i>Control</i> : No lipid data presented	No OR reported

TABLE 3: DYSLIPIDEMIA PAPERS (continued)

<i>Inpatient Samples</i>					
Source	Patient sample description	Comparison group description	Outcome measure	Prevalence estimates or Mean/SD	Main results
Saari et al, 2005 (Finland) [20]d	N = 31. Men and women with SCZ. All in early 30's (1966 Birth Cohort followed up 1997/98)	N = 5455. Men and women from same birth cohort without history of psychiatric treatment	Prevalence of low HDL cholesterol (< 40 mg/dL in men; < 50 mg/dl in women)	<i>SMI</i> : Obs = 5/31(16%) <i>Control</i> : Obs = 588/5455 (11%)	No OR reported *calculated risk ratio 1.50 (0.66, 3.39)
Saari et al, 2004 (Finland) [39]	N = 31. Men and women with SCZ. All age 31 (1966 birth cohort followed up in 1997).	N = 5498. Men and women from same birth cohort without history of psychiatric treatment	Mean total cholesterol (mg/dL)	<i>SMI</i> : Mean = 214.1 mg/dL (SD 33.6) <i>Control</i> : Mean = 196.4 mg/dL (SD 39.0)	ANOVA ^e : SMI > Controls (p = .039) *Standardised mean difference = 0.46 (0.10 to 0.81)
			Mean HDL cholesterol (mg/dL)	<i>SMI</i> : Mean HDL = 55.9 mg/dL (no SD) <i>Control</i> : Mean HDL = 60.5 mg/dL (no SD)	ANOVA ^e : SMI = Controls (n/sig)
			Mean LDL cholesterol (mg/dL)	<i>SMI</i> : Mean = 131.5 mg/dL (SD 30.5) <i>Control</i> : Mean = 116.3 mg/dL (no SD)	ANOVA ^e : SMI = Controls (n/sig)
			Mean fasting triglycerides (mg/dL)	<i>SMI</i> : Mean = 134.9 (no SD) <i>Control</i> : Mean = 104.3 (no SD)	ANOVA ^e : SMI > Controls (p = .028)
Ryan et al, 2003 (UK/Eire) [19]	N = 26. Men and women with SCZ. All first-episode and drug-naïve. Mean age 33.6 years	N = 26. Men and women. Mean age 34.4 years. Matched for age, exercise, diet, smoking, alcohol intake and anthropometric measures.	Mean fasting total cholesterol (mmol/L)	<i>SMI</i> : Mean = 4.02 mmol/L (SD 0.78) <i>Control</i> : Mean = 4.57 mmol/L (SD 0.81)	T-test: SMI < Controls (p <.02) *Standardised mean difference = -0.69 (-1.25 to -0.13)
			Mean HDL cholesterol (mmol/L)	<i>SMI</i> : Mean = 1.20 mmol/L (SD 0.44) <i>Control</i> : Mean = 1.25 mmol/L (SD 0.25)	T-test: SMI = Controls (n/sig) *Standardised mean difference = -0.14 (-0.68 to 0.40)
			Mean fasting LDL cholesterol (mmol/L)	<i>SMI</i> : Mean = 2.39 mmol/L (SD 0.84) <i>Control</i> : Mean = 2.91 mmol/L (SD 0.69)	T-test: SMI < Controls (p <.02) *Standardised mean difference = -0.68 (-1.24 to -0.12)
			Mean fasting triglycerides (nmol/L)	<i>SMI</i> : Mean = 0.99 mmol/L (SD 0.43) <i>Control</i> : Mean = 0.92 mmol/L (SD 0.30)	T-test: SMI = Controls (n/sig)
Scottish Schizophrenia Research Group, 2000 (UK: Scotland) [40]	N = 30. Men and women with SCZ or SFD. First episode, drug-naïve. Mean age 28 years (males)/33 years (females)	N = 30. Matched for gender and age, smoking and dietary status. Mean age 30 years	Mean serum cholesterol (mmol/L)	<i>SMI</i> : Mean = 4.63 mmol/L (SD 0.80) <i>Control</i> : Mean = 4.98 mmol/L (SD 0.91)	SMI = Controls (n/sig) *Standardised mean difference = -0.41 (-0.92 to 0.10) – note: 73% sample smoked
			Mean serum lipid peroxide levels (umol/L)	<i>SMI</i> : Mean = 0.50 umol/L (SD 0.16) <i>Control</i> : Mean = 0.54 umol/L (SD 0.23)	SMI = Controls (n/sig) (Note: 73% sample smoked)

TABLE 3: DYSLIPIDEMIA PAPERS (Continued)

(B) STUDIES COMPARING PATIENTS WITH SMI TO NORMATIVE DATA					
<i>Outpatient and Inpatient Samples</i>					
Source	Patient sample description	Comparison group description	Outcome measure	Prevalence estimates or Mean/SD	Main results
Cohn et al, 2004 (Canada) [37]d	N = 240. Men and women with SCZ or S-AFF	General population rates from anadian Heart Health Survey (1986-1990)	Mean total cholesterol (mmol/L)	Means presented as graphs – exact values not given in table or text	T-tests: SMI = Controls (n/sig) for males and females
			Mean HDL cholesterol (mmol/L)	Means presented as graphs – exact values not given in table or text	T-tests: SMI < Controls for males (p > .001) and females (p = .002)
			Mean triglycerides (mmol/L)	Exact means/SDs not specified in text or a table. Means presented as graphs (with error bars)	T-tests: SMI > Controls for males (p = .001) and females (p = .009)
<i>Long Stay Samples</i>					
Steinert et al, 1996 (Germany)[36]	N = 90. Men and women with SCZ or S-AFF. Age range = 41-90	General population survey data (DHP Study 1988)	Mean total cholesterol (mg/dL)	SMI: Males: Mean = 205.1 mg/dL (SD 37.0) Females: Mean = 201.7 mg/dL (SD 44.2) <i>General population:</i> Males: Mean = 242.9 mg/dL (SD 45.0) Females: Mean = 250.7 mg/dL (SD 45.1)	SMI < Controls for males and females (ps < .001)
(C) STUDIES COMPARING PATIENTS WITH SMI TO PATIENTS WITH OTHER DIAGNOSES					
<i>Inpatient Samples</i>					
Yates & Wallace, 1987 (USA) [21]	N = 50. Men and women with BPAD. <i>Excluded non-white patients</i>	N = 50. Men and women with DEP, matched for gender and age	Mean fasting cholesterol (mg/dL). <i>Normal range cited as 130-315 mg/dL</i>	SMI: Mean = 184.5 mg/dL (CI: 173.0 to 196.0) Males: Mean = 180.4 (CI 164.2 to 196.6) Females: Mean = 189.0 (CI 171.6 to 206.4) DEP: Mean = 204.3 mg/dL (No CI's reported) Males: Mean = 198.2; Females: Mean = 210.4	None reported
<i>Long Stay Samples</i>					
Steinert et al, 1996 (Germany)[36]	N = 90. Men and women with SCZ or S-AFF. Mean age 62.6 years (range 41-90)	N = 90. Men and women with DEP. Mean age 62.3 years (range 39-88).	Mean total cholesterol (mg/dL)	SMI: Males: Mean = 205.1 mg/dL (SD 37.0) Females: Mean = 201.7 mg/dL (SD 44.2) DEP: Males: Mean = 219.7 mg/dL (SD 50.6) Females: Mean = 223.5 mg/dL (SD 42.9)	None reported
			Mean triglycerides (mg/dL)	SMI: Males: Mean = 128.9 mg/dL (SD 72.6) Females: Mean = 137.2 mg/dL (SD 70.9) DEP: Males: Mean = 158.0 mg/dL (SD 77.8) Females: Mean = 136.8 mg/dL (SD 69.5)	None reported
<i>Source of sample unclear</i>					
Roccatagliata et al, 1980 (Italy)[41]	N = 60. Men and women with SCZ.	N = 60. Men and women with neurological or other psychiatric disorders. Matched for age and sex.	Mean total cholesterol (mg/dL)	SMI: Mean = 188.2 mg/dL (SD 45.4) <i>Other diagnosis:</i> Mean = 219.0 mg/dL (SD 31.8)	T-test: SCZ < Controls (p = .005)
			Mean total lipid (mg/dL)	SMI: Mean = 821.5 mg/dL (SD 539.9) <i>Other diagnosis:</i> Mean = 840.1 mg/dL (SD 157.7)	T-test: SCZ = Controls (n/sig)
			Mean triglycerides (mg/dL)	SMI: Mean = 173.3 mg/dL (SD 306.7) <i>Other diagnosis:</i> Mean = 131.2 mg/dL (SD 45.4)	T-test: SCZ = Controls (n/sig)

Notes on Table: ^a Osborn et al (2006) also report mean total/HDL cholesterol ratios and mean values (mmol/L) for total cholesterol, HDL cholesterol, LDL cholesterol and triglycerides. ^b Adjusted for age and gender. ^c Adjusted for age, gender and unemployment. ^d Data presented as part of metabolic syndrome study. ^e Adjusted for sex, BMI, smoking and alcohol consumption. * If odds ratios or risk ratios are not reported in papers, risk ratios or standardised mean differences have been calculated wherever possible.

Abbreviations: SCZ = Schizophrenia; S-AFF = Schizoaffective Disorder; BPAD = Bipolar Affective Disorder; N-ACP = Non-affective Chronic Psychotic Illness; SFD = Schizophreniform Disorder; DEP = Unipolar Depression/Major Depressive Disorder

TABLE 4: METABOLIC SYNDROME PAPERS

Source	Patient sample description	Comparison group description	Outcome measures	Prevalence estimates	Main results
(A) STUDIES WITH A CONTROL GROUP					
<i>Inpatient Samples</i>					
Saari et al, 2005 (Finland) [20]	N = 31. Men and women with SCZ. All in early 30's (from North Finland 1966 Birth Cohort followed up 1997/98).	N = 5455. Men and women from same 1966 birth cohort with no history of psychiatric treatment.	Prevalence of metabolic syndrome – defined as the presence of 3 or more of 5 NCEP ATP III criteria ^a	<i>SMI</i> : Obs = 6/31 cases (19.4%) <i>Control</i> : Obs = 326/5455 cases (6%)	Adjusted OR = 3.7 (CI: 1.5 to 9.0) ^b *Calculated risk ratio = 3.24 (1.57 to 6.69)
McEvoy et al, 2005 (USA) [47]	N=687. Men and women with chronic SCZ	Compared to population from NHANES III study matched for age/race/gender (n=687)	Prevalence of metabolic syndrome – defined as the presence of 3 or more of 5 NCEP ATP III criteria ^a	<i>Male SMI</i> : 183/508 (36.0%) <i>Controls</i> : 19.7% <i>Female SMI</i> : 92/178 (51.6%) <i>Controls</i> : 25.1%	No OR reported. *calculated risk ratios: Male: 1.83 (1.42-2.36) Female: 2.02 (1.40-2.96)
(B) STUDIES COMPARING PATIENTS WITH SMI TO NORMATIVE DATA					
<i>Outpatient Samples</i>					
Heiskanen et al, 2003 (Finland) [42]	N = 35. Men and women with SCZ or S-AFF	Finnish general population data from Vanhala et al (1997) and Laaksonen et al (2002) studies	Prevalence of metabolic syndrome – defined as the presence of 3 or more of 5 NCEP ATP III criteria ^a	<i>SMI</i> : Obs = 13/35 cases (37%) Males = 9/19 (47%); Females = 4/16 (25%) <i>General population rates</i> : Males = 11-17%; Females = 6-20%	None reported *Calculated risk ratio = 3.38 (males) *Calculated risk ratio = 2.00 (females)
Basu et al, 2004 (USA) [43]	N = 33. Men and women with S-AFF	Data from US epidemiological study (N=8814) – Ford et al 2002	Prevalence of metabolic syndrome – defined as the presence of 3 or more of 5 NCEP ATP III criteria ^a	<i>SMI</i> : Obs = 14/33 cases (42.4%) Males = 7/14 (50.0%); Females = 7/19 (36.8%) <i>General population rate</i> = 23.7%	None reported *Calculated risk ratio = 1.79
<i>Outpatient and Inpatient Samples</i>					
Cohn et al, 2004 (Canada) [37]	N = 240. Men and women with SCZ or S-AFF	Data from US epidemiological study (N=8814) – Ford et al 2002	Prevalence of metabolic syndrome – defined as the presence of 3 or more of 5 NCEP ATP III criteria ^a <u>and/or</u> current treatment with anti-hypertensive or anti-diabetic medication	<i>SMI rates</i> : Males = 42.6%; Females = 48.5% <i>General population rates</i> : Males = 24%; Females = 23%	None reported *Calculated risk ratio = 1.77 (males) *Calculated risk ratio = 2.11 (females)

Note: ^a The National Cholesterol Education Program (NCEP) ATP III criteria for Metabolic Syndrome are: (1) Abdominal obesity – waist circumference > 102 cm (40 inc) in men; > 88 cm (35 inc) in women; (2) Fasting hypertriglyceridemia - ≥ 1.69 mmol/L or 150 mg/dL; (3) Low fasting HDL - < 1.04 mmol/L or 40 mg/dL in men; < 1.29 mmol/L or 50 mg/dL in women; (4) Hypertension - $\geq 130/85$ mmHg; (5) Fasting Hyperglycaemia - ≥ 6.1 mmol/L or 110 mg/dL. ^b Odds ratio adjusted for gender. * If odds ratios or risk ratios are not reported in papers, risk ratios have been calculated wherever possible.

Abbreviations: SCZ = Schizophrenia; S-AFF = Schizoaffective Disorder; BPAD = Bipolar Affective Disorder.

TABLE 5: FRAMINGHAM RISK SCORE PAPERS

Source	Patient sample description	Comparison group description	Outcome measure	Prevalence estimates or Mean/SD or Median/IQR	Main results
(A) STUDIES WITH A CONTROL GROUP					
<i>Community Samples</i>					
Osborn et al, 2006 (UK: England)[13]	N = 74. Men and women with SCZ, S-AFF or N-ACP	N = 148. Men and women.	Prevalence of raised Framingham Risk Score for CHD (higher than expected for individual's age and gender) Median absolute 10-year Framingham Risk Score (%) for CHD, with interquartile range Mean Framingham Risk Score excess for CHD	<i>SMI</i> : Obs = 37 cases (51.4%) <i>Control</i> : Obs = 55 cases (37.4%) <i>SMI</i> : Median = 5%; IQR = 2-12% <i>Control</i> : Median = 4%; IQR = 2-9% <i>SMI</i> : Mean = 1.99 (SD 7.0) <i>Control</i> : Mean = 0.69 (SD 4.6)	Unadjusted OR = 1.7 (1.0 to 3.1) Adjusted OR = 1.7 (0.9 to 3.0) ^a Adjusted OR = 1.3 (0.7 to 2.7) ^b Mann-Whitney test: SMI > Controls (p = .049) T-test: SMI = Controls (n/sig) *Standardised mean difference = 0.219 (-0.0441 to 0.516)
<i>Inpatient Samples</i>					
Luty et al, 2002 (UK: Scotland) [44]	N = 21. Men and women with SCZ or SFD. Mean age 31 years. First episode of illness; neuroleptic naive	N = 25. Men and women. Mean age 30 years. Matched for gender, age, smoking and dietary status	Mean (10-year) Framingham Risk Score (%) for Heart Disease ^c	<i>SMI (9 matched pairs)</i> : Mean score = 6% (SD 5) <i>Control (9 matched pairs)</i> : Mean score = 4% (SD 5) <i>General population data</i> : Mean score = 2% (SD 3).	T-tests: SMI=Controls (n/sig); SMI>gen popn (p=.008); Controls>gen popn (p = .02) *Standardised mean differences: SMI vs matched controls = 0.4 (-0.186 to 0.986) SMI vs general population = 0.97
(B) STUDIES COMPARING PATIENTS WITH SMI TO NORMATIVE DATA					
<i>Community Samples</i>					
McCreadie, 2003 (UK: Scotland) [45]	N = 102. Men and women with SCZ	Compared with general population norms (Scottish Health Survey, 1998)	Mean (10-year) Framingham Risk Score (%) for CHD ^c	<i>SMI</i> : Males: Mean score = 10.5% (SD 8) Females: Mean score = 7% (SD 6) <i>General population norms</i> Males: Mean score = 6.4% (SD 6) Females: Mean score = 4.1% (SD 4)	T-tests: Males: SMI>gen popn (p = .001); Females: SMI=gen popn (p = .06) *Standardised mean differences: = 0.58 (males); = 0.568 (females)
<i>Outpatient and Inpatient Samples</i>					
Cohn et al, 2004 (Canada) [37]	N = 240. Men and women with SCZ or S-AFF	N = 7020. Men and women, randomly selected from Canadian Heart Health Survey dataset (1986-1990). Matched for age and gender distribution.	Mean (10-year) Framingham Risk Score (%) for myocardial infarction	<i>SMI</i> : Males: Mean score = 8.9% (no SD) Females: Mean score = 2.6% (no SD) <i>General population</i> : Males: Mean score = 6.3% (no SD) Females: Mean score = 2.0% (no SD)	T-tests: Males: SMI > General population (p <.001); Females: SMI = Controls (n/sig)

Notes: ^a Adjusted for age and gender. ^b Adjusted for age, gender and unemployment. ^c Also report Framingham Risk Score for Stroke. * Standardised mean differences have been calculated where possible.

Abbreviations: SCZ = Schizophrenia; S-AFF = Schizoaffective Disorder; N-ACP = Non-Affective Chronic Psychotic Illness; SFD = Schizophreniform Disorder

