Managing Physical Health in Adults with Severe Mental Illness (SMI)

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Declaration for Dr Helen Pears

I have no financial interests or relationships to disclose with regard to the subject matter of this presentation.

Managing Physical Health in Adults *with Severe Mental Illness (SMI)*

- A very broad title!
- I undertook an informal survey of friends/colleagues

- Revealed three main areas of interest:
  - **The effect of having SMI on physical health-** the case for assertive physical health care to this group.
  - **The effect of having SMI on access to physical health care-** tips on improving access for this group.
  - **Interactions and side effects of mental health medications.**

What is SMI?

The phrase ‘severe mental illness’ (SMI) refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired.

Schizophrenia, bipolar disorder (and major depression) are often referred to as SMI

https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing

Effects of SMI-the Case for Assertive Care

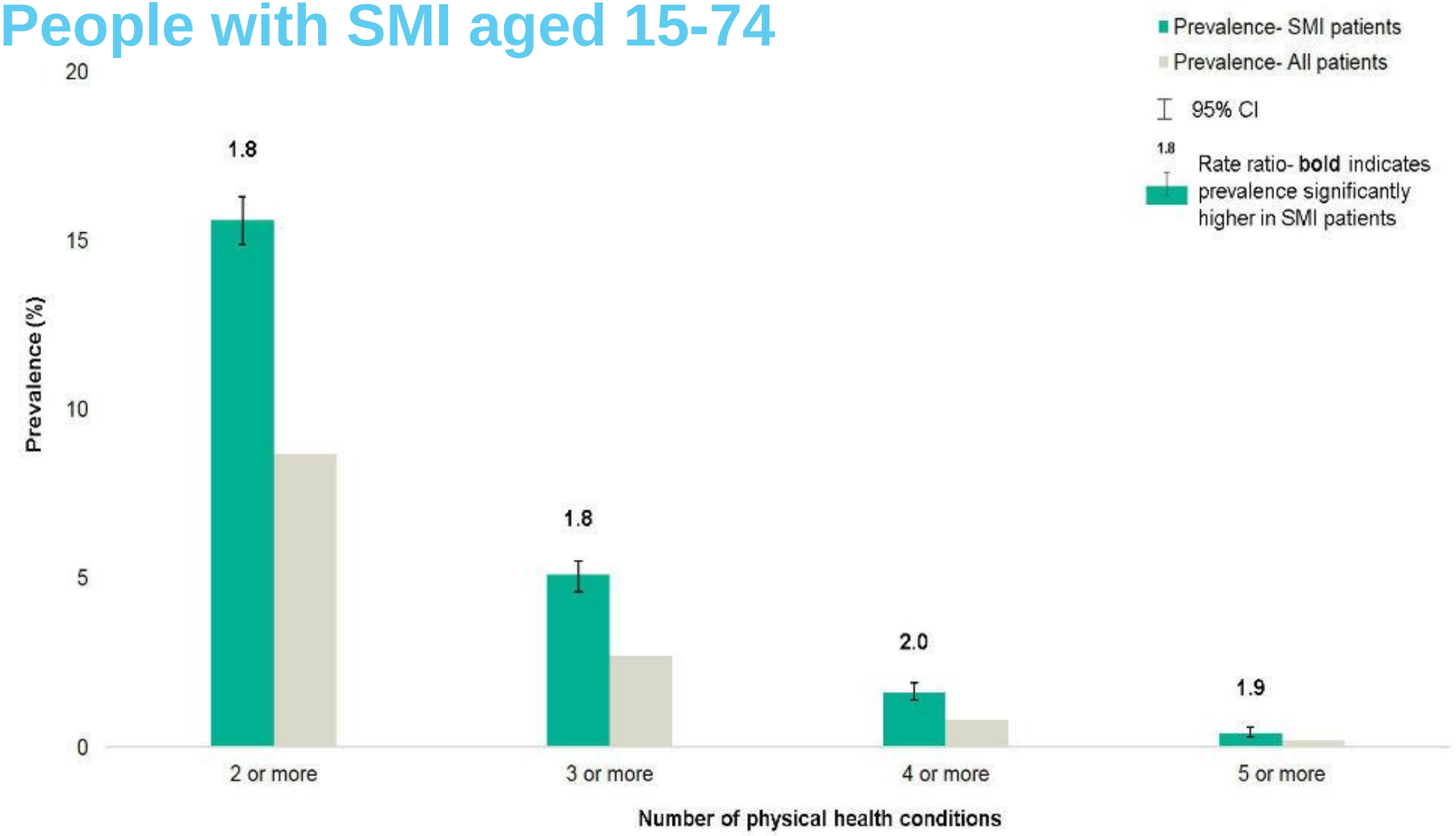
- Shocking statistics
- People living with SMI have:
  - 6.6 times increased risk of respiratory disease
  - 6.5 times increased risk of liver disease
  - 4.1 times increased risk of cardiovascular disease
  - 2.3 times increased risk of cancer
  - 3 times likelihood of losing their natural teeth
  - **Life expectancy 15-20 years shorter than the general population**

- *Office for Health Improvement & Disparities. Severe mental illness data.*
- *Joury E, Kisely S, Watt RG, Ahmed N, Morris J, Fortune F, Bhui K (2023). Mental disorders and oral diseases: future research directions. J Dent Res 102(1): 5-12.*

Effects of SMI- the Case for Assertive Care

Disease category	Physical diseases with increased frequency
Bacterial infections and mycoses	Tuberculosis (+)
Viral	HIV (++), hepatitis B/C (+)
Neoplasms	Obesity-related cancer (+)
Musculoskeletal diseases	Osteoporosis/decreased bone mineral density (+)
ENT	Poor dental status (+)
Urological and male genital diseases	Sexual dysfunction (+)
Obstetrics and Gynaecology	Obstetric complications (++)
(++) very good evidence for increased risk, (+) good evidence for increased risk	

Prevalence of Physical Health Multi-morbidities in People with SMI aged 15-74



Source: The Health Improvement Network (THIN), Active patients in England; data extracted May 2018

Why?

- Lifestyle- higher rates of smoking, symptoms making it difficult to make good dietary choices, symptoms +/- side effects preventing regular exercise.
- Side effects of medications- antipsychotics/mood stabilisers/some ADs leading to weight gain/truncal obesity.
- SMI leading to unemployment, higher rates of financial/social deprivation
- Issues with access to healthcare…

Effect of SMI on Access to Care

- Engagement often poor due to:
- Negative syndrome- planning, prioritisation, attention, working memory, organisation, task initiation
- Forgets to open post, overwhelm, unable to use calendar, forgets to confirm OPAs.
- Poor mental health- at the time of invite/since, distracted by symptoms, depressed in bed, admission, paranoid on public transport.
- Practical barriers- unable to work, PIP issues, lack transport funds, limited mobility/EPSE.
- Anxious about OPAs- worried ‘won’t take in the information’, ‘will be told off’, ‘will be weighed’.
- Needs a support person in OPA- forgets to tell them.
- Feeling clinicians ascribe symptoms to SMI medication seeking (Overshadowing?)
- Not offered preventative care at every contact (Therapeutic nihilism?)

https://www.england.nhs.uk/long-read/improving-the-physical-health-of-people-living-with-severe-mental-illness/

Public Health England (2018). Severe mental illness (SMI) and physical health inequalities: briefing.

Office for Health Improvement & Disparities (2023). Premature mortality in adults with severe mental illness (SMI).

Improving Access for People with SMI

- Equality Act - statutory duty to make reasonable adjustments to meet the access needs of disabled people, including those living with SMI.

Improving Access for People with SMI

- **Pre contact/referral**:
  - Consider- Is this person going to make it to the OPA?
  - Does the patient qualify for transport due to their SMI for Non-Emergency Patient Transport Services?

- **NHS-funded patient transportation is reserved for those who:**
  - need to be closely monitored during the journey..
  - have a cognitive or sensory impairment requiring the oversight of a member of specialist staff..
  - Have dementia or another mental health condition that means they are unable to make their own way…

Improving Access for People with SMI

- **At referral/first contact**:
  - Establish best way to make future contact and what reasonable adjustments would help.
  - Consider a flag on notes recording these.
  - Consider- does patient want appointment invitations to be copied to carer/relative/friend /CPN/supported accommodation/support worker who can help them attend?
  - Make it clear they can attend with someone.

Improving Access for People with SMI

- **At the OPA itself consider:**
  - Longer appointment needed?
  - Quiet place to wait- sensory issues, trauma, radio.
  - Appointment timing- Early to avoid busy waiting room? Late if sedated due to meds?
  - Type of OPA- can they have telephone/virtual appointments if transport issues?
  - Ask frequently if they have questions.
  - Information packs to take away.
  - Who is Psychiatrist/CPN/Social Worker? Get details/Cc letters, if patient agrees.
  - DNA policy- adjustment for this person?
  - 'Make every Contact Count'- offer preventative care at every contact e.g. smoking cessation, weight management
  - 'Don't Just Screen- Intervene'

Improving Access for People with SMI

- Write short note to remind the patient what happened/to give to carers e.g.

29/6/24- Mr A saw Dr X, Dr X was concerned about Mr A's blood sugar being too high. Dr X has increased Y medications to Z dose. Mr A should collect his new medication from the hospital pharmacy any time from Monday. Mr A will be sent an OPA by post for 2 months time and it will be copied to… Our contact number is…

- If you are having difficulty with a patient who has SMI and is under a Mental Health Team attending, please make contact- we may be able to help.

Take Home Messages for Access

- Don’t just screen- intervene
- Make every contact count
- Make use of carers/support and cc letters
- Write things down for patient to take away
- Beware of therapeutic nihilism
- Assertive efforts to engage people with SMI have huge potential to positively impact their health

Interactions/Side effects-Top Tips

- Beware Fluoxetine (and Paroxetine/Fluvoxamine)
- Potent inhibitors of CYP450 2D6 enzyme
- Fluoxetine has long half-life- effects persist several weeks

- Increases levels/potency of: codeine, tramadol, metoprolol, bisoprolol, tamoxifen, gliclazide, metformin
- Reduces potency of clopidogrel

Interactions/Side effects-Top Tips

- Clozapine.
- Third line.
- Monitored for neutropaenia in clozapine clinic.
- Other significant issues:
- Hypersalivation- recurrent chest infections can be due to aspiration- anticholinergics, prop up in bed, absorbent pillow.
- Constipation- cases of death through bowel obstruction- ensure constipation is correctly treated.
- Myocarditis- about 2 months post initiation
- Cardiomyopathy- later onset
- Reduced seizure threshold
- Needs to be re-titrated if >48hrs gap.

Interactions/Side Effects-Top Tips

- Beware QTc prolongation- increased risk of Torsades de Pointes
- Many SMI medications increase QTc
- SSRIs but notably Citalopram and Escitalopram
- Antipsychotics, especially combinations or high dose
- Lithium if levels above 1.2mmol/l

- Advisable not to combine citalopram/escitalopram with other drugs that prolong QTc- seek advice on changing SSRI if needed- especially if considering drug with effect on QTc eg amiodarone

Interactions-Top Tips

- SSRIs and hyponatraemia
- Only one antidepressant free of this effect- agomelatine.
- SSRIs> TCAs or mirtazapine.
- Often recurs even with different AD.
- Consider also effect of antipsychotics.
- Monitor if combined with other common drugs eg ACE inhibitors, opioids, thiazides, anti-epileptics.

Interactions-Top Tips

Beware Serotonin syndrome

- Restlessness
- Diaphoresis
- Tremor
- Shivering
- Mydriasis
- Myoclonus
- Confusion
- Convulsions
- Death
- But also - insomnia, headache can be early signs
- Commonly missed serotonergic agents -tramadol, methadone, fentanyl, triptans

Interactions- Top Tips

- ACE inhibitors- beware additive hypotension with antipsychotics, elevate lithium levels.
- DIURETICS (thiazides, furosemide, spironolactone): beware additive hypotension with antipsychotics, increased risk of hyponatraemia with SSRIs, increased risk of lithium toxicity especially with thiazides.
- ASPIRIN: increased risk of bleeding, especially gastrointestinal bleeding, with SSRIs.
- BETA-BLOCKERS: beta-blockers have significant interactions with multiple SMI medicines, most significantly the risk of hypotension and bradycardia.
- *Guidelines for the management of physical health conditions in adults with severe mental disorders ISBN 978-92-4-155038-3 © World Health Organization 2018 Some rights reserved.*

Side Effect/Interaction Take Home Messages

- Beware Fluoxetine alters drug levels for a long time
- Beware Clozapine constipation and aspiration risk
- Beware Citalopram/Escitalopram with meds that prolong QTc
- Only one AD has no potential effect on sodium levels- agomelatine
- Beware combining serotonergic agents
- Beware additive hypotension with various SMI medications