

Physical Health in Mental Health

Dr Dolly Sud

Postdoctoral Clinical Academic Research Fellow Pharmacist



dolly.sud2@nhs.net



[@DrDollySud_PhD](https://twitter.com/DrDollySud_PhD)

Why is PH in MH important?

- **To ensure that physical illness is not contributing or causing the psychiatric presentation**
e.g., psychiatric manifestations of B12 deficiency include depression, apathy, irritability, dementia, catatonia, delirium and hallucinations
 - **Assists in identifying key risk factors for poor physical health which could contribute to long term health conditions, multimorbidity and mortality**
e.g., monitoring HbA1c to screen for pre-diabetes and diabetes
 - **Medicines optimisation**
e.g., prolactin in patients on risperidone
 - **To provide tailored care to the patient, support their informal carers and other healthcare professionals**
e.g., physical illness has a negative impact on mental health
- 

Why is this topic important?

Premature mortality is higher for people with severe mental illness (SMI)

Population aged under 75 in contact with secondary mental health services face a

3.7 **times higher mortality rate**
than the general population*

Patients with SMI die about 10–20 years earlier than the general population

*Data source from NHS digital publications

Why is this topic important?



[World Psychiatry](#). 2017 Jun; 16(2): 163–180.
Published online 2017 May 12. doi: [10.1002/wps.20420](#)

PMCID: PMC5428179
PMID: [28498599](#)

Prevalence, incidence and mortality from cardiovascular disease in patients with pooled and specific severe mental illness: a large-scale meta-analysis of 3,211,768 patients and 113,383,368 controls

[Christoph U. Correll](#), ^{1, 2, 3, 4, 5} [Marco Solmi](#), ^{5, 6, 7} [Nicola Veronese](#), ⁵ [Beatrice Bortolato](#), ^{5, 8} [Stella Rosson](#), ⁶ [Paolo Santonastaso](#), ⁶ [Nita Thapa-Chhetri](#), ⁹ [Michele Fornaro](#), ¹⁰ [Davide Gallicchio](#), ⁶ [Enrico Collantoni](#), ⁶ [Giorgio Pigato](#), ⁶ [Angela Favaro](#), ⁶ [Francesco Monaco](#), ⁵ [Cristiano Kohler](#), ¹¹ [Davy Vancampfort](#), ^{12, 13} [Philip B. Ward](#), ¹⁴ [Fiona Gaughran](#), ¹⁵ [André F. Carvalho](#), ^{5, 11} and [Brendon Stubbs](#) ^{5, 15, 16, 17}

Key message:

Risk of diabetes in patients with SMI is around 2-3 times higher than the general population

Key message:

Risk of Heart Disease in patients with SMI is around 53% higher when compared to patients without severe mental illness

Received: 9 September 2020 | Accepted: 24 March 2021
DOI: [10.1111/dme.14562](#)

RESEARCH: CARE DELIVERY

DIABETIC
Medicine

Living with diabetes alongside a severe mental illness: A qualitative exploration with people with severe mental illness, family members and healthcare staff

[Sue Bellass](#)^{1,*} | [Jennie Lister](#)¹ | [Charlotte Emma Wray Kitchen](#)¹ | [Lyndsey Kramer](#)² | [Sarah Louise Alderson](#)³ | [Tim Doran](#)¹ | [Simon Gilbody](#)¹ | [Lu Han](#)¹ | [Catherine Hewitt](#)¹ | [Richard Ian Gregory Holt](#)⁴ | [Rowena Jacobs](#)⁵ | [Stephanie Louise Prady](#)¹ | [David Shiers](#)⁶ | [Najma Siddiqi](#)^{1,7,8} | [Johanna Taylor](#)¹

Global Priority: World Health Organisation Framework

Journal List > World Psychiatry > v.16(1); 2017 Feb > PMC5269481



[World Psychiatry](#), 2017 Feb; 16(1): 30–40.

PMCID: PMC5269481

Published online 2017 Jan 26. doi: [10.1002/wps.20384](https://doi.org/10.1002/wps.20384)

PMID: [28127922](https://pubmed.ncbi.nlm.nih.gov/28127922/)

Excess mortality in persons with severe mental disorders: a multilevel intervention framework and priorities for clinical practice, policy and research agendas

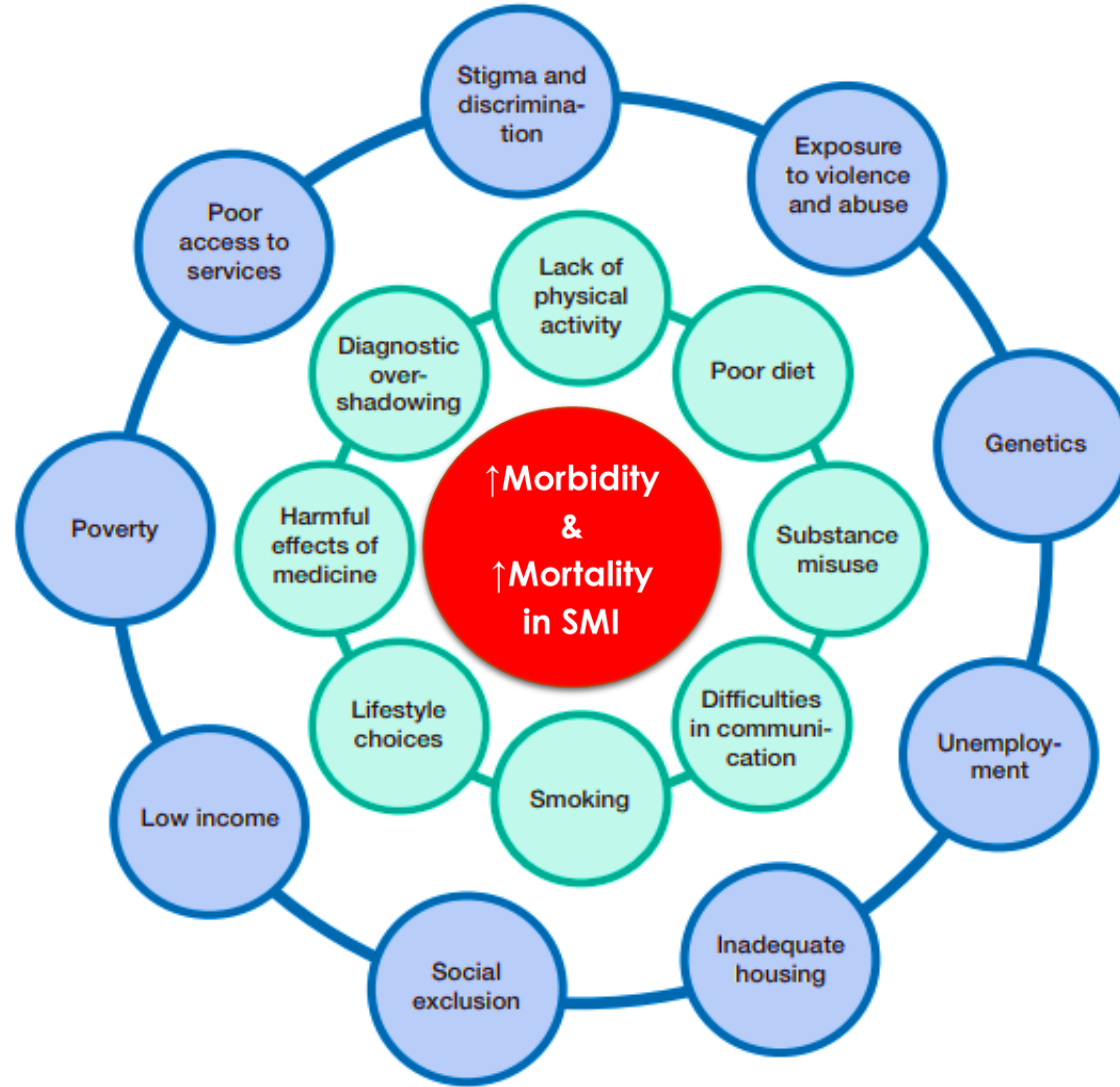
[Nancy H. Liu](#),^{1, 2} [Gail L. Daumit](#),³ [Tarun Dua](#),¹ [Ralph Aquila](#),⁴ [Fiona Charlson](#),⁵ [Pim Cuijpers](#),⁶ [Benjamin Druss](#),⁷ [Kenn Dudek](#),⁴ [Melvyn Freeman](#),⁸ [Chiyo Fujii](#),⁹ [Wolfgang Gaebel](#),¹⁰ [Ulrich Hegerl](#),¹¹ [Itzhak Levav](#),¹² [Thomas Munk Laursen](#),¹³ [Hong Ma](#),¹⁴ [Mario Maj](#),¹⁵ [Maria Elena Medina-Mora](#),¹⁶ [Merete Nordentoft](#),¹⁷ [Dorairaj Prabhakaran](#),¹⁸ [Karen Pratt](#),⁴ [Martin Prince](#),¹⁹ [Thara Rangaswamy](#),²⁰ [David Shiers](#),²¹ [Ezra Susser](#),²² [Graham Thornicroft](#),¹⁹ [Kristian Wahlbeck](#),²³ [Abe Fekadu Wassie](#),²⁴ [Harvey Whiteford](#),⁵ and [Shekhar Saxena](#)¹

Global Priority: World Health Organisation Framework

Multilevel model of risk for excess mortality in persons with severe mental disorders (SMD)

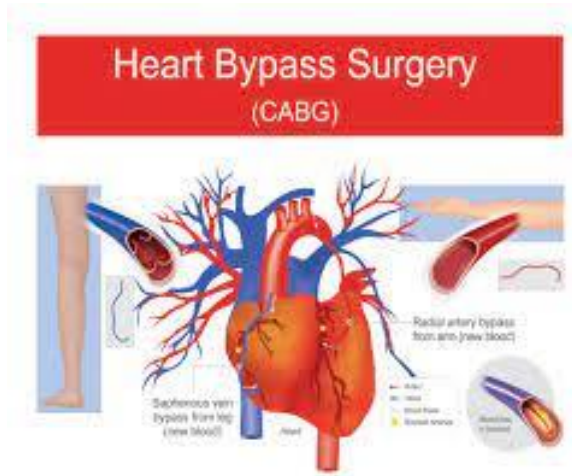
Individual factors	Health systems	Social determinants of health
<p><i>Disorder-specific</i></p> <ul style="list-style-type: none"> • Severity of disorder • Family history • Symptoms/pathophysiology • Early age of onset • Recency of diagnosis <p><i>Behaviour-specific</i></p> <ul style="list-style-type: none"> • Tobacco use • Poor diet • Inadequate physical activity • Sexual and other risk behaviours • Substance use (alcohol and drugs) • Low motivation (e.g., treatment seeking, adherence) 	<p><i>Leadership</i></p> <ul style="list-style-type: none"> • Absence of relevant policies and guidelines <p><i>Financing</i></p> <ul style="list-style-type: none"> • Low investment in quality care <p><i>Information</i></p> <ul style="list-style-type: none"> • Limited health information systems <p><i>Service delivery</i></p> <ul style="list-style-type: none"> • Verticalization and fragmentation of health services • Lack of care coordination and management • Limited access to services <p><i>Human resources</i></p> <ul style="list-style-type: none"> • Poor quality service provision • Negative beliefs/attitudes of workforce • Poor communication <p><i>Medications</i></p> <ul style="list-style-type: none"> • Antipsychotic medications (no treatment, polypharmacy, higher than recommended dosages) 	<p><i>Public policies</i></p> <ul style="list-style-type: none"> • Discriminating policies • Low financial protection and limited coverage in health packages <p><i>Socio-economic position</i></p> <ul style="list-style-type: none"> • Unemployment • Homelessness • Low health literacy <p><i>Culture and societal values</i></p> <ul style="list-style-type: none"> • Stigma and discrimination in society • Negative perceptions about persons with SMD <p><i>Environmental vulnerabilities</i></p> <ul style="list-style-type: none"> • Infections, malnutrition • Access to means of suicide • Impoverished or unsafe neighbourhoods <p><i>Social support</i></p> <ul style="list-style-type: none"> • Limited family, social and community resources

Global Priority: World Health Organisation Framework



Fewer interventions despite increased contact

- Despite having much higher frequency of contact with healthcare services
 - ↓ physical health screening
 - ↓ prescriptions e.g., statins, beta-blockers
 - ↓ procedures e.g., revascularisation, bypass
 - ↓ rates of CVD diagnosis



Approaches to tackle the gap

- Leicestershire Physical Health Register
 - Physical Health in Mental Health Steering Group
 - Registered General Nurses working on mental health wards
 - GP in adult mental health services, mental health services for older persons and services for people learning disabilities
- 

(Pharmacist led) Reminder and follow up service

Health Checks and related interventions¹

Year	Inpatient	Early Intervention	Community Mental Health Team (Care Programme Approach)
2014/5	87%	-----	-----
2015/6	99%	95%	-----
2016/7	99%	97%	87%
2017/8	100%	98%	90%
2018/9	100%	99%	90%

¹[NHS England CQUIN Guidance 2014](#)

What can you do?

What?

Annual physical health check – take a systematic approach

Identify

Follow up

How?

Work collaboratively include contact with mental health pharmacists in secondary care

Form therapeutic alliance with patients and their informal carers



LESTER TOOL

PRACTICAL TOOLKIT



IMPROVING THE PHYSICAL HEALTH OF PEOPLE WITH SERIOUS MENTAL ILLNESS: A PRACTICAL TOOLKIT

While it is too early to report on the long term impact on morbidity and mortality, it is hoped that improving the physical health of patients with serious mental illness will have long-term positive outcomes.

What is the Lester tool?

The **Lester (2014) tool** (also known as the Lester Cardio-metabolic Health Resource) helps clinicians to assess the cardiovascular health of patients with SMI and recommends the best course of intervention and treatment – including thresholds for intervention. It brings together advice from a number of NICE guidelines and is also designed to take into account the impact of anti-psychotic medication on an increased risk of CVD in people with SMI.

The tool, (originally adapted by the Royal College of Psychiatrists and the Royal College of GPs for use in the UK), was modified to fit the NHS context by a partnership between the Royal College of Psychiatrists, NHS England and Public Health England, resulting in the Lester (2014) version – referred to as ‘the Lester tool’ in this report.

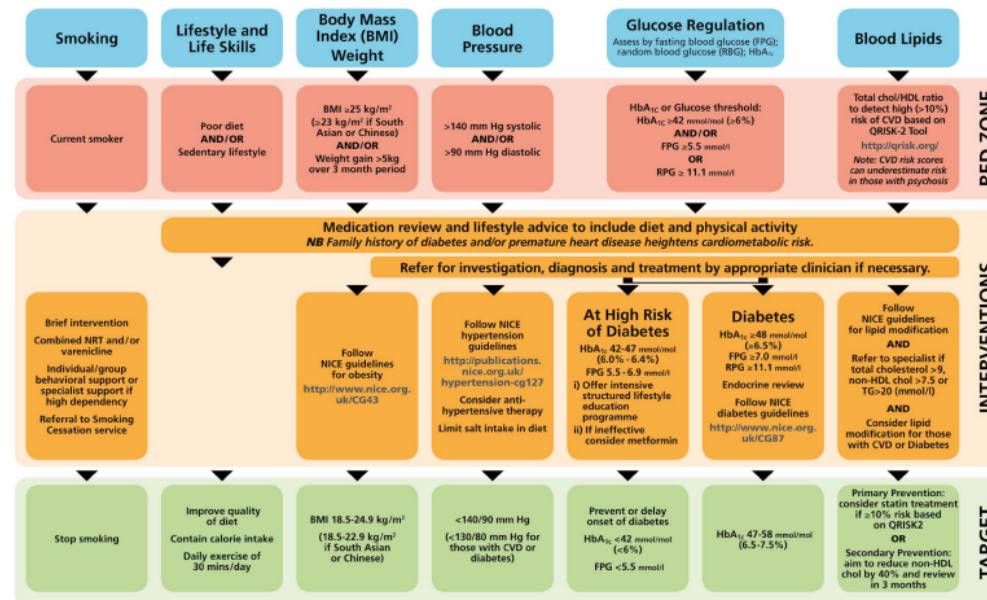
- CONTEXT
- MOTIVATING AND ENGAGING STAFF
- CLARITY OF ROLES AND RESPONSIBILITIES
- SKILLS AND CONFIDENCE
- EQUIPMENT
- RECORDING, MONITORING AND COMMUNICATING INFORMATION
- COMMUNICATING WITH SERVICE USERS TO INSPIRE ACTION
- INTERFACES WITH OTHER SERVICES
- EQUALITY AND HEALTH INEQUALITIES
- SUPPORTING DOCUMENTS
- USEFUL LINKS AND RESOURCES

The Lester Tool

Lester UK Adaptation | 2014 update

Positive Cardiometabolic Health Resource

An intervention framework for people experiencing psychosis and schizophrenia



FBG = Fasting Plasma Glucose | RBG = Random Plasma Glucose | BMI = Body Mass Index | Total Chol = Total Cholesterol | HDL = High Density Lipoprotein | TRIG = Triglycerides

Annual physical health check

Patients with SMI:

- Bloods FBC, U+E, LFT, HbA1c, Lipids

Other checks – alcohol, smoking, illicit drugs, BP, weight/BMI, waist circumference, exercise, nutrition

Don't forget those checks for patients on Lithium

Other physical health checks e.g., cervical screening



If you choose one intervention...



Inverse care law

“The availability of good medical care tends to vary inversely with the need for it in the population served”

Inverse care law (Dr Dolly's version #2)©

“Successful and systematic implementation of core health services can result in large impacts for vulnerable and marginalised populations”

Questions...?

Thankyou for attending my presentation today :-)



dolly.sud2@nhs.net



[@DrDollySud_PhD](https://twitter.com/DrDollySud_PhD)

