

## CARTA AL EDITOR

### SCHIZOPHRENIA INCIDENCE ON CLINICAL ASPECTS OF NUTRITIONAL STATUS

*J.A. Martí<sup>1</sup>, MD. Urbistondo<sup>2</sup>, M.R. Izquierdo<sup>3</sup> and  
J.J. Velasco<sup>2</sup>*

**Dept. of Nutrition, Navarra University, Pharmacy and  
Dietetic Unit, Internal Medicine Section,  
SFJ Mental Hospital, Pamplona, Spain**

Dear Editor:

The etiology of schizophrenia still remains unclear (1). However, different authors have indicated that vitamins of the B-complex and zinc could be associated with this pathological condition (2, 3). On the other hand, the administration of vitamins in megadoses was the original corner-stone for Pauling's concept of "orthomolecular psychiatry" for schizophrenia therapy (4).

A nutritionally oriented clinical examination includes a physical exploration and a pertinent health history, where special attention is paid to the skin, hair, teeth, gums, lips, tongue and eyes, since these areas tend to show early signs of nutritional deficiency (5, 6). Additionally, the medical history should include questions about mastication, dental health, appetite, sleep hours, physical activity, food avoidances or preferences, medication, chronic diseases and meal patterns (6), because these habits or problems affect food intake and thus nutritional status.

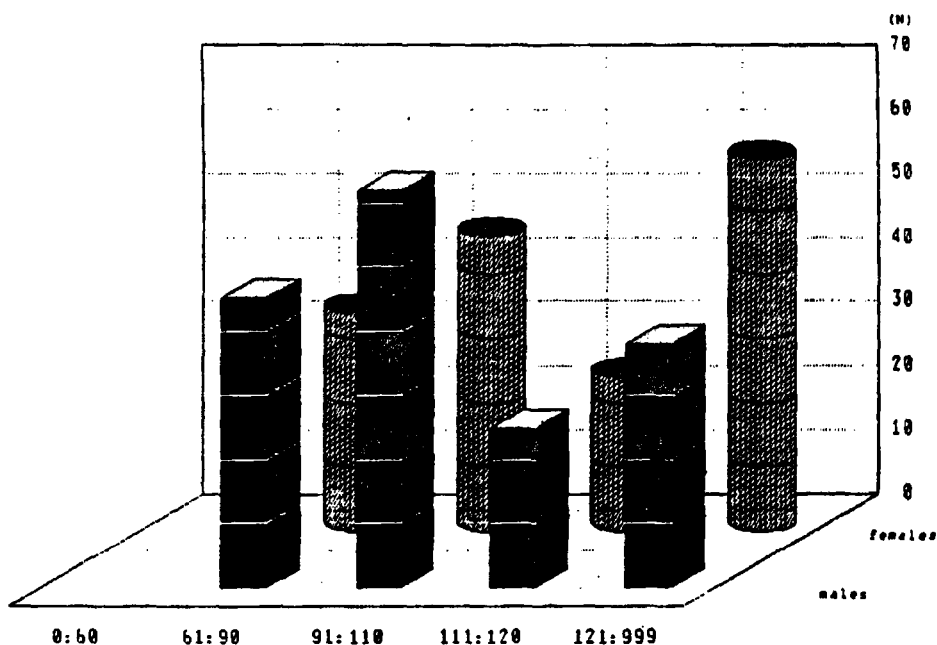
This study was conducted in 332 schizophrenic patients from a provincial mental hospital in university town. Positive findings and signs with clinical relevance suggestive of malnutrition included swollen tongue (16%), xerosis (7%), edema (5%) and goiter (3%). The number of patients with decayed, filled or missing teeth was high (76%), while over two-thirds reported more than 12

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- 1 Department of Nutrition, Navarra University.
- 2 Pharmacy and Dietetic Unit of the Department of Nutrition and SFJ Hospital, Pamplona, Spain.
- 3 Internal Medicine Section of the above-mentioned Department.

sleep hours/day (68%) and a light or very light activity (72%). Overweight was defined in this study as a 10 to 20% excess in body weight relative to standards for height (7), while values greater or equal to 20.1% excess, reflected obesity. Contrariwise, defective values of 10 or more percent were considered as indicators of undernutrition. These situations of malnutrition are presumably mediated by the mental disorder, the dietetic offer, the hospitalization or the pharmacological treatment, although other factors should be not discarded (8). Finally, hypertension as representing a systolic pressure  $\geq 160$  mm Hg and/or diastolic blood pressure  $\geq 95$  mm Hg is prevalent in 21.1% of the schizophrenic patients. Chi-Square analysis of the data revealed a statistically significant difference with a comparable healthy population, in which prevalence was higher (9).



**FIGURE 1**

**Distribution of patients as a percentage of its ideal body weight for height**

In conclusion, clinical evaluation of the nutritional status of schizophrenic patients showed that there are much more probable situations of overnutrition or protein-calorie malnutrition than "classical" vitamin or mineral deficiency syndromes.

The prevalence of these conditions are within the range than those found in hospitalized or surgical patients (10).

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