Positive Cardiometabolic Health

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Positive Cardiometabolic Health Resource

THE LESTER RESOURCE: helping people experiencing psychosis and schizophrenia live healthier and longer

Poor physical health contributes to 15-20 years loss of life

- Not enough checks and monitoring of my risks for obesity, diabetes and heart disease
- Not enough information given to me about medication side effects
- 2 to 3 times more likely to develop diabetes
- 2 to 3 times more likely to suffer a heart attack or stroke
- Poorer diet
  - Less physical activity
  - More smoking
- Not sure who should be looking after my physical health
Background

• Lester Tool
  – Positive cardiometabolic health resource
  – Australian led by Professor Helen Lester
  – Recommendation relating to monitoring of physical health in the NICE guidelines on psychosis and schizophrenia in adults and young people
Finsbury Ward

• 19 male bed inpatient treatment ward
• X admissions per year
• Vast majority on antipsychotics
• Excellent opportunity to address cardiometabolic health
• Should be a focus point during admission
Intervention

• To maximise the degree of intervention that can be offered based on the provision of realistic, adaptable, and specific intervention in a consultation approach
• Started Positive Cardiometabolic Health Clinic
  – Ran on Thursday afternoons by junior doctors
  – Protected time from CPAs etc
• Used a proforma to collect data and offer intervention based on the Lester tool
• Consultation consisted of brief intervention and motivational interviewing
• Compared data collected with ward patient population from 6 months previously to see if clinic and increased awareness had made a difference
Methodology

• 10 service users gave consent and engaged with the Clinic on an individual basis
• Data collected from all patients on the ward on audit day, regardless of clinic attendance
  – obtained via Rio, medication charts, ward based record books and via patient interview
  – Data was recorded only if collected during current admission
  – one service user was excluded as is a continuous admission in both audit periods

• Separate data collected from ward population 6 months previously for comparison (data from that admission was recorded)
# Finsbury Ward – Positive Cardiometabolic Health

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RiO:</td>
<td>Review date:</td>
<td></td>
</tr>
</tbody>
</table>

### History

<table>
<thead>
<tr>
<th>History</th>
<th>Date taken</th>
<th>Additional information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any recent weight gain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current smoker? If so pack-year history</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current exercise regimen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How is their diet?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family history of T2DM/obesity/CVD in males &lt;55yrs or females &lt;60yrs?</td>
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</tr>
</tbody>
</table>

### Examination

Please record values below

<table>
<thead>
<tr>
<th>Examination</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Weight (current/last 3 month if known)</td>
<td>Kg</td>
<td>Kg</td>
</tr>
<tr>
<td>BMI</td>
<td>Kg/m²</td>
<td></td>
</tr>
<tr>
<td>Blood pressure</td>
<td>mmHg</td>
<td></td>
</tr>
<tr>
<td>Pulse (rate)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Investigations

Record additional tests sent (If abnormal please specify)

<table>
<thead>
<tr>
<th>Investigations</th>
<th>Date taken</th>
<th>Additional information</th>
</tr>
</thead>
<tbody>
<tr>
<td>U&amp;E, lipids, prolactin</td>
<td>NAD</td>
<td></td>
</tr>
<tr>
<td>RPG/HbA1c</td>
<td></td>
<td>Rate: bpm</td>
</tr>
<tr>
<td>Details of ECG</td>
<td></td>
<td>QTc: ms</td>
</tr>
</tbody>
</table>

### Medication review

<table>
<thead>
<tr>
<th>Medication review</th>
<th>Current:</th>
<th>NEW:</th>
</tr>
</thead>
</table>
Intervention

Smoking cessation advice and providing choice of NRT therapies

Nutritional advice – take-away, fast food, 5-a-day, increase fibre

Awareness of ward-based activities + exercise recommendation

If newly started on antipsychotic – to liaise with nursing team about weekly weight

Q-risk3 – now includes use of atypical antipsychotic and severe mental illness

Consider intensive lifestyle changes/pharmacological intervention if Q-risk is raised
Welcome Pack

Barnet, Enfield and Haringey Mental Health NHS Trust
A University Teaching Trust

Taking control of cholesterol

Why does it matter?
Cholesterol is a type of fat. The body needs cholesterol to help make certain vitamins and hormones, and can make enough cholesterol of its own. We also get some cholesterol from some of the foods we eat.

Too much cholesterol can lead to serious problems like heart disease, high blood pressure, diabetes or an unhealthy lifestyle.

If you are on any antiplatelet medications, you must not have a blood test about three months after starting treatment and then at least every year to check your cholesterol levels. This is because some medicines may increase cholesterol.

To take control of your cholesterol, you may want to consider:
- Eating a healthy diet
- Regular exercise
- Stopping smoking

There are also medications called statins that can be prescribed by your GP if your cholesterol is too reduced from diet and exercise alone.

It might be helpful to keep a record of your cholesterol levels and where your next test is due in the health check you receive in the back of this booklet.

Taking control of blood sugar

Why does it matter?
Diabetes is a condition that often goes undiagnosed for many years. This is why you may not feel any of the problems with your eyes and damage to your limbs can occur. The symptoms of diabetes can be influenced by a family history of diabetes, smoking, physical activity, poor diet and the effects of some medicines.

To take control of your blood sugar levels, you may want to consider:
- That giving yourself insulin is only necessary for people with diabetes.
- That glucose monitoring is only necessary for people with diabetes.
- Taking care of your eyes and your general health by taking care of your diet and exercise.
- That there are special diets for people with diabetes.
- That there are special nutritionists who can help you with your diet.

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Taking control of weight

Why does it matter?
Losing unhealthy weight can help control your blood pressure and blood sugar levels, and help reduce the risk of heart disease and diabetes. It is not necessary to lose weight to remedy the health problems that you may have.

To take control of your weight, you may want to consider:
- That making small changes to your diet and exercise can make a difference.
- That making small changes to your diet and exercise can help you lose weight.
- That eating healthy can help you lose weight.
- That eating healthy can help you stay healthy.
- That eating healthy can help you feel better.

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Clinic Experience

- Only 44% smokers had NRT prescribed
  - None were used
- 2 users had Q-risk score of greater than 10%
  - 1 declined to have pharmacological intervention
  - 1 on atorvastatin
- Bloods
  - 4/9 did not have recent prolactin level
  - 3/9 did not have recent lipid profile
  - 3/9 did not have recent RPG/HbA1c levels
- 2/9 did not have a recent ECG from this admission
- Provided another dedicated opportunity to discuss these and reoffer
- Service users expressed gratitude for the chance to discuss this
Results (1)

% of patients with cardiometabolic history discussed

- Weight discussed: Pre-Clinic > Post-Clinic
- Smoking status: Pre-Clinic > Post-Clinic
- Exercise: Pre-Clinic < Post-Clinic
- Diet: Pre-Clinic < Post-Clinic
- Family History of CV disease: Pre-Clinic > Post-Clinic

Barnet, Enfield and Haringey
Mental Health NHS Trust
A University Teaching Trust
Results (2)

% of patients with investigations

- Weight
- BP
- Pulse
- U&Es
- Lipids
- Prolactin
- HbA1c/RPG
- ECG

Pre-Clinic vs. Post-Clinic
Results (3)

% of patients offered interventions

- Smoking
- Diet/lifestyle
- BP/antihypertensive
- Q-risk

Pre-Clinic
Post-Clinic
Outcome

• Overall clinic has been a success
  – Increased collection of data around cardiometabolic health
    • National Clinical Audit of Psychosis
  – Increased positive intervention in patients cardiometabolic health
  – Increased focus on holistic care of patient
Consideration

- Monitoring frequency – advisable to conduct a further review at 12 weeks, then annually
**Consideration**

Applies to patients prescribed antipsychotics and mood stabilizers.

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Weekly first 6 weeks</th>
<th>12 weeks</th>
<th>Annually</th>
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</thead>
<tbody>
<tr>
<td>Personal/FHx</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifestyle Review(^1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight</td>
<td></td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Waist circumference</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>BP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FPG/HbA(_{1c})</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lipid Profile(^2)</td>
<td></td>
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</tbody>
</table>
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• Monitoring frequency – advisable to conduct a further review at 12 weeks, then annually

• Continuity
  – Communication with community mental health teams/GP about results and initiated intervention
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• Focus on standard admission bloods including HbA1c, lipids and prolactin
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• Use of repeated BP readings and review the trend in clinic
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• Continuity
  – Communication with community mental health teams/GP about results and initiated intervention
• Focus on standard admission bloods including HbA1c, lipids and prolactin
• Use of repeated BP readings and review the trend in clinic
• Will this improved data collection and intervention make a long term difference in their health
References

• Royal College of Psychiatrists. 2014. NAS Resources. (ONLINE) Available at: http://www.rcpsych.ac.uk/quality/nationalclinicalaudits/schizophrenia/nationalschizophreniaaudit/nasresources.aspx (Accessed 13th November 2017)

• Q-risk https://cks.nice.org.uk/cvd-risk-assessment-and-management

• Q Risk3 tool https://qrisk.org/three/