Early Intervention in Psychosis...

Dr. David Shiers
RC Psychiatrists International Congress London 2014
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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.

Professor Sue Bailey
President Royal College of Psychiatrists
2010 ongoing: Chair of IRIS, a social enterprise which supports a network of regional leads who collaborate to promote early intervention in psychosis.

2011 ongoing: National Audit of Schizophrenia: GP advisor (paid consultancy RC Psych CCQI)

2013 HTA grant number 12/28 examining non-pharmacological ways to prevent weight gain for people with Schizophrenia; lead PI = Prof Richard Holt

2013 ongoing: National Collaborating Centre for Mental Health: board member – my views

2014 ongoing: Member of NICE quality standard for people with psychosis & schizophrenia – my views

1994 ongoing: Over-involved dad
A “Chronic”

Elderly men smoking in corridors

Extra helpings of puddings

Nothing to do except watch TV...

...and take her meds (without fail)
Rising prevalence of obesity (Reist et al 2007)
- 1988: +4.7%
- 2002: +14.7%

Rising prevalence of diabetes (Basu & Meltzer 2006)
- 1979-1995: parallel trends
- 1996-2001: 0.7% increase per year in people with schizophrenia

Tobacco smoking (Brown 2010)
- 1984 – 2013: rates for general population fell from 35% to <20%
- rates for those with schizophrenia remain steadily ~65%
METABOLIC SYNDROME

Central obesity
Insulin resistance
Dyslipidemia
Hypertension
Metabolic risk factors in first-episode schizophrenia: baseline prevalence and course analysed from the European First-Episode Schizophrenia Trial

CINP 2012 doi:10.1017/S1461145712001241

Fleischhacker WW, Siu CO, Bode R, Pappadopulos E, Karayal ON, Kahn RS, and the EUFEST study group

Overall baseline prevalence of metabolic syndrome was 6.0%, with similar rates observed in the antipsychotic-naive patients (5.7%) and in the other patients with only a brief prior exposure to antipsychotics (6.1%).
Antipsychotic-Induced Weight Gain in Chronic and First-Episode Psychotic Disorders: a Systematic Critical Reappraisal

First episode of psychosis RCTs

Established RCTs

Alvarez-Jimenez et al; CNS Drugs, 2008
Effectiveness of antipsychotic drugs in first-episode schizophrenia and schizophreniform disorder: an open randomised clinical trial.

<table>
<thead>
<tr>
<th>Weight gain with antipsychotics: EUFEST results</th>
<th>Haloperidol</th>
<th>Olanzapine</th>
<th>Quetiapine</th>
<th>Ziprasidone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean weight gain 12m on from baseline</td>
<td>7.3 kg</td>
<td>13.9 kg</td>
<td>10.5 kg</td>
<td>4.8 kg</td>
</tr>
<tr>
<td>% of patients gaining ≥7% weight after 12m compared to baseline</td>
<td>53%</td>
<td>86%</td>
<td>65%</td>
<td>37%</td>
</tr>
<tr>
<td>Overweight (BMI ≥25) at baseline</td>
<td>21%</td>
<td>16%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Overweight at study end (1 yr) (BMI ≥25)</td>
<td>37%</td>
<td>54%</td>
<td>45%</td>
<td>33%</td>
</tr>
</tbody>
</table>

Healthy volunteers received olanzapine, aripiprazole, or placebo for nine days in a controlled setting.

Compared with placebo, both olanzapine and aripiprazole induced insulin resistance.

In addition, olanzapine also significantly increased postprandial insulin, glucagon-like peptide 1, and glucagon.
...on a path to obesity, type 2 diabetes, cardiovascular disease and premature death

Acknowledgement to sculptor Keld Moseholm

Rolling pin (Sculpture By The Sea 2011 Bondi)

54-62% high risk CVD
Age 40 Established Mental Illness

9% high risk CVD within 12m

6%

high risk CVD in FEP (treatment naïve)
Little pride and a lot of prejudice
“The provision of good medical care tends to vary inversely with the need for it in the population served.”

Julian Tudor Hart  Glyncorrwg 1971
The spurious advance of antipsychotic drug therapy

As a group they (second generation antipsychotics) are no more efficacious, do not improve specific symptoms, have no clearly different side effect profiles than the first-generation antipsychotics, and are less cost effective.”

Punishing Health Care Fraud — Is the GSK Settlement Sufficient?

July 2nd 2012. GSK plead guilty to 3 criminal counts …settle civil charges under various federal statutes; …pay a total of $3 billion

It would be a mistake to assume that GSK was an outlier in the global pharmaceutical and medical-device industries. Indeed, many of the major companies have settled with the Department of Justice in recent years
iph Ys

International Physical Health in Youth Stream

Special Interest Group
Amsterdam 2010
Psychiatry seizing the heartland

Primum Non Nocere
As to diseases, make a habit of two things - to help, or at least to do no harm

If we could give every individual the right amount of nourishment and exercise, not too little and not too much, we would have found the safest way to health

(Hippocrates 460-377 BC)
DON’T JUST SCREEN…
…INTERVENE

- Smoking cessation
- Nutritional
- Physical activity
- Metformin
- Switching & other med strategies
...the same life expectancy and expectations of life as my peers who have not experienced psychosis.
Within the next 5 years:

- 90% users understand their risks for future obesity, diabetes and CVD
- 75% maintain blood glucose, lipid profile and BP within normal range two years after initiating antipsychotic
- 75% gain <7% of their pre-illness weight two years after initiating antipsychotic
- >50% engage in age-appropriate physical activity
- <30% smoke tobacco
- <90% receive health promotion advice
- The same life expectancy and expectations of life as my peers who have not experienced psychosis
- Where medicines are used to treat psychosis, these are regularly reviewed according to recommended prescribing standards that minimise risks for obesity, CVD and diabetes
- Within the next 5 years: The same life expectancy and expectations of life as my peers who have not experienced psychosis
HeAL: Vite Sane e Attive

Healthy Active Lives (HeAL)

Teniamo in mente il corpo nei giovani con psicosi

Imagina un mondo dove...

- I giovani, che possono avere una sensazione
  oppressa e viva, e le loro possibilità
  di sviluppo non sono soddisfacenti.
- I giovani con psicosi, le loro famiglie
  e gli altri che li circondano soffrono
  di stress e di ansia. Per minimizzare
  questi effetti, è fondamentale creare
  un ambiente di supporto e di
  sviluppo.
- Lepressioni e stress dei giovani, dalle
  loro famiglie e dagli altri, vengono
  gestiti attraverso la salute mentale.

Healthy Active Lives (HeAL)

健康で活発な生活

健全で活発な活動 国際的合意

こんな世界を想像してください...

- 精神病院を設置している者々が、精神
  病を克服しない仲間たちのための
  国際的な活動を推進することを
  認める。
- 身体を健康に保つために、健康
  な活動を推進する方法を見つける
  ための活動を実施する。
- 精神病院を設置している者々が、心と
  理解を育むための活動を実施する。
- 種類の多様な活動を通じて、個々
  の生活の質を向上させる。
- 精神病院を設置している者々が、自己
  保全を必要とするための活動を実施する。
- 種類の多様な活動を通じて、個々
  の生活の質を向上させる。
UK intervention framework launched 2012 and updated 2014

Simple collaborative approach to tackling CVD and type 2 diabetes risks in any service setting.

Supported by key Royal Colleges Rethink Mental Illness, FPH Diabetes UK

Core of NHSE CQUIN 2014/15

www.rcpsych.ac.uk/quality/NAS/resources
Psychosis and schizophrenia in adults: treatment and management

Clinical guidelines, CG178 - Issued: February 2014
This guideline updates and replaces NICE clinical guideline 82 (published in March 2009). It offers evidence-based advice on the care of adults with psychosis and schizophrenia.

March 2014:
A correction has been made to the wording of recommendation 1.1.3.3 to be clear that it is the hydrocarbons in cigarette smoke that cause interactions with other drugs, rather than nicotine.
The corrected recommendation reads:
Offer people with psychosis or schizophrenia who smoke help to stop smoking, even if previous attempts have been unsuccessful. Be aware
10% shift in body weight

- 25% more premature mortality
- 50% more type 2 diabetes
- 10% higher total cholesterol / 30% higher triglycerides
- 10mmHg higher systolic / 20mmHg higher diastolic blood pressure


Keeping the Body in Mind for young people with first episode psychosis

A life skills-building intervention focusing on healthy eating and physical activity to attenuate antipsychotic-induced weight gain

Jackie Curtis¹,², Andrew Watkins¹, Katherine Samaras³, Megan Kalucy¹,², Simon Rosenbaum¹, Scott Teasdale¹, Janelle Abbott¹, Julio De La Torre¹, Philip Ward²,⁴

13% of KBIM vs. 75% of standard care participants experienced clinically significant weight gain
Behavioural weight loss intervention in patients with Serious Mental Illness

ORIGINAL ARTICLE

A Behavioral Weight-Loss Intervention in Persons with Serious Mental Illness


BACKGROUND

Overweight and obesity are epidemic among persons with serious mental illness, yet weight-loss trials specifically exclude this vulnerable population. Lifestyle interventions require adaptation in this group because psychiatric symptoms and cognitive impairment are highly prevalent. Our objective was to determine the effectiveness of an 18-month tailored behavioral weight-loss intervention in adults with serious mental illness.

METHOD

We recruited overweight or obese adults from 10 community psychiatric rehabilitation outpatient programs and randomly assigned them to an intervention or a control group. Participants in the intervention group received tailored group and individual weight-management sessions and group exercise sessions. Weight change was assessed at 6, 12, and 18 months.

RESULTS

Of 297 participants who underwent randomization, 58.1% had schizophrenia or a schizoaffective disorder, 22.0% had bipolar disorder, and 12.3% had major depression. At baseline, the mean body mass index (the weight in kilograms divided by the square of the height in meters) was 36.1, and the mean weight was 192.7 kg (225±29). Data on weight at 18 months were obtained from 219 participants. Weight loss in the intervention group increased progressively over the 18-month study period and differed significantly from the control group at each follow-up visit (P<0.05). At 18 months, the mean between group difference in weight change for the intervention group minus change in control group was -4.2 kg (P=0.003). Of 32.0% of the participants in the intervention group lost 5% or more of their initial weight, as compared with 33.3% of those in the control group (P=0.699). There were no significant between-group differences in adverse events.

CONCLUSIONS

A behavioral weight-loss intervention significantly reduced weight over a period of 18 months in overweight and obese adults with serious mental illness. Given the high prevalence of obesity and weight-related disease among persons with serious mental illness, our findings support implementation of targeted behavioral weight-loss interventions in this high-risk population. (Funded by the National Institute of Mental Health; ACHIEVE ClinicalTrials.gov number, NCT00962604.)

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Healing is a matter of time but sometimes also a matter of opportunity. 

Hippocrates (460 BC - 377 BC)
Acknowledgements

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Professor Helen Lester
Professor Richard Holt
Dr Imran Rafi
Dr David Shiers

Prof Helen Lester (1961-2013)

Don’t just screen
INTERVENE

Top GP calls for better care for Mental health patients

Youtube
http://www.youtube.com/watch?v=tqyACm5OQOM

Goodonya cobber

National Audit of Schizophrenia – report:

Directors of CCQI: Mike Crawford, Paul Lelliott
Advisers: Stephen Cooper, Angela Etherington, David Shiers
CCQI Staff Simone Jayakumar, Susan Lemmey, Rachel Marsh, Krysia Zalewska

The sixty contributing Mental Health Trusts of England and Wales
who carried out the local audits

Royal College of Psychiatrists
Professor Sue Bailey

http://guidance.nice.org.uk/CG178