

YOUTH HEALTH FORUM Weighty matters: what do we know and what can we do? 24 August 2016

KEEPING THE BODY in MIND program

A Weight off My Mind preventing weight gain in youth with psychosis

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Keeping the Body in Mind YMH

On behalf of the Bondi KBIM team

NSW Health | South Eastern Sydney Local Health District | UNSW | August 2016 | www.iphys.org.au

Life expectancy gap: SMI

Indigenous Australians:

- males ↓11.5 yrs
- females ↓9.7 yrs

Severe Mental Illness:

- males ↓15.9 years
- females ↓12 years

Lethal discrimination

Lawrence, Hancock, Kisely 2013 BMJ; AIHW 2013: ABS

Why?

- Higher rates of:
 - tobacco use
 - obesity
 - hypertension
 - glucose & lipid dysregulation
 - diabetes
 - metabolic syndrome
 - sedentary lifestyle & poor nutrition
 - Poor dental health

Under-recognition & under-treatment of cardiometabolic risk factors

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Cardiovascular Risk factors

tobacco

medication naive 6%
FEP 13%
Established Mental Illness 54-62%

Curtis et al. 2011. *Early Int Psychiatry*: 5: 108-114; De Hert et al. 2008. *Schiz Research*. 101: 295-303; John et al 2009. *MJA* 2009; 190: 176-179; Brunero et al 2009. *Archives of Psych Nursing*; 23: 261-268. Galletly et al 2012. *ANZJP* 46: 753-61

Don't just screen, Intervene!

<http://www.heti.nsw.gov.au/cmalgorithm>

Positive Cardiometabolic Health is an early intervention program for patients on psychotropic medication.

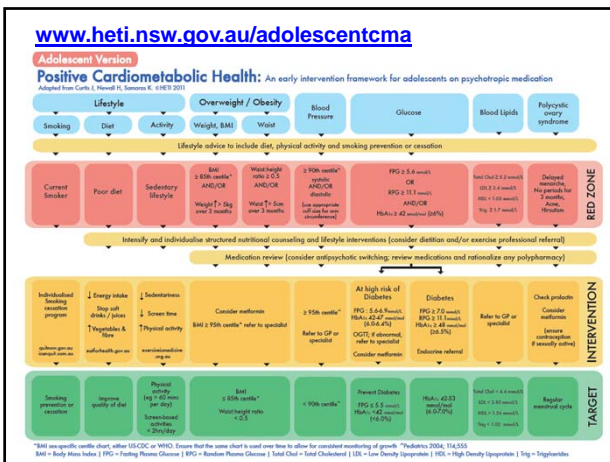
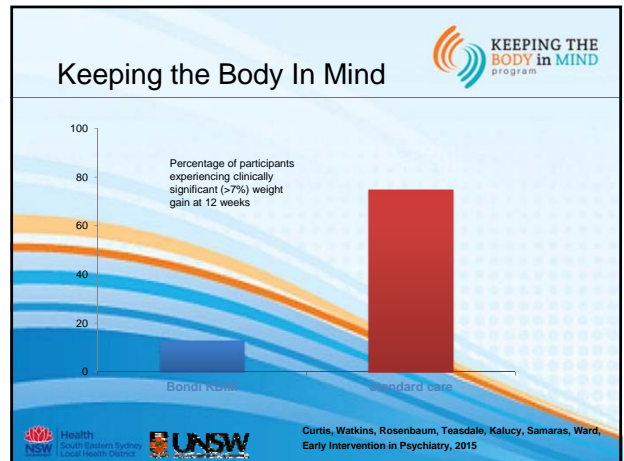
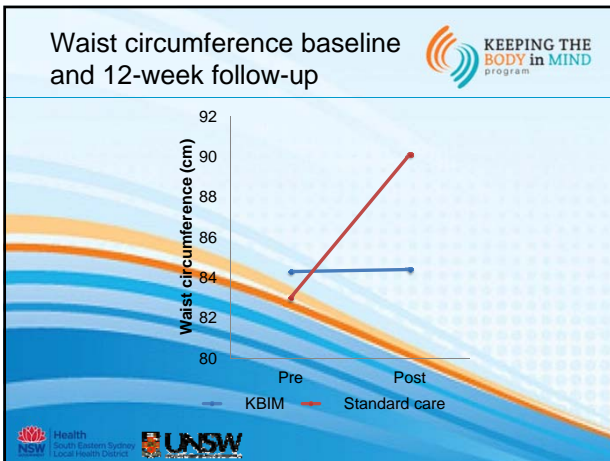
Don't just SCREEN & INTERVIEW for problems in the "physical"

Curtis, J., Newall, H. Samaras, K. (2012). *Early Intervention in Psychiatry* 6(3): 347-353.

Keeping the Body in Mind

- Clients aged 15-25yrs
- < 4/52 of commencing meds
- 12 week lifestyle intervention
- Comparison FEP group

Curtis, Watkins, Rosenbaum, Teasdale, Kalucy, Samaras, Ward.
Early Intervention in Psychiatry. 2016



History & examination following initiation or change of psychotropic medication:

History: Ask history of eating, poor diet (eg high carbs, high fat), rapid weight gain, polypharmacy, polypharmacy, polypharmacy, polypharmacy.

Examination: Ask history of eating, poor diet (eg high carbs, high fat), rapid weight gain, polypharmacy, polypharmacy, polypharmacy, polypharmacy.

Parameter	Baseline	Weekly	3 months	4 months	12 months	24 months
Treatment / FTA	✓	✓	✓	✓	✓	✓
Lifestyle Review	✓	✓	✓	✓	✓	✓
Weight	✓	✓	✓	✓	✓	✓
Height (BMI)	✓	✓	✓	✓	✓	✓
Waist Circumference	✓	✓	✓	✓	✓	✓
Blood Pressure	✓	✓	✓	✓	✓	✓
FFQ (FFQ/HbA1c)	✓	✓	✓	✓	✓	✓
Lipid Profile	✓	✓	✓	✓	✓	✓
FTS	✓	✓	✓	✓	✓	✓
Thromb D	✓	✓	✓	✓	✓	✓

Interventions:

- Promote benefits of healthy lifestyle to parents and carers
- Strategies include: metabolic support, lifestyle workbook, website.
- Review of psychotropic medication: University psychopharmacologist support and should involve discussion with adolescent and parents/caregivers. Choose lower metabolic liability medication first when possible. Review diagnosis and ensure ongoing need for all psychotropic medications. Consider involving in a more weight neutral medication where possible. Avoid antipsychotic polypharmacy. Avoid off-label use of antipsychotic medications.
- If adolescent has not successfully reached their targets after 3 months, then consider specific pharmacological interventions.
- Specific Pharmacological Interventions:**
 - Consider metformin HCL B:**
 - Impaired fasting glucose
 - polypharmacy or polypharmacy
 - obesity or rapid weight gain
 - Note that off-label use requires documented informed consent
 - Metformin therapy:** start at 250mg before dinner for two weeks, then increase to 250mg bid. Dose can be increased by 250mg per week to a maximum of 2 grams daily. If side effects of nausea, abdominal cramping, add to other meal (or the XR preparation)
 - Lipid lowering therapy:** (see FPG guidelines), consider lipid lowering therapy if severe hyperlipidaemia or with other risk factors with appropriate specialist referral
 - Antipsychotic therapy:** refer to specialist prescriber.
 - Yonem D:**
 - > 50 mmHg, replace stress: cholesterol 4,000 IU per day for one month,
 - metformin: 1,000 IU daily, target 80-140 mmHg.

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
- 90% health promotion advice <30% smoke tobacco >50% age-approp. physical activity
- 75% gain <7% of pre-illness weight two years after initiating antipsychotic Rx

Where medicines are used to treat psychosis, these are regularly reviewed according to recommended prescribing standards that minimise risks for obesity, CVD and diabetes

Healthy Active Lives (HEAL)
Keeping the Body in Mind in Youth with Psychosis

A Contributing Life: the 2012 National Report Card

Recommend All government targets and work to reduce early d improve the phy of people with r


Contributing lives, thriving communities

Report of the National Review of Mental Health Programmes and Services

Volume 1 Strategic Directions Practical Solutions 1-2 years

30 November 2012

Keeping Body and Mind Together
Supporting Psychopharmacology and the Role of Diet and Lifestyle Interventions



ID algorithm 2016

3dn.unsw.edu.au/positive-cardiometabolic-health-ID

POSITIVE CARDIOMETABOLIC HEALTH FOR ADOLESCENTS WITH AN INTELLECTUAL DISABILITY: an early intervention framework

ADAPT YOUR PRACTICE while addressing **STANDARD TARGETS***
*For the associated laboratory, organismal and/or cellular data, see current literature.

Activity	Diet, lifestyle and/or environment	Socioeconomic factors	Blood pressure	Glucose regulation	Fasting lipid levels	Psychiatric presentation
Physical activity - 150 min/week for 10-19 year olds - 75 min/week for 20-29 year olds	- Higher energy expenditure - 450-600 kcal/day - 150-200 kcal/day - 150-200 kcal/day - 150-200 kcal/day	- Socioeconomic status - In association with intellectual disability - Access to health services - Access to housing, nutrition, transportation, education and employment opportunities	- <100 systolic - In appropriate of age and presentation	- For 10-19 years old - For 20-29 years old - For people with diabetes - For people with obesity - For people in presentation of ID	- Triglyceride <1.6 mmol/L - HDL-C >1.0 mmol/L - LDL-C <1.6 mmol/L - TG <1.6 mmol/L	- Chronic mood - Depression - Anxiety - Intellectual disability - Challenging behaviour - Psychotic symptoms

Any values outside of target range: **DON'T JUST SCREEN**
Tabled intervention strategies can be downloaded from 3dn.unsw.edu.au/3dn2016

Using a person-centred approach **PROVIDE TAILORED LIFESTYLE & NUTRITION**
If emerging manifestations follow-up the patient may practice more active approaches towards the goal of physical health interventions create a 'Standard of Care' (SOC) plan. (MBS Item 723 and 874)

For Mental health interventions please refer to 3dn.unsw.edu.au/3dn2016

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HeAL

www.iphys.org.au



The image shows several brochures for the 'Healthy Active Lives (HeAL)' program. The brochures are titled in various languages: 'Healthy Active Lives (HeAL)', 'Vite Sane e Attive', 'Healthy Active Lives (HeAL)', '健康で活潑な生活 (健康)', 'Healthy Active Lives (HeAL)', 'Vidas activas y saludables (HeAL)', 'Sunne aktive liv', and 'Healthy Active Lives (HeAL)'. Each brochure features the HeAL logo and some text in the respective language.




Right from the Start



The image shows a stack of brochures titled 'Right from the Start: Keeping Your Body in Mind'. The cover text includes: 'A guide for people experiencing psychosis for the first time and those who care for them', 'Experiencing psychosis and its treatment for the first time is a very difficult time for many people. This guide is designed to help you understand the health professionals who care for you and how they can help you. It also provides information on how to get the most out of your health care.', 'Finding out how your health professionals can support you', 'Don't leave physical health to chance. FIND OUT HOW YOUR HEALTH PROFESSIONALS CAN SUPPORT YOU'. The brochures are orange and white with a logo of a person with arms raised.

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