TABLE 1: DIABETES AND HYPERGLYCAEMIA PAPERS

Source	Patient sample description	Comparison group description	Outcome measure	Prevalence estimates or Mean/SD	Main results
		(A) STU	DIES WITH A CONTROL GROUP		
			Community Samples		
Sokal et al, 2004	N = 100. Men and women with SCZ or	N = 3052. Matched for age/race/gender	Diabetes (ascertained from	SMI: Obs = 10/97 (10.3%)	Unadjusted OR = $1.98 (0.99 \text{ to } 3.96);$
(USA)[12]	S-AFF	(15:1 ratio). From NHIS national survey	patient interview) – lifetime	Control: Obs = 161/2861 (5.8%)	Adjusted $OR^{c} = 1.98 (0.95 \text{ to } 4.10)$
Ochorp at al. 2006	N 74 Man and woman with SC7	Valasel	Diabatas (recorded in CD	$SMI_{10}Obc = 7/74 (0.69/)$	$\frac{1}{2} = \frac{1}{2} = \frac{1}$
(LIK: England) [8]	N = 74. Well and women with SCZ, S-AFE or N-ACP	N = 140. Men and women	records)	Sivii. Obs = 1/14 (9.0%) Control: Obs = $1/148 (2.7%)$	$\Delta divised \Omega R = 3.7 (0.9 to 15.4)$
			records)	CONTO, CDS = 41140 (2.170)	Adjusted $OR^{b} = 6.0 (1.2 \text{ to } 3.10)$
					*Calculated RR = 3.50 (1.06 to 11.58)
			Hyperglycaemia (random blood	<i>SMI:</i> Obs = 5/74 (6.9%)	Unadjusted OR = 1.7 (0.5 to 5.9);
			glucose > 11.0 mmol/L)	<i>Control:</i> Obs = 6/148 (4.1%)	Adjusted OR ^a = 1.2 (0.3 to 4.9);
					Adjusted OR ^b = 1.1 (0.2 to 5.4)
			Mean random glucose levels	<i>SMI:</i> Mean = 6.1 mmol/L (SD 3.5)	SMI > Controls: t-test:: $F = -2.1$, $p = .003$
			(mmol/L)	Control: Mean = 5.3 mmol/L (SD 2.1)	*SMD= 0.302 (0.02-0.583)
McEvoy et al, 2005	N=689. Men and women with chronic	Compared to randomly selected	1). Mean fasting glucose (mg/dl)	Males:SMI mean =97.7, Control mean=102.4	SMI <controls: p="0.034</td" t="" test=""></controls:>
(USA) [47]	SUZ	population from the NHANES III study	(NO SD)	Females: SMI mean=100.9 Control mean= 99.9	SMI=controls: t test $p=0.793$
		matched for agenace/gender (N=009)	2). Met the glucose chieffor for metabolic syndrome (>110mg/dl)	Males. SMI 14.1%, CUTILIUIS 14.2% Females SMI 21.7% Controls 11.2%	Sivil=controls: chi sa $p=0.904$
		Out	natient and Innatient Samples		
Curkendall et al. 2004	N = 3022 Men and women with SC7	N = 12088 Matched for age/gender (4:1	Diabetes diagnosis (ICD-9 Code	SMt Prevalence = 91.7 per 1000	Prevalence: Unadjusted $OR = 1.9(1.6 \text{ to } 2.2)$
(USA) [14]	Members of US health plans	ratio). Randomly selected from same	250) <i>or</i> prescriptions for oral anti-	Incidence = 7.0 per 1000 person-years	Adjusted $OR^{d} = 2.1$ (1.8 to 2.4)
		health databases	diabetic medications or insulin	Control: Prevalence = 50.5 per 1000	Incidence: Unadjusted RR = 1.6 (1.2 to 2.2);
				Incidence = 4.3 per 1000 person-years	Adjusted RR ^d = 1.8 (1.2 to 2.6)
					*Calculated risk ratio = 1.82 (1.58 to 2.08)
Enger et al, 2004	N = 1920. Men and women with SCZ.	N = 9600. Matched for age/gender (5:1	Diabetes diagnosis (ICD-9 Code	<i>SMI</i> : Obs = 105 events	Adjusted rate ratio ^{e} = 1.75 (1.38 to 2.21)
(USA) [8]	Members of US health plan	ratio). Identified from same health plan	250) <i>or</i> at least one dispensing of	Rate = 3464 per 100,000 person-years	*Calculated risk ratio = 2.00 (1.62 to 2.46)
		database	anti-diabetic drug	Control: UDS = 201 events	
Kilbourne et al. 2004	N = 4310 Men and women with BDAD	N - 3408760 Men and women From	Diabatas diagnosis (ICD 9)	Rate = 1500 per 100,000 per soll-years	None reported
(USA) [16]	from National US Veterans cohort	same Veterans cohort		Control: Obs = 532926/3408760 (15.6%)	*Calculated risk ratio = $1.10(1.03 \text{ to } 1.18)$
			Inpatient Samples		
Finney, 1989	Search of inpatient register (1969-1983)	Members of same conscript cohort	Juvenile onset diabetes (ICD	Diabetics with schizophrenia: Obs = 0; Exp = 4	None reported
(Sweden) [17]	to identify conscripts (N = 621074) with	(National Enrolment Register 1969-1979)	Code 250)	Diabetics without schizophrenia:	
	diabetes diagnosis <u>and</u> SCZ. All males	with diabetes diagnosis but no SCZ. All		<i>Obs</i> = 1154 cases (Rate = 1.9 per 1000)	
	aged under 27 years	males aged under 27 years		General population rates (1969-1983):	
				For age $0.19 = 0.2$ per 1000	
Makikyro et al, 1998	N = 89. Members of 1966 Birth Cohort	N = 10630. Members of same Birth	Diabetes mellitus (hospital-	SMI: ODS = 0/89 (0%)	None reported
(Finianu)[18]	andor information	disorder. Mon and women	liealed cases). ICD-8 and ICD-9	COTITIOT: ODS = 78/10030 (0.7%).	Calculated TISK Tatlo = 0.75 (0.05 to 12.04)
Rvan et al. 2003	N = 26 Men and women with SC7	N = 26 Men and women	Impaired glucose tolerance	SMI: 4/26 (15.4%)	None reported
(Finland) [19]	First-episode and drug-naïve	C 20. Wen and women	(>110 mg/dl and <125 mg/dl)	Control: 0/26 (0%)	*Calculated risk ratio = $9.00(0.51 \text{ to } 159 15)$
(1 1110110)[1 7]			Mean fasting blood glucose	<i>SMI:</i> Mean = 95.8 (SD 16.9)	SMI > Controls (t-test, $p < .03$)
			(mg/dL)	<i>Control:</i> Mean = 88.2 (SD 5.4)	*SMD = 0.606 (0.049 to 1.162)
Saari et al, 2005	N = 31. Men and women with SCZ.	N = 5455. Men and women with no	Fasting blood glucose > 110	<i>SMI:</i> Obs = 0/31 (0%)	None reported
(Finland) [20]	Members of 1966 Birth Cohort followed	history of psychiatric treatment. From	mg/dL	<i>Control:</i> Obs = 157/5455 (3%)	*Calculated risk ratio = 0.54 (0.03 to 8.50)
	up in 1997/1998	same 1966 Birth Cohort			
Arranz et al, 2004	Men and women with SCZ.	N = 50. Men and women. Hospital staff	Mean fasting blood glucose	Antipsychotic-free: Mean = 4.47 (SD 0.08)	No significant differences– ANCOVA ^f , p = .21
(Spain) [21]	Antipsychotic naive group: N=50	with no history of SUZ of medication	(mnoi/L)	Anupsycholic-naive: Mean = 4.33 (SD 0.05)	SIVIUS Antinsuchatic frog - 2 125 (2 520 to 2 712)
	Anupsycholic-marke group: $N = 50$ (IIIS)	anecting glucose nonneostasis		CONTROL group: Mean = 4.22 (SD 0.08)	Annipsycholic naive = $3.123 (2.338 [0.3.712)$
	psycholic episodej				niiupsychouc-haive = 1.049 (1.194 (0 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		
			Outpatient Samples				
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 to10%)	None reported *Calculated risk ratio = 1.90 (0.70 to 5.16)		
		Out	patient and Inpatient Samples				
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	Standardised Morbidity Ratio Male SMR = 4.0 (Chi square p<.05) Female SMR = 2.0 (Chi square p<.05).		
Dixon et al, 2000 (USA) [25]	 (i) Field Study (1994-96): N = 719. Men and women with SCZ. (ii) Medicaid Data (1991): N = 6066. Men and women with SCZ, S-AFF or SFD. (iii) Medicare Data (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	Field Study: Self-reported diabetes: lifetime and current. Medicaid/Medicare Data: Any diabetes-related claim	<i>SMI</i> : (i) Field Study: Lifetime diabetes: 107/719 (14.9%); Current diabetes: 78 cases (10.8%); (ii) Medicaid claims: 673/6066 (11.1%). Age 18-44 = 6.7%; Age 45-64 = 18.8% (iii) Medicare: claims: 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)	SMI:Obs=101/560 (18%) Controls = 7%	Reported OR: 2.9 (95%CI=2.3to 3.6) *Calculated risk ratio=2.57		
			Inpatient Samples				
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 (Cl 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).	Study 1: Diagnosis of diabetes recorded in notes Study 2: 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 (0	Continued)
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Source	Patient sample description	Comparison group description	Outcome measure	Prevalence estimates or Mean/SD	Main results
		Inp	patient 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)	<i>SMI</i> : Obs = 14/53 (26%) <i>General population rate</i> = 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)	<i>SMI</i> : Obs = 33/144 (22.9%) <i>General population rate</i> = 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)	<i>SMI</i> : Obs = 11/93 (11.83%) Age 20-49 = 15.2%; Age 50-59 = 13.0% <i>General population rates:</i> <i>Age 20-49</i> = 5.7%; <i>Age 50-59</i> = 6.3%	<i>Age 20-49 years:</i> OR = 2.959 (Cl 1.230 to 7.119) <i>Age 50-59 years</i> OR = 2.220 (Cl 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 <u>></u> 2 occasions	<i>SMI</i> : Obs = 15/95 (15.8%) (Cl 12.1% to 19.5%) <i>General population rates:</i> 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)	<i>SMI</i> : Obs = 31/194 (16%) <i>General population rate</i> = 9%	None reported *Calculated risk ratio = 1.77
			Impaired glucose tolerance (via OGTT using WHO criteria)	<i>SMI</i> : Obs = 60/194 (30.9%) <i>General population rate</i> = 15%	None reported
		(C) STUDIES COMPARING PATI	ENTS WITH SMI TO PATIENTS WIT	H 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)	<i>SCZ/S-AFF group:</i> Obs = 20/271 (7.4%) <i>'Other diagnoses' group:</i> 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)	<i>SCZ group:</i> Prevalence rate = 16.7% <i>DEP group:</i> Prevalence rate = 15.4% <i>Cited population norms:</i> 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 <i>existing</i> diagnosis of diabetes	 (a) N = 108525 patients with osteoarthritis. Men and women (b) N = 29035 patients with DEP. Men and women 	Diagnosis of diabetes <i>during</i> <i>study period:</i> ICD-8 (Codes 249.00-250.09) or ICD-10 (Codes DE10.0-DE11.9)	<i>Bipolar:</i> Obs = 101/6706 (1.51%) <i>Osteoarthritis:</i> Obs = 1980/108525 (1.82%) <i>DEP:</i> 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)	<i>SMI:</i> Males: Obs = 3/43 (7%) Females: Obs = 8/47 (17%) <i>Non-SMI:</i> 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: Adjusted for age and gender; Adjusted for age, gender and unemployment; Adjusted for body mass index (BMI); Adjusted for age, sex and relevant medical risk factors; Adjusted for age, gender, year of initial dispensing, ratio of dispensed days to total days, diabetes, anti-angina medications, anti-hypertensive medication; Controlling for age, BMI, sex and family history of diabetes; I fodds 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							
			Community Samples				
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)		
			Outpatient and Inpatient Samples				
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)	 Met metabolic syndrome blood pressure criteria Mean systolic BP (mmHg) No SD Mean diastolic BP (mmHg) No SD 	Male: SMI: 47.2% of 508; controls: 31.1% Female: 46.9% of 179; controls: 26.8% Male: SMI: 124 mmHg; Control=123.4 Female: SMI: 122mmHg; Control=119 Male; SMI: 79 mmHg; Control=77 Female; SMI: 80mmHg; Control: 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)		
			Inpatient Samples				
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 <u>></u> 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 CO	OMPARING PATIENTS WITH SMI TO NO	RMATIVE DATA			
			Outpatient Samples				
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		
			Outpatient and Inpatient Samples				
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 \geq 135/85 mm Hg <i>or</i> 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	SMI: obs 151/560= 27% Control = 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			Pat
Yates & Wallace, 1987 (USA) [38]c	N = 50. Men and women with BPAD. Study <u>excluded</u> 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	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) Males = 122.7 (124.2-132.33)	None reported *Calculated risk ratio = 2.5	
			diastolic BP (with 95% CI)	Females = 123.7 (117.3-130.00) $Females = 133.8 (127.8-139.0)$ Mean DBP = 81.0 (77.9-84.1) Males = 79.5 (75.4-83.6) $Females = 82.5 (77.6-87.4)$		
			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 COMPARIN	G 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%)	None reported. *Calculated risk ratio = 2.00 (0.62 to 6.41)	
				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)		

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 presure

TABLE 3: DYSLIPIDEMIA PAPERS

(A) STUDIES WITH A CONTROL GROUP Commany Samples Obtain of 12,000. (JRK: Engand) [13]: N = 74. Men and women with SC2, S-AFF or N-ACP N = 148. Men and women of N-ACP N = 148. Men and women of N-ACP Prevalence of low HDL cholesterol (< 1.1 mmolt) Control: Obs. = 1774 (16.7%) Control: Obs. = 1774 (16.7%) Unadjusted OR = 1.3 (0.7 to 2.5) (4.1 Smith) View Distance N = ACP N = 148. Men and women or N-ACP N = 148. Men and women or N-ACP Mensetoric (< 5.1 mmolt) Control: Obs. = 1774 (16.7%) Control: Obs. = 1774 (16.7%) Unadjusted OR = 1.3 (0.7 to 2.5) (1.5 to 1.0 To 1.0 Adjusted OR = 1.3 (0.7 to 2.5) (1.5 to 1.0 To 1.0 Adjusted OR = 1.0 (0.8 to 2.0) Prevalence of high toleHDL robesterol ratio SMr (Obs. = 4774 (16.7%) Control: Obs. = 0.674 (4.(4.9%) Adjusted OR = 1.3 (0.7 to 2.6) SMr (Dos. = 4774 (16.7%) Adjusted OR = 1.0 (0.8 to 2.0) SMr (Dos. = 4774 (16.7%) Adjusted OR = 1.0 (0.8 to 2.0) SMr (Dos. = 4774 (16.7%) Adjusted OR = 1.0 (0.8 to 2.0) SMr (Dos. = 4774 (16.7%) Adjusted OR = 1.0 (0.8 to 2.0) SMr (Dos. = 4774 (16.7%) Adjusted OR = 1.0 (0.8 to 2.0) SMr (Dos. = 4774 (16.7%) Adjusted OR = 1.0 (0.8 to 2.0) SMr (Dos. = 4774 (16.7%) Adjusted OR = 1.0 (0.8 to 2.0) SMr (Dos. = 4774 (16.7%) Adjusted OR = 1.0 (0.8 to 2.0) SMr (Dos. = 4774 (16.7%) Adjusted OR = 1.0 (0.8 to 2.0) SMr (Dos. = 4774 (16.7%) Adjusted OR = 1.0 (0.8 to 2.0) SMr (Dos. = 4774 (16.7%) Adjusted OR = 1.0 (0.0 (0.0) SMr (Dos. = 4774 (16.7%) Adjusted	Source	Patient sample description	Comparison group description	Outcome measure	Prevalence estimates or Mean/SD	Main results
Contrantify Surgicis N = 14. Men and women with SC2, S:AFF N = 148. Men and women Prevalence of raised total or N-ACP Undipated OR = 1.3 (0, 7 to 2.5) Adjusted OR = 1.3 (0, 7 to 2.5) Obsom et al. 2006 (UK: Englend) [13]: N = 14. Men and women with SC2, S:AFF N = 148. Men and women Prevalence of total chelseterol (> 5.1 mmoRL) Control Obs = 107/4 (16.7%) (Control Obs = 127/4 (16.7%) (Control Obs = 12/4 (16.7%) (Control Non = 1.4 (SD 0.00) (Control Mean = 1.4 (SD 0.00) (Control Mean = 1.4 (SD 0.48) (Control Non = 1.4 (SD			(A) STUDIE	ES WITH A CONTROL GROUP		
Ostion et al. 2006 (UK: England) [13]: N = 74. Man and women with SC2, S-AFF N = 148. Men and women (UK: England) [13]: SMF. Obs = 1174 (6.27%) (Des 4174 (6.27%)) Utradicised OR = 1.3 (0.7 to 2.5) Adjusted OR = -1.4 (0.8 to 2.5) ⁴ Adjusted OR = -1.4 (0.8 to 2.5) ⁴ Adjusted OR = -1.9 (0.9 to 3.9) ⁴ (Des 4071 (5e - 75%)) Unadjusted OR = -1.9 (0.9 to 3.9) ⁴ Adjusted OR = -1.9 (0.9 to 3.9) ⁴ Adjusted OR = -1.9 (0.9 to 3.9) ⁴ Adjusted OR = -1.9 (0.9 to 3.9) ⁴ (Des 4071 (5e - 75%)) Unadjusted OR = -1.9 (0.9 to 3.9) ⁴ Adjusted OR = -1.9 (0.9 to 3.9) ⁴ Adjusted OR = -1.9 (0.9 to 3.9) ⁴ (Des 4071 (5e - 75%)) Unadjusted OR = -1.9 (0.9 to 3.9) ⁴ (Des 4071 (5e - 75%)) Unadjusted OR = -1.9 (0.7 to 2.5) ⁴ Adjusted OR = -1.9 (0.9 to 3.9) ⁴ (Des 4071 (5e - 75%)) Unadjusted OR = -1.9 (0.7 to 2.5) ⁴ (Des 4071 (5e - 75%)) Unadjusted OR = -1.9 (0.7 to 2.5) ⁴ (Des 4071 (5e - 75%)) Unadjusted OR = -1.9 (0.7 to 2.5) ⁴ (Des 4071 (5e - 75%)) Unadjusted OR = -1.9 (0.7 to 2.5) ⁴ (Des 4071 (5e - 75%)) Unadjusted OR = -1.9 (0.7 to 2.5) ⁴ (Des 4071 (5e - 75%)) Unadjusted OR = -1.9 (0.7 to 2.5) ⁴ (Des 4071 (5e - 75%)) Unadjusted OR = -1.9 (0.7 to 2.5) ⁴ (Des 4071 (5e - 75%)) Unadjusted OR = -1.9 (0.7 to 2.5) ⁴ (Des 4071 (5e - 75%)) Unadjusted OR = -1.9 (0.7 to 2.5) ⁴ (Des 4071 (5e - 75%)) Unadjusted OR = -1.9 (0.7 to 2.5) ⁴ (Des 4071 (5e - 75%)) Unadjusted OR = -1.9 (0.7 to 2.5) ⁴ (Des 401 (1.0 to 2.5) ⁴ (Des 401			(Community Samples		
(UK: England) [13]: or N-ACP chlossetor (< 5.1 mmolk).	Osborn et al, 2006	N = 74. Men and women with SCZ, S-AFF	N = 148. Men and women	Prevalence of raised total	<i>SMI:</i> Obs = 41/74 (56.2%)	Unadjusted OR = 1.3 (0.7 to 2.5)
McEbroy et al, 2005 N=687. Men and women with chronic Scz Compared to pupulation from Mills Mem nuble/mem chained from Mills SMP. Obs = 127/4 (16.7%) McBits 201 (16.17%) McBits 201 ((UK: England) [13]c	or N-ACP		cholesterol (> 5.1 mmol/L)	<i>Control:</i> Obs = 73/148 (49.3%)	Adjusted OR = 1.4 (0.8 to 2.5) b
McEvey et al. 2005 N=687. Men and women with chronic SCZ (USA) [47] Compared to population from N=MARS SH = 0.2013.10 SMM constrained registering for south constrained						Adjusted OR = 1.9 (0.9 to 3.9) °
(c 1 0 mmoll.) Control: Obs = 71/18 (4 2%) Adjusted OR = 3 9 (1.4 to 10.8)* Adjusted OR = 3 9 (1.4 to 10.8)* Adjusted OR = 13 (0.1 to 3.2). Adjusted OR = 13 (0.1 to 3.2). Mean total cholesterol (mmoll.) SMI: Obs = 64/18 (4.9%) Adjusted OR = 13 (0.1 to 3.2). Mean total cholesterol (mmoll.) SMI: Mean = 5.41 (5D 1.3) Standardised mean diff = 0.08 (2.0 to 0.3) e SMI: Mean = 1.4 (SD 0.48) SMI: Mean = 1.4 (SD 0.48) SMI: Mean = 1.4 (SD 0.48) Mean total cholesterol (mmoll.) SMI: Mean = 2.98 (SD 1.05) Standardised mean diff = 0.04 (2.0 to 0.30) Control: Mean = 1.4 (SD 0.48) SMI: Mean = 2.98 (SD 1.05) Standardised mean diff = 0.4 (2.0 to 0.30) Mean total/HDL cholesterol (mmoll.) SMI: Mean = 1.4 (SD 0.48) SMI: Mean = 1.4 (SD 0.48) Mean total/HDL cholesterol (mmoll.) SMI: Mean = 2.98 (SD 1.05) Standardised mean diff = 0.4 (2.0 to 0.73) Mean total/HDL cholesterol (mmoll.) SMI: Mean = 3.3 (SD 1.3) SMI: Mean = 3.3 (SD 1.3) Mean total/HDL cholesterol (mpd) Mean total/HDL cholesterol (mpd) Miles: SMI = 3.7 (Mean = 3.7 (SD 1.3) Mean total/HDL cholesterol (mpd) Mean total/HDL cholesterol (mpd) Mean = 3.3 (SD 1.3) SMI: Mean = 3.3 (SD 1.3) Mean total/HDL cholesterol (mpd) Mean total/HDL cholesterol (mpd) <td< td=""><td></td><td></td><td></td><td>Prevalence of low HDL cholesterol</td><td><i>SMI:</i> Obs = 12/74 (16.7%)</td><td>Unadjusted OR = 4.0 (1.5 to 10.7)</td></td<>				Prevalence of low HDL cholesterol	<i>SMI:</i> Obs = 12/74 (16.7%)	Unadjusted OR = 4.0 (1.5 to 10.7)
Metropic and a spectral spectra				(< 1.0 mmol/L)	<i>Control:</i> Obs = 7/148 (4.8%)	Adjusted OR = 3.9 (1.4 to 10.8) b
Mathematical end of the introl Hold Hold, Control Construction See 4374 (59,7%) Undusted OR = 13 (10 to 3.2). Adjusted OR = 13 (10 to 3.2). Adjusted OR = 13 (10 to 3.2). Adjusted OR = 13 (20 to 3.0) * Adjusted OR = 13 (20 to 3.0) * Adjusted OR = 13 (20 to 3.0) * Adjusted OR = 13 (20 to 3.0) * Adjusted OR = 13 (20 to 3.0) * Adjusted OR = 13 (20 to 3.0) * Adjusted OR = 13 (20 to 3.0) * Adjusted OR = 13 (20 to 3.0) * Adjusted OR = 13 (20 to 3.0) * Adjusted OR = 13 (20 to 3.0) * Mater India chalesterol (mmoll) SMM Mean = 541 (S1 13) *Standardised mean diff = 0.4 (20 to 3.0) * Control Mean = 13 (SD 1.5) *Standardised mean diff = 0.4 (0.51 to 0.73) *Standardised mean diff = 0.4 (0.15 to 0.72) Mean triglycerides (mmoll) SMM Mean = 13 (SD 1.5) *Standardised mean diff = 0.4 (0.15 to 0.72) Mater Notation (Mater Notation (SC 2) Compared to population from NHANES III study matched for age/race/gender (m-687) Mater Metabolic syndrome triglyceride Mater SMM 2878 Controls 3.6 3.8 SMM-controls Chi Sq. P-0.000 Mater Notation (Mater Notation (SC 153 p. P-0.000) Mater Notation (Sc 153 p. P-0.000 Mater SMM 2878 Controls 5.6 3.7 & SMM-controls Chi Sq. P-0.000 Mater Notation (Mater Notation (SC 153 p. P-0.000) Mater Notation (Sc 153 p. P-0.000 SMM-controls Chi Sq. P-0.000 Mater Notation (Mater Notation (SC 153 p. P-0.000) Mater Notation (Sc 153 p. P-0.000 SMM-contro						Adjusted OR = 2.2 (0.7 to 7.6) °
McEvery et al. 2005 (USA) [47] N=687. Men and women with chronic SCZ (USA) [47] Compared to population from heat hold cholesterol (mold). McEvery et al. 2005 (Mean total cholesterol (mold). SMM etain = 5.4 (SD 1.3) (Cantor CMas = 5.4 (SD 1.4) (Cantor CMas = 1.4 (SD 0.4) (Cantor CMas = 2.8 (SD 1.0) (Cantor CMas = 2.8 (SD 1.0) (Cantor CMas = 1.4 (SD 0.4) (Cantor CMas = 1.4 (SD 1.5) (Cantor CMas = 1.4 (SD 1.5) (McCantor CM 1.5 (SD 1.5 (SD 1.5)) (McCantor CM 1.5 (SD 1.5 (SD 1.5 (SD 1.5)) (McCantor CM 1.5 (SD 1.5 (SD 1.5 (SD 1.5)) (McCantor CM 1.5 (SD				Prevalence of high total/HDL	<i>SMI:</i> Obs = 43/74 (59.7%)	Unadjusted OR = 1.8 (1.0 to 3.2).
Adjusted OR = 1.3 (0.7 to 2.6): SMM Mean = 5.41 (SD 1.3) SMM Mean = 5.41 (SD 1.3) Standardised mean diff = 0.42 (0.21 to 0.36) Mean total cholesterol (mmol/L) SMM Mean = 1.4 (SD 0.48) Standardised mean diff = 0.42 (0.71 to -0.14) Mean LDL cholesterol (mmol/L) SMM Mean = 2.98 (0.12) Standardised mean diff = 0.42 (0.71 to -0.14) Mean LDL cholesterol (mmol/L) SMM Mean = 2.98 (0.12) Standardised mean diff = 0.47 (0.16 to 0.73) Mean LDL cholesterol (mmol/L) SMM Mean = 2.98 (0.17) Standardised mean diff = 0.47 (0.16 to 0.73) Mean LDL cholesterol ratio SMM Mean = 2.98 (0.17) Standardised mean diff = 0.47 (0.16 to 0.73) Mean total/HDL cholesterol ratio SMM Mean = 2.98 (0.15) Standardised mean diff = 0.47 (0.16 to 0.73) Mean total/HDL cholesterol ratio SMM Mean = 2.98 (0.17) Standardised mean diff = 0.47 (0.16 to 0.73) Mean total/HDL cholesterol ratio SMM Mean = 2.98 (0.13) Standardised mean diff = 0.47 (0.16 to 0.73) Mean total/HDL cholesterol ratio SMM Mean = 2.98 (0.13) Standardised mean diff = 0.47 (0.16 to 0.73) Mean tally control SMM Mean = 2.98 (0.13) Standardised mean diff = 0.47 (0.16 to 0.73) Mean tally control Mean tally control Mean tally control SMM Mean tally control Mean tally control				cholesterol ratio	<i>Control:</i> Obs = 66/148 (44.9%)	Adjusted OR = 1.7 (0.9 to 3.0) b
Mean total cholesterol (mmolL) SM/ Mean - 5.41 (SD 1.3) "Standardised mean diff= 0.08 (0.20 to 0.3e) Mean HDL cholesterol (mmolL) SM/ Mean - 14 (SD 0.45) "Standardised mean diff= 0.08 (0.20 to 0.3e) Mean HDL cholesterol (mmolL) SM/ Mean - 14 (SD 0.45) "Standardised mean diff= 0.08 (0.20 to 0.3e) Mean HDL cholesterol (mmolL) SM/ Mean - 2.98 (SD 1.05) "Standardised mean diff= 0.42 (0.71 to -0.14) Control Mean - 2.99 (SD 1.05) "Standardised mean diff= 0.42 (0.71 to -0.73) "Standardised mean diff= 0.42 (0.71 to -0.73) MeEvoy et al. 2005 N=687. Men and women with chronic SCZ Compared to population from nageirace/gender (n=687) Met metabolic syndrome criteria for HDL cholesterol (mgdl) Meters SMI + 20.77 (Contobs - 27.18) SMI-controls Chi Sq P=-0.000 Met metabolic syndrome trig/ycerides (mgdl) Met metabolic syndrome trig/ycerides (mgdl) Meters SMI + 22.37 (Controls - 47.2 (No SD) SMI-controls Chi Sq P=-0.000 Met metabolic syndrome trig/ycerides (mgdl) Mean HDL cholesterol (mgdl) Meters SMI + 23.37 (Controls - 47.2 (No SD) SMI-controls Chi Sq P=-0.000 Mean HDL cholesterol (mgdl) Meters SMI + 27.37 (Controls - 57.2 (No SD) SMI-controls Chi Sq P=-0.000 SMI-controls Chi Sq P=-0.000 Mean HDL cholesterol (mgdl) Meters SMI + 27.2 mg/dt Controls - 47.2 (No SD) SMI-controls Chi Sq P=-0.000 SMI-cont						Adjusted OR = 1.3 (0.7 to 2.6) °
Currential et al. 2004 (USA) [47] N = 3022. Men and women with SCZ. Compared to population from NHANES III study matched for age/race/gender (n=687) Mean HDL cholesterol (mmol/L) Mean LDL cholesterol (mmol/L) Males: SMI - 42.3 (SD 1.3) SMI - Mean - 1.4 (SD 0.45) Control: Mean - 1.4 (SD 0.45) "Standardised mean diff = 0.42 (0.71 to -0.14) Control: Mean - 2.98 (SD 1.05) McEvey 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) Mean total/HDL cholesterol (mg/d) Mean total/HDL cholesterol (mg/d) Males: SMI - 42.9 (% Control: 3.6.3% SMI-Control: SC 1.5 (% SI 1.3) Currendal et al. 2004 (USA) [47] N = 3022. Men and women with SCZ Compared to population from NHANES III study matched for age/race/gender (n=687) Mean total/HDL cholesterol (mg/d) Met metabolic syndrome criteria for Met metabolic syndrome triglyceride (mg/d) criteria Males: SMI - 42.3 (% Cnitrol: 3.6.3% SMI-controls Chi Sq P=0.000 Mean triglyceride (Mg/d) criteria Males: SMI - 42.3 (% Cnitrol: 5.6.3% SMI-controls Chi Sq P=0.000 SMI-controls Chi Sq P=0.000 Mean triglyceride (Mg/d) criteria Males: SMI - 42.3 (% Cnitrols - 19.6% SMI-controls Chi Sq P=0.000 Mean triglyceride (mg/d) (Tartiria Males: SMI - 42.3 (% Cnitrols - 14.6 (% SD) Females: SMI - 47.7 Controls - 55.2 (% SD) SMI-controls T test P=0.000 Kilbourne et al, 2004 (USA)[14] N = 3022. Men and women with SCZ N = 12.088. Age and				Mean total cholesterol (mmol/L)	<i>SMI</i> : Mean = 5.41 (SD 1.3)	*Standardised mean diff= 0.08 (-0.20 to 0.36)
Mean HDL cholesterol (mmoll.) SM: Mean = 1.4 (SD 0.45) "Standardised mean diff = .42 (0.71 to -0.14) Control: Mean = 1.6 (SD 0.48) "Standardised mean diff = .42 (0.71 to -0.14) Mean HDL cholesterol (mmoll.) SM: Mean = 1.6 (SD 0.48) "Standardised mean diff = .42 (0.71 to -0.14) Mean LDL cholesterol (mmoll.) SM: Mean = 2.98 (SD 1.05) "Standardised mean diff = 0.47 (0.16 to 0.73) Control: Mean = 2.98 (SD 1.7) "Standardised mean diff = 0.47 (0.16 to 0.73) McEvoy et al. 2005 N=687. Men and women with chronic SCZ Compared to population from NHANES III study matched for agefrace/gender (n=687) Met metabolic syndrome criteria Mean = 3.1 (SD 1.3) "Standardised mean diff = 0.47 (0.16 to 0.73) Met metabolic syndrome criteria Mean = 1.8 (SD 1.5) "Standardised mean diff = 0.47 (0.16 to 0.73) SMI>Controls Chi Sq P=0.000 MHANES III study matched for agefrace/gender (n=687) Met metabolic syndrome criteria Mean = 3.3 (SD 1.3) SMI>controls Chi Sq P=0.000 Mean HDL cholesterol (mg/di) If astangl Meas: SMI+ 60.7% Controls - 22.1% SMI>controls Chi Sq P=0.000 Mean HDL cholesterol (mg/di) If astangl Meas: SMI+ 61.23 mg/dift Controls - 42.2 (No SD) SMI>controls Chi Sq P=0.000 Mean HDL cholesterol (mg/di) If astangl Meas: SMI+ 62.3 mg/dift Controls-143.6 (No SD) SMI>controls T test P=0.000					<i>Control:</i> Mean = 5.3 (SD 1.3)	
Mean LDL cholesterol (mmol/L) Control: Mean = 16 (SD 0.48) SMM. Mean = 2.98 (D1 0.5) "Standardised mean diff = 0(-0.30 to 0.30) Mean LDL cholesterol (mmol/L) Mean triglycerides (mmol/L) SMM. Mean = 2.98 (D1 0.5) "Standardised mean diff = 0(-0.30 to 0.30) McEvoy et al, 2005 N=687. Men and women with chronic SCZ Compared to population from NHANES II SUMMARS II SUM				Mean HDL cholesterol (mmol/L)	<i>SMI:</i> Mean = 1.4 (SD 0.45)	*Standardised mean diff =42 (-0.71 to -0.14)
Mean LDL cholesterol (mmol/L) SM/. Mean = 2.98 (5D 1.05) "Standardised mean diff = 0.(-3.30 to 0.30) Mean LDL cholesterol (mmol/L) SM/. Mean = 2.98 (1.12) "Standardised mean diff = 0.47 (0.16 to 0.73) McEvoy et al, 2005 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 MHANES III study matched for age/race/gender (n=687) Met metabolic syndrome criteria for MHANES III study matched for age/race/gender (n=687) Met metabolic syndrome criteria for MHANES III study matched for age/race/gender (n=687) Met metabolic syndrome trilgveride (mgdl) fasting Males: SMI 43.3% Controls 36.3% SMI-controls Chi Sq P=0.000 Met metabolic syndrome trilgverides (mgdl) [fasting] Met metabolic syndrome trilgverides (mgdl) [fasting] Males: SMI 43.3% Controls -32.1% SMI-controls Chi Sq P=0.000 Mean triglverides (mgdl) [fasting] Mean triglverides (mgdl) [fasting] Males: SMI -43.2 mgdl: Controls -47.2 (No SD) SMI-controls Ti est P=0.000 Curkendal et al, 2004 N = 3022. Men and women with SCZ N = 12.088. Age and sex matched to patients (rin trigl). Randomly selected from health databases N = 3408760. National Veterans cohort. Demographically similar to patient (rulo, Pandomly selected from health databases SMI: Controls -118.9 (No SD) SMI: controls Ti est P=0.000 Kilbourne et al, 2004 N = 4310. Men and women with BPAD. N = 3408760. National					<i>Control:</i> Mean = 1.6 (SD 0.48)	
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(USA)[16] US Veterans. cohort. Demographically similar to 9, codes not specified) <i>Control</i> : No lipid data presented patient group.	Kilbourne et al, 2004	N = 4310. Men and women with BPAD.	N = 3408760. National Veterans	Prevalence of hyperlipidemia (ICD-	<i>SMI:</i> Obs = 973/4310(22.6%)	No OR reported
patient group.	(USA)[16]	US Veterans.	cohort. Demographically similar to	9, codes not specified)	Control: No lipid data presented	
			patient group.			

Inpatient Samples					
Source	Patient sample description	Comparison group description	Outcome measure	Prevalence estimates or Mean/SD	Main results
Saari et al, 2005	N = 31. Men and women with SCZ. All in	N = 5455. Men and women from same	Prevalence of low HDL cholesterol	<i>SMI:</i> Obs = 5/31(16%)	No OR reported
(Finland) [20]d	early 30's (1966 Birth Cohort followed up 1997/98)	birth cohort without history of psychiatric treatment	(< 40 mg/dL in men; < 50 mg/dl in women)	<i>Control:</i> Obs = 588/5455 (11%)	*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)	ANOVAe: 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)	ANOVAe: 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)	ANOVAe: SMI > Controls (p = .028)
Ryan et al, 2003	N = 26. Men and women with SCZ. All	N = 26. Men and women. Mean age	Mean fasting total cholesterol	<i>SMI:</i> Mean = 4.02 mmol/L (SD 0.78)	T-test: SMI < Controls (p <.02)
(UK/Eire) [19]	first-episode and drug-naïve. Mean age 33.6 years	34.4 years. Matched for age, exercise, diet, smoking, alcohol intake and	(mmol/L)	<i>Control:</i> Mean = 4.57 mmol/L (SD 0.81)	*Standardised mean difference = -0.69 (-1.25 to -01.3)
		anthropometric measures.	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						
		Outpa	tient and Inpatient Samples				
Source	Patient sample description	Comparison group description	Outcome measure	Prevalence estimates or Mean/SD	Main results		
Cohn et al, 2004	N = 240. Men and women with SCZ or	General population rates from anadian	Mean total cholesterol (mmol/L)	Means presented as graphs – exact values not	T-tests: SMI = Controls (n/sig) for males and		
(Canada) [37]d	S-AFF	Heart Health Survey (1986-1990)		given in table or text	females		
			Mean HDL cholesterol (mmol/L)	Means presented as graphs – exact values not	T-tests: SMI < Controls for males (p > .001)		
				given in table or text	and females ($p = 002$)		
			Mean triglycerides (mmol/L)	Exact means/SDs not specified in text or a table.	1-tests: SMI > Controls for males ($p = .001$)		
				Means presented as graphs (with error bars)	and females (p = .009)		
		0 I I I I I I I I I I I I I I I I I I I	Long Stay Samples				
Steinert et al, 1996	N = 90. Men and women with SCZ or	General population survey data (DHP	Mean total cholesterol	<i>SMI:</i> Males: Mean = 205.1 mg/dL (SD 37.0)	SMI < Controls for males and females (ps		
(Germany)[36]	S-AFF. Age range = 41-90	Study 1988)	(mg/dL)	Females: Mean = 201.7 mg/dL (SD 44.2)	<.001)		
				General population:			
				Males: Mean = 242.9 mg/dL (SD 45.0)			
		/->		Females: Mean = 250.7 mg/dL (SD 45.1)			
		(C) STUDIES COMPARING PATIEN	TS WITH SMI TO PATIENTS WITH OT	THER DIAGNOSES			
			Inpatient Samples				
Yates & Wallace, 1987	N = 50. Men and women with BPAD.	N = 50. Men and women with DEP,	Mean fasting cholesterol (mg/dL).	<i>SMI:</i> Mean = 184.5 mg/dL (CI: 173.0 to 196.0)	None reported		
(USA) [21]	Excluded non-white patients	matched for gender and age	Normal range cited as 130-315	Males: Mean = 180.4 (CI 164.2 to 196.6)			
			mg/dL	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			
			Long Stay Samples				
Steinert et al, 1996	N = 90. Men and women with SCZ or S-	N = 90. Men and women with DEP.	Mean total cholesterol	<i>SMI:</i> Males: Mean = 205.1 mg/dL (SD 37.0)	None reported		
(Germany)[36]	AFF. Mean age 62.6 years (range 41-90)	Mean age 62.3 years (range 39-88).	(mg/dL)	Females: Mean = 201.7 mg/dL (SD 44.2)			
				<i>DEP:</i> Males: Mean = 219.7 mg/dL (SD 50.6)			
				Females: Mean = 223.5 mg/dL (SD 42.9)			
			Mean triglycerides	<i>SMI:</i> Males: Mean = 128.9 mg/dL (SD 72.6)	None reported		
			(mg/dL)	Females: Mean = 137.2 mg/dL (SD 70.9)			
				<i>DEP:</i> Males: Mean = 158.0 mg/dL (SD 77.8)			
				Females: Mean = 136.8 mg/dL (SD 69.5)			
		So	ource of sample unclear				
Roccatagliata et al, 1980	N = 60. Men and women with SCZ.	N = 60. Men and women with	Mean total cholesterol (mg/dL)	<i>SMI:</i> Mean = 188.2 mg/dL (SD 45.4)	T-test: SCZ < Controls (p = .005)		
(Italy)[41]		neurological or other psychiatric		<i>Other diagnosis:</i> Mean = 219.0 mg/dL (SD 31.8)			
		disorders. Matched for age and sex.					
			Mean total lipid (mg/dL)	<i>SMI:</i> Mean = 821.5 mg/dL (SD 539.9)	T-test: SCZ = Controls (n/sig)		
				Other diagnosis: Mean = 840.1 mg/dL (SD 157.7)			
			Mean triglycerides (mg/dL)	<i>SMI:</i> Mean = 173.3 mg/dL (SD 306.7)	T-test: SCZ = Controls (n/sig)		
				Other diagnosis: Mean = 131.2 mg/dL (SD 45.4)			

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

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 - > 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		
			Community Samples		
Osborn et al, 2006	N = 74. Men and women with SCZ,	N = 148. Men and women.	Prevalence of raised Framingham Risk	<i>SMI:</i> Obs = 37 cases (51.4%)	Unadjusted OR = 1.7 (1.0 to 3.1)
(UK: England)[13]	S-AFF or N-ACP		Score for CHD (higher than expected	<i>Control:</i> Obs = 55 cases (37.4%)	Adjusted OR = 1.7 (0.9 to 3.0) a
			for individual's age and gender)		Adjusted OR = 1.3 (0.7 to 2.7) b
			Median absolute 10-year Framingham	<i>SMI:</i> Median = 5%; IQR = 2-12%	Mann-Whitney test: SMI > Controls (p = .049)
			Risk Score (%) for CHD, with	<i>Control:</i> Median = 4%; IQR = 2-9%	
			interquartile range		
			Mean Framingham Risk Score excess	<i>SMI:</i> Mean = 1.99 (SD 7.0)	T-test: SMI = Controls (n/sig)
			for CHD	<i>Control</i> : Mean = 0.69 (SD 4.6)	*Standardised mean difference = 0.219 (-0.0441 to 0.516)
			Inpatient Samples		
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 naïve	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 CON	IPARING PATIENTS WITH SMI TO NORM	ATIVE DATA	
			Community Samples		
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 °	<i>SMI</i> : Males: Mean score = 10.5% (SD 8) Females: Mean score = 7% (SD 6) <i>General population norms</i>	T-tests: Males: SMI>gen popn (p = .001); Females: SMI=gen popn (p = .06) *Standardised mean differences:
				Males: Mean score = 6.4% (SD 6)	= 0.58 (males); = 0.568 (females)
			Autratiant and Innatiant Samplas	reindles. Medil scole = 4.1% (SD 4)	
Cohn et al. 2004	N = 240 Men and women with SC7 or	N = 7020 Men and women randomly	Mean (10 year) Framingham Disk	SMI: Males : Mean score - 8.0% (no SD)	T tests: Males: SML > Coneral population (n
(Canada) [37]	S-AFF	selected from Canadian Heart Health Survey dataset (1986-1990). Matched for age and gender distribution.	Score (%) for myocardial infarction	Females: Mean score = 2.6% (no SD) General population: Males: Mean score = 6.3% (no SD)	<.001); Females: SMI = Controls (n/sig)
				Females: Mean score = 2.0% (no SD)	

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