TAKE-HOME NOTES:

Physical healthcare in severe mental illness

Dr Steve Brown

- Psychiatric populations show high rates of significant medical disease – about 50% in most studies. The aetiology is multi-factorial. In addition, the detection and effective treatment of physical illness is poorer in people with severe mental illness (SMI) than in the general population.

- Symptoms such as impaired level of consciousness, sudden onset, fluctuating course and visual perceptual abnormalities suggest an organic disorder. Initial routine screening of medical disease in people with SMI followed by further detailed investigations if indicated is important.

- The challenge for service planners is how to provide adequate monitoring and access. Uncertainty about who is best placed to address physical health issues of people with SMI further complicates the issue.

- People with SMI are at significantly greater risk of obesity, diabetes and the metabolic syndrome than the general population. Psychotropic drugs among other factors are associated with these conditions and psychiatrists need to be aware of the possible implications when prescribing such medication.

- Psychotropic drugs are also associated with sexual dysfunction and hyperprolactinaemia (which in turn can lead to further health problems), Extrapyramidal Side Effects (of which there are four types recognised), and cardiovascular risk. Cardiovascular risk is also increased by other factors already significantly higher in people with SMI notably obesity, smoking and dyslipidaemia.

- People with SMI have significantly increased rates of cigarette, alcohol and drug misuse. Cigarette smoking can affect pharmacodynamics of antipsychotic drugs, especially Clozapine, hence any patients who stop smoking should be monitored for possible toxicity and doses modified as necessary.

- Alcohol misuse is the most common form of substance misuse and there is a correspondingly increased prevalence of alcohol related pathology. Cocaine and amphetamines have sympathomimetic properties and can cause acute myocardial infarction, cardiac arrhythmias and cerebrovascular accidents. Prescription of drugs which prolong QT interval should probably therefore be avoided in stimulant users.

- The prevalence of HIV and Hepatitis C infection is increased in populations with SMI and psychiatrists have an important advisory role to play with patients and liaising with specialist services.

- Effective treatment using psychotropic drugs should take priority over possible side effects but should follow principles of safe prescribing. Some generally safe drugs are contra-indicated in particular patient groups. Uncommon complications of psychotropic drugs include neuroleptic malignant syndrome, serotonin sydrome and hypertensive crises.

- Drugs with side effects which are serious and frequent enough to require special monitoring include Carbamazepine, Clozapine, Lamotrigine Lithium and Sodium Valproate

Reflection

(1.5) The challenge for service planners is how to provide adequate monitoring and access to physical health care for those people whose mental health issues hinder them from accessing services appropriately. This is further complicated by the uncertainty about who is best placed to address physical health issues of people with SMI.

Think about how you can take this issue forward in your own clinical practice.

(2.8) Obesity, diabetes and the metabolic syndrome are increasing rapidly in the general population as well as in people with SMI. The exact relationship between schizophrenia, antipsychotic drugs and metabolic dysregulation will be difficult to tease out but we know people with SMI are a high-risk group.

Appropriate monitoring and intervention can reduce individual morbidity and mortality but this is not particularly effective in the general population as a whole. How can we make it effective in a population with SMI?

(3.8) How important are these side effects compared to the metabolic disturbances which tend to be produced by other antipsychotic drugs?

How could your patient be persuaded to take long term medication that impaired his/her sex drive and fertility and produced embarrassing and potentially serious health complications?

(4.6) Co-morbid substance misuse is an enormous problem for people with SMI and for healthcare providers, especially psychiatric in-patient units. You can deal with the immediate problem by placing someone in a secure place where they cannot obtain substances of abuse but how do you help people with SMI develop insight and control of their substance use? Is abstinence the only sensible model?

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