Department of Health Sciences September Seminar Series

Wednesday, 7 September 2016 (ATB/056/057)
Professor David Osborn, Professor & Consultant Psychiatrist, Division of Psychiatry, University College of London
“Cardiovascular risk and risk assessment in people with severe mental illness”

Wednesday, 14 September 2016 (ATB/056/057)
Professor Claire Surr, Professor of Dementia Studies, School of Health & Community Studies, Leeds Beckett University
“Recruiting and conducting research in care homes – lessons from the EPIC trial”

Conducting research in care homes is complex. Care homes often have limited previous experience of taking part in research have significant levels of staff turnover and often low levels of literacy and numeracy among staff members. The social care sector is under significant financial strain and regulatory scrutiny. The EPIC trial is an NIHR HTA funded clinical trial investigating the effectiveness and cost effectiveness of Dementia Care Mapping (DCM) for helping staff to implement person-centred care to residents with dementia. It has recruited 50 care homes and 741 residents at point of randomisation. This presentation will discuss recruitment, intervention implementation, data collection and study design successes and challenges that have arisen to date and strategies we have implemented to achieve or address these. It will provide insight into issues researcher should consider when planning and designing research involving care homes.

Wednesday, 21 September 2016
Dr Brendon Stubbs, Research Physiotherapist, Health Services & Population Research, King’s College London
“Physical health conditions and multi-morbidity among people with Depression and Psychosis: A comprehensive overview and exploration of the potential for ‘exercise as medicine’

Background
People with depression and psychosis typically die 10-15 years before individuals without ‘serious mental illness’ (SMI). The majority of this premature mortality is attributed to physical health comorbidities, such as cardiometabolic and cardiovascular disease. Multi-morbidity is a considerable concern, but little representative data exists. Exercise is effective for cardiometabolic disease in the general population, but the evidence base is equivocal and/ or not seen as a central component for the treatment of people with SMI.

Objectives and Methods
The presentation will provide a comprehensive overview of the latest research considering physical health comorbidities among people with depression and psychosis. Secondly, the presentation will consider the benefits and potential for physical activity interventions to improve multiple outcomes in people with depression and psychosis. Data will be drawn from large scale cohort studies, randomized controlled trials, qualitative research and meta-analyses. In addition, new data including people from over 40 countries will be presented considering physical health multi-morbidity patterns among people with depression and psychosis. Finally, the latest research considering exercise as medicine for people with SMI will be reviewed with suggestions for implementation in practice and future research directions.
Objective: The prevalence of type 2 diabetes mellitus (T2DM) is elevated in schizophrenia and other psychoses however the nature of this association by ethnicity is less clear. The aim of this study is to investigate the association of psychotic disorders with T2DM and assess variations by ethnicity and age.

Methods: Cross-sectional analysis of data from 588408 individuals aged 18+, registered to 98% of general practices (primary care) in a defined part of the United Kingdom. Ethnic groups in the sample were: Indian, Pakistani, Bangladeshi, Black Caribbean, Black African, White British and Irish. Main outcome was prevalent T2DM.

Results: Relative to people without psychotic disorders, relative risk (RR) of T2DM in people with psychotic disorders was greatest in the youngest age groups. In the White British group this was RR: 9.99 (95% CI: 5.34, 18.69) at 18-34 years, 2.89 (95% CI: 2.43, 3.45) at 35-54 years and 1.16 (95% CI: 1.04, 1.30) at 55+ years, with similar trends by age, across all ethnic minority groups.

Ethnic minority groups were more likely to have T2DM if they had psychotic disorders. This was marked in Bangladeshi people (all ages) and in Indian, Pakistani, Black Caribbean and Black African people at 35-54/55+ years and Irish people at 55+ years.

Conclusions: Relative risk of T2DM is elevated in younger populations with psychotic disorders. Risk of T2DM may be even more elevated in ethnic minority groups in the presence of psychotic disorders. This should be considered in future research, clinical practice and healthcare provision.