Physical Health Management: Why it’s important for adolescents and young adults in mental health services

Early Intervention Service – Wellington
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Introduction

- Second generation antipsychotic (SGAs)
- Research Shows...
- EIS Client experiences
- Physical Health Guidelines
- Challenges
- Interventions
Why is metabolic monitoring important?

METABOLIC SYNDROME:
- Weight gain, dyslipidemia, hypertension, insulin resistance
- Cardiovascular disease,
- Diabetes
- Reduced life expectancy - 20%
Why We Should Monitor?

Mental Health clients tend to:
- Be less active
- Have a poor diet
- Come from a lower socio-economic status
- Smoke
- Less likely to access primary health
SGA HYPOTHESIS: Why weight gain?
Histamine and Serotonin receptors appear to be involved
SGA HYPOTHESIS: Why weight gain?

- Histamine receptors in the hypothalamus- blocked leading to increased appetite
- Serotonin receptors- blocked in the gut, leading to loss of appetite suppression and inability to feel full

i.e. Clozapine and olanzapine = highest incidence of weight gain of all SGAs.
Client Experience #1

- 22 year old Male of NZ descent.
- Olanzapine 10mg and Sodium Valporate 100mg
- Baseline Weight 61 kilograms.
- No baseline lipids done on ward.
- Two months later weight 70.9 kgs, ↑ 9.9 kgs.
- Cholesterol 5.5mmol/l, Triglyceride 1.7mmol/l, Cholesterol Ratio 3.8.
Client Experience #2

- 21 year old male Tokelauan descent.
- Olanzapine 40mg
- Baseline weight 133.6kgs, waist 130cm, BMI 40.1
- Baseline Cholesterol 5.6, Triglycerides 1.06, chol ratio 2.25. Blood Glucose 5.2
- Current weight 152.6 kg, ↑ 19kgs, BMI 46, Waist cms 139cm.
- Cholesterol 5.5, Triglycerides 0.6, Cholesterol Ratio 2.6,
- Blood Glucose 6.1
Baseline measurements

- Client’s height, weight, waist circumference, BMI and BP, pulse
- Blood test baseline: fasting Glucose/HbA1c, electrolytes, liver function tests, thyroid function tests, fasting lipid panel, prolactin
Wellington EIS: Physical Health Management Guidelines 2011

At each monthly visit, then 3 monthly

- Weight, height, waist circumference, BP, BMI
- If weight gain or metabolic abnormalities: dietician referral, increase activity? Metformin?
- 3 monthly reviews at MDT
- 6 monthly audit- ongoing assessment
CCDHB Metabolic Monitoring: Primary/Secondary

- Primary sector already screening clients. Secondary sector - slower uptake.
- Baseline screening
- Monthly for first three months for Olanzapine and Clozapine. Then quarterly for first year.
- All other Antipsychotics baseline screening then yearly.
Interventions -
Interventions

- Referral to dietitian
- Increase activity and groups
- Education re diet and healthy lifestyle
- Smoking cessation
- Change of Antipsychotic
- Medication.... Metformin
Challenges

- Who does the monitoring?
  - Staff motivated and committed to metabolic monitoring
- Engaging clients
  - Decreased self confidence and being supported to try new things
- Time and transport
Successes for clients

- Clients independently playing sports and increasing activity
- Increased motivation and willingness
- Breaking the cycle of weight gain
- Persistence and Determination
Take home messages

- Someone on the team needs to take ownership of Metabolic Monitoring.
- It's important to look for dyslipidemia, alongside weight, BMI and waist circumference.
- Assertive Follow up may lead to young people avoiding the metabolic highway.
References

A good beginning makes a good ending.