Addressing the Balance: Physical Health Monitoring in an Early Intervention Service

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An ounce of prevention is worth a pound of cure.
The fact that people with severe mental illness die twenty years earlier than the rest of the population, the majority from preventable causes, is one of the biggest health scandals of our time, yet is very rarely talked about.
Which physical health problems are associated with mental illness?

The research found that:

- 33% of people with schizophrenia and 30% with bipolar disorder are clinically obese (overweight), compared to 21% of the rest of the population.

- Coronary heart disease is more common in people with schizophrenia (4%) and bipolar disorder (5%) than the rest of the population (3%).

- Diabetes is more common in people with schizophrenia (6%) and bipolar disorder (4%) than the rest of the population (2%).

(Disability Rights Commission 2006)
People with mental illness are also at higher risk of developing:

• High Blood Pressure

• Stroke

• Respiratory Problems

• Bowel and Breast Cancer
Antipsychotic-Induced Weight Gain in Chronic and First-Episode Psychotic Disorders: a Systematic Critical Reappraisal

Established psychosis RCTs

First episode of psychosis RCTs

Alvarez-Jimenez et al; CNS Drugs, 2008
Metabolic Syndrome prevalence

Drug naïve 6%
FEP 13%
Established Mental Illness 54-62%

Early weight & cardiometabolic changes

- Occur **rapidly** - within 12 weeks of commencing antipsychotic medications (Foley and Morley 2011, Archives gen psych; Tarricone et al, 2010, Psychological Medicine)

- Occur **frequently** - clinically significant weight gain in 37-86% of FEP youth within 1 year commencing AP (Kahn et al 2008 Lancet)

- Occurs in **children and adolescents** to a greater degree
  (Correll et al 2009, JAMA; Eapen et al 2012 J Metabolism)

- **Downstream impact is obesity → metabolic syndrome → premature mortality**
Cumulative diabetes incidence & antipsychotic use
Smoking in FEP

- 59% of patients FEP use tobacco at time of presentation
- 6 x higher than peers without psychosis
- commences 5 years prior to diagnosis of psychosis

Past, Present and Future
2010

• Client assessment booklet (ad hoc framework/structure)

• Developed physical health lead role within the service
  • Liaise with other teams
  • Standardise physical health monitoring
  • Implement physical health framework and monitoring tools
  • Improve outcomes
Assessment of Physical Health

• Lester Adaptation & HEAL Programme

• Client Assessment Booklet
  • Weight, Height, BMI, Blood Pressure, Pulse.
  • Smoking Habits
  • Previous Head Injury
  • Family/Personal History of Diabetes/Epilepsy/Cardiovascular Disease
  • Sexual Health
  • Diet & Exercise

• **LUNSERS** Assessment (Liverpool University Neuroleptic Side effect Rating Scale)

• **GASS** Assessment (Glasgow Antipsychotic Symptom Scale)
NICE Clinical Guidelines: 155 Psychosis and schizophrenia in children and young people
Healthy Active Lives (HeAL)

Keeping the Body in Mind in Youth with Psychosis
The HeAL Programme

Five Year Target

• Within the next 5 years any young person developing psychosis should expect their risks for future physical health complications (particularly obesity, premature cardiovascular disease and diabetes), when assessed two years after initial diagnosis, to be equivalent to their peers from a similar background who have not experienced psychosis:

• 90% of people experiencing a first episode of psychosis and their families or supporters are satisfied that they made treatment choices informed by an understanding of their risks for future obesity, cardiovascular disease and diabetes

• Within a month of starting treatment 90% of people experiencing a first episode of psychosis have a documented assessment which includes risks for future obesity, cardiovascular disease and diabetes:
  • body mass index and/or waist circumference; blood glucose and lipid profile, blood pressure, smoking status and relevant family history
  • results are shared between professionals involved in the care (e.g. primary and specialist practitioners)

• All people experiencing a first episode of psychosis can expect that where medicines are used to treat their psychosis, these are regularly reviewed according to recommended prescribing standards that minimize the development of the complications of obesity, cardiovascular disease and diabetes

  • For those under the age of 16 years, weight change is more appropriately monitored from growth charts e.g. Body Mass Index for Age which incorporate a change in BMI Z-scores.

• 75% of people experiencing a first episode of psychosis gain no more than 7% of their pre-illness weight two years after initiating antipsychotic treatment

• 75% of people experiencing a first episode of psychosis maintain blood glucose, lipid profile and blood pressure within the normal range two years after initiating antipsychotic treatment

• Physical health inequalities diminish so that two years after the onset of psychosis
  • 90% receive health promotion advice on healthy eating, tobacco and substance use, sexual health, dental care, and the benefits of avoiding physical inactivity
  • fewer than 30% smoke tobacco
  • more than 50% engage in age appropriate physical activity e.g. at least 150 minutes per week of moderate intensity
The HEAL programme (York)

HEAL stands for Health, Exercise, Activity and Lifestyle. The HEAL programme of activities is designed to help people with certain long-term medical conditions to start exercising safely and improve their health.

The HEAL programme consists of:

• **Exercise Referral Scheme**
  • GPs and other health professionals can refer patients with medical conditions to receive specialist advice and support to help them become more active.

• **Physical Activity Programme**
  • Where people can obtain information on opportunities available in York
2014

• Physical health monitoring audit

• Showed 28% of service users did not have any physical health information documented anywhere
2015

• Revisited audit

• Which showed 38% of service users did not have any physical health info recorded.

• Things had got worse!! (at least that’s how it looked!)

• WHY??
  • We had changed the way we recorded information (paper/electronic)
  • There was no consistency in how things were being recorded and WHERE they were recorded
  • The second audit only captured 2 months of recording
What was going wrong?

- Liaising with GPs
- Multidisciplinary roles within the team
- Access to monitoring (GPs)
- Shared care
  - Discharges from inpatient units
  - Physical health monitoring by primary care
2015 continued

• CQuI N (commissioning for quality and innovation)
• NICE guidelines

• Developed new Physical Health Pathway
• Set up Physical Health Clinic
• In house training for the team
  • Taking baseline measurements
  • Completing physical health monitoring
  • Recording (electronically)
  • Medication
YEIP Physical Health Pathway

- Complete Client Assessment Booklet (within 3mth of Referral) (Paris Electronic recording on MIN STD Physical health Monitoring, Smoking cessation)
- Lifestyle Interventions (Smoking Status, Exercise, Diet, Drug & Alcohol use, Men/Women’s sexual health), Medical & Medication History Request from GP if not with referral
- Baseline Measures (Height, weight, BMI, Waist Circumference, BP, Pulse, ECG) (CCO, Physical health Clinic)

**ARMS**
- Offer other physical investigation (MRI, ECG, other) if required or Exit Pathway
- Continue to offer Lifestyle Interventions

**FEP**
- Offer other physical investigation (MRI, ECG, other) if required (Not on Medication)
- Continue to offer Lifestyle Interventions (12 weeks, Annually)

**MEDICATION**
- Prescribing & Monitoring (Responsibility with EI for at least first 12 months (NICE)
- Weight (Record Weekly for 6 weeks, 12 weeks, Annually)
- Waist Circumference (Baseline, 12 weeks, Annually)
- ECG (Baseline, 12 weeks, Annually)
- Pulse & BP (Baseline, 12 weeks, Annually)
- Fasting Glucose, HbA1c, Lipids (12 weeks, Annually)
- Medication Review (12 weeks, 6 month, Annually)

**IN-PATIENT CARE** (Wards, OOA, Prison, other EI service)
- Transfer/sharing of information (Admission & Discharge)

**REPORTING/SHARING INFORMATION**
- Electronic recording on Paris by CCO
- CPA reviews and Discharge to GP
- CPA Recovery Wellbeing Plan
- CPA letter to GP
- Medication update form to GP

**Physical Health Clinic** (Needham Suite, Bootham Park Hospital)
Book appointment on Community Links electronic diary

Need to Know:
- Current medication
- Known Allergies
- Add note to identify monitoring required, if accompanied etc.
- What Blood tests: Routine (ferr, ctk, idb and calcium, U&Es, CrP, TSH)
- Cholesterol, Glucose, FFA/HbA1c, (specific, protected) or specific testing (Lithium, Sodium Vuropes, Blood Sugar Levels.)
EIP Physical Health Clinic

• Barriers to accessing GPs
• Familiar with staff
• Offer baseline measurements, ECG, blood taking
• Can be supported by care coordinators

• Currently once a month
• Aim to expand to accommodate other community teams
The Future

• STEPWISE trial
• Employing staff with health and wellbeing knowledge
• Partnership working with other services
• Transitioning to TEWV
• Re-audit PH monitoring
• SCIMITAR +
Right from the Start
Keeping Your Body in Mind

A guide for people experiencing psychosis for the first time and those who care for them

Experiencing psychosis and its treatment for the first time is scary. Because of this you may find it difficult to take as much care of your body as you usually would. Unfortunately, the risk of future illnesses like heart attacks and diabetes can be much higher for people experiencing psychosis.

"Improving my physical health has improved my mental health, which then improved my physical health even more. The two are definitely tied."
Phil, aged 20, an expert by experience

Don't leave physical health to chance:
FIND OUT HOW YOUR HEALTH PROFESSIONALS CAN SUPPORT YOU

Let's Talk About It!

For health professionals in your mental health team and GP surgery.

Recommended guidance on how to promote and monitor the physical health of people with psychosis.

The Lester Resource – 2014 update:
NICE endorsed physical health framework with target values, monitoring schedules and intervention strategies.

www.rcpsych.ac.uk/qualityNAS/resources

Healthy Active Lives (HeAL, 2013):
An international consensus to protect people's physical health from the start of psychosis and its treatment.

www.iphs.org.au

Dear Health Professional,
I want to take steps to live a healthier life. Can you help me? I understand that experiencing psychosis puts me at greater risk of illnesses like heart attacks, strokes and diabetes. Could we work together to reduce these risks and start protecting my health right now? Thank you.

Signed

For more information please contact your care team, for more leaflets the Psychosis Research Unit (PRU), Info@psychosisschizophrenia.com, tel. 0161 358 1395.

Service users and practitioners from Greater Manchester West Mental Health NHS Foundation Trust (www.gmw.nhs.uk) developed this leaflet together as a way of empowering service users to improve the quality of care they receive.

Greater Manchester West Mental Health NHS Foundation Trust

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Service User Experience
Any Questions