Improving physical health in severe mental illness

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Life expectancy

- Danish study using the entire population: Life-expectancy was 18.7 years shorter for men with schizophrenia and 16.3 years for women (Laursen 2011).

- The main cause is due to a physical disease (Colton and Manderscheid 2006)
  - Suicide -13%
  - Natural causes -80%

- Mortality gap is equal to diabetes, heart disease and cancer.
Physical illness

- Tuberculosis
- Chronic obstructive pulmonary disease (COPD)
- Sexually transmitted infections
- Hepatitis B/C
- Sexual dysfunction
- Obstetric complications
- Osteoporosis
- Cancer
- Dental problems
- Cardiovascular disease

(De Hert et al. 2011)
Cardiovascular disease

Two meta-analyses of patients with SMI showed:

• Half were obese
• Two in five had hypertriglyceridemia
• Two in five had hypertension
• One in three had metabolic syndrome, diabetes or pre-diabetes

(Vancomfort et al. 2013, Mitchell et al. 2011)
Risk factors and care inequalities

Modifiable risk factors for CVD are significantly increased in people with mental illness

What are these?

- Smoking
- Poor diet
- Low levels of exercise
- Stress
- Diagnostic overshadowing
- Antipsychotic medication
- Poverty
- Alcohol
Risk factors and care inequalities

People with schizophrenia are less likely to have:

- Monitoring of their physical health
- Physical examination
- Prompt diagnosis for a physical problem
- Intervention to help change unhealthy behaviour (e.g. smoking)
- Screening for cancer (e.g. mammography)
- Surgical intervention (e.g. following an MI)
监测 - 次级护理

百分比的被精神病学监测的人群
(n=5091)

- 吸烟
- BMI
- 血糖
- 脂肪
- 血压
- 五项

皇家精神病学会。 (2012) 报告的全国精神分裂症审计 (NAS)。
Monitoring - primary care (pre payment incentive)

Hardy et al. (2013a) Journal of Mental Health.
## Monitoring - primary care (post payment incentive)

<table>
<thead>
<tr>
<th></th>
<th>Diabetes Tested</th>
<th>Diabetes % tested</th>
<th>Severe mental illness Tested</th>
<th>Severe mental illness %Tested</th>
<th>Chi² Statistic</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blood Pressure</strong></td>
<td>2,298,767</td>
<td>96.1%</td>
<td>355,834</td>
<td>84.1%</td>
<td>Chi² = 205712</td>
<td>p &lt;.001</td>
</tr>
<tr>
<td><strong>BMI</strong></td>
<td>2,329,552</td>
<td>97.5%</td>
<td>335,652</td>
<td>79.4%</td>
<td>Chi² = 691072</td>
<td>p &lt;.001</td>
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<tr>
<td><strong>Cholesterol</strong></td>
<td>2,378,115</td>
<td>98.4%</td>
<td>218,539</td>
<td>71.7%</td>
<td>Chi² = 262020</td>
<td>p &lt;.001</td>
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<tr>
<td><strong>HBA1c or glucose</strong></td>
<td>2,363,485</td>
<td>94.9%</td>
<td>197,494</td>
<td>64.8%</td>
<td>Chi² = 495257</td>
<td>p &lt;.001</td>
</tr>
</tbody>
</table>

More than monitoring needed

- Prevention
  - Appropriate medication, lifestyle
- Early intervention (sooner is better)
- Support to encourage healthy life styles
  - Suitable advice
    - Groups – functional skills, exercise, diet, stop smoking – linked to third sector
- Good communication between services to ensure prompt treatment
Preventative activities

People with SMI do not usually carry out preventative activities (behaviours which will help avoid physical health problems)

These include:

- All the lifestyle behaviours.
- Activities such as oral hygiene and foot care, self-examination of breasts and testicles.
- Attending for regular screening (e.g. dentist, optician, cervical screening, breast screening, bowel screening).
- Adhering to treatment.

What can you do?

Encourage and support people with SMI to engage in these activities.
Ask yourself:

- Is there access to outside space and time for exercise?
- Is the food offered nutritious and appetising?
- Are people discouraged to smoke?
- Is there a programme of activity which includes relaxation?
- Are people with SMI taught to deal with stress and social problems?
- Can people sleep well (e.g. noise, temperature, comfy bed)?
- Are people taught how to continue with a healthy lifestyle once they have been discharged?
How do we do it? – in the community

• Is promoting a healthy lifestyle in people with mental health problems seen as part of the role of the community mental health nurse, GP, practice nurse, carer, support worker?

• Are there identified groups within the trust and/or community (e.g. healthy eating, stop smoking, fitness, relaxation) or other organisations (e.g. MIND, local gym) where staff can refer people to for extra support?
How do we do it?

Everyone involved in care:

- Taking responsibility
- Acting as a good role model
- Understanding what healthy behaviour is
- Recognising and working with different levels of motivation
- Supporting the patient to reach their own set goals
Training

Primary Care
38% of practice nurses would like training to carry out physical health checks for people with SMI (Hardy 2014).

Secondary care
Over 80% of mental health nurses reported they would like training for the management of diabetes, cardiovascular health, and nutrition. Sixty-nine percent would like education about smoking and 67% reproductive health (Robson et al 2012).

What training is available?
Very little – Module 3 of a 10 module practice nurse package (95% will apply learning to practice, 5% unsure)
Monitoring - primary care (post training)

Offering lifestyle advice – following training

Tools to help nurses

Primary Care
A website has been created specifically for practice nurses. It has a best practice manual – the Health Improvement Profile for Primary Care (HIP-PC) and other useful tools.

These can all be downloaded free: http://physicalsmi.webeden.co.uk/

Secondary Care
Health Improvement Profile – available on request from website above
Primary Care Physical Health Checks for people with Severe Mental Illness (SMI) – Best Practice Guide
FOURTH EDITION

The Health Improvement Profile for Primary Care (HIP-PC)
The HIP
References


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