Managing Physical Health in Mental Health Populations

Abstract:

People with serious mental illness (SMI) have greatly increasing morbidity and mortality from physical illness than the general population. Risk factors for premature mortality include poverty, unemployment, smoking, substance abuse, obesity, and stress. It has been suggested that current policy, services and health promotion actions are ineffective in targeting physical illness in this population.

Vulnerabilities for Physical Health Difficulties

Excess mortality seen in the psychiatric population reflects multiple vulnerabilities and risk factors including poverty, unemployment, smoking, substance abuse, obesity and stress. Although there may be a genetic predisposition to develop metabolic abnormalities in schizophrenia, the impact of negative symptoms of illness such as lack of motivation and anhedonia are significant. This is compounded by the finding that people with mental illness have inadequate access to good quality physical healthcare and that they receive poorer treatment for physical disorders (diagnostic overshadowing) than the general population.

The guidelines further state that individuals taking atypical antipsychotic medication should be offered a comprehensive package of care that addresses physical, emotional and social needs. In bipolar disorder, the British Association for Psychopharmacology has produced guidelines that emphasise the medical need to assume responsibility for physical examinations to advise patients to maintain normal levels of exercise and moderate carbohydrate intake. The Physical Health and Wellbeing Group, St John of God Hospital supported by a St John of God Research Grant.

References

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Acknowledgements

The Physical Health and Wellbeing Group St John of God Hospital supported by a St John of God Research Grant.

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NICE guidelines acknowledge the risk of increased physical morbidity and mortality in individuals with schizophrenia and recommends routine monitoring of these risks. They advise that health promotion advice be offered on smoking, alcohol, drug use and exercise. The guidelines further state that individuals taking atypical antipsychotic medication should be offered a comprehensive package of care that addresses physical, emotional and social needs. In bipolar disorder, the British Association for Psychopharmacology has produced guidelines that emphasise the medical need to assume responsibility for physical examinations to advise patients to maintain normal levels of exercise and moderate carbohydrate intake. The Physical Health and Wellbeing Group, St John of God Hospital supported by a St John of God Research Grant.

Clinical Research

The guidelines currently advise psychiatrists to routinely evaluate the risk factors associated with metabolic syndrome. The few interventions that exist combine elements of health screening, education and promotion with behavioural initiatives; however, the empirical evidence to support these is weak. Lifestyle programmes have been described as a cost-effective way of providing education about lifestyle changes to improve physical health and mental well-being, however, the use of exercise programmes with patients as an adjunct therapy in clinical practice remains limited. More importantly, the question of how these strategies might be disseminated and implemented across diverse clinical settings and patient populations has not been addressed.

The Future

In order to address the physical needs of those with serious mental illness there should be a greater focus on physical health assessment and health promotion within the multidisciplinary team. This approach will need to primarily address patient engagement and sustained motivation but should also include a major support role for carers as well as primary and secondary health care workers and incorporate health service and health promotion initiatives specific to this population and their needs. The current evidence is that while most patients will accept, entry into an appropriate programme, engagement with the intervention is not sustained. Yet, in light of the significant risks to physical health it is incumbent on all health professionals, perhaps even our ethical and moral responsibility, to find a way of encouraging people with mental illness to address their physical health. The role of motivational interviewing may be crucial in this population and such initiatives will likely need to be incorporated into existing programmes to address self esteem and confidence as an initial step towards engagement. As with most illness and health initiatives, prevention may be more beneficial than cure.

The research to date illustrates the increased morbidity and earlier mortality of people with mental illness of modifiable risk factors have been identified, similar to those in the general population and some individuals with serious mental illness may have exacerbated the metabolic side effects of medication. Managing physical health poses a significant challenge to frontline mental health staff and providers. The current guidelines do not give specific recommendations on how to tailor health interventions nor do they address how interventions should be tailored to meet the specific needs of these populations who in addition to facing the motivational challenges of healthy individuals, they often struggle with negative symptoms of their illness. Further research and research in this area is urgently needed to enable the development and delivery of a multidisciplinary and evidence-based intervention for patients and families that focuses on prevention and screening as well as management. The longer term human and health care saving could be immense.