



Mental and Physical Health from a Health Care Provider Perspective: a Dead End Street?

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“Is this the real life? Is this just fantasy? “

Queen, Bohemian Rhapsody

Interactions between mental and physical health

- The interactions between poor mental and physical health have been documented for many decades.
- But, these interactions have only emerged as a major issue in the daily clinical care of our patients in the **last 5 to 10 years**.
- Until today, the basic clinical needs for patients with mental health problems are still largely neglected.

Suboptimal physical health care: the case of monitoring cardiovascular risks (1/2)

Psychological Medicine, Page 1 of 23. © Cambridge University Press 2011
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ORIGINAL ARTICLE

Guideline concordant monitoring of metabolic risk in people treated with antipsychotic medication: systematic review and meta-analysis of screening practices

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Suboptimal physical health care: the case of monitoring cardiovascular risks (2/2)

Modifiable risk factors	Screening rates
Waist	47.9%
Blood pressure	69.8%
Glucose	44.3%
Cholesterol	41.5%
Triglycerides	49.9%

Suboptimal physical health care: the case of clinical guidelines



The British Journal of Psychiatry
BJP **Psych**

Guidelines for screening and monitoring of cardiometabolic risk in schizophrenia: systematic evaluation

M. De Hert, D. Vancampfort, C. U. Correll, V. Mercken, J. Peuskens, K. Sweers, R. van Winkel and A. J. Mitchell

BJP 2011, 199:99-105.

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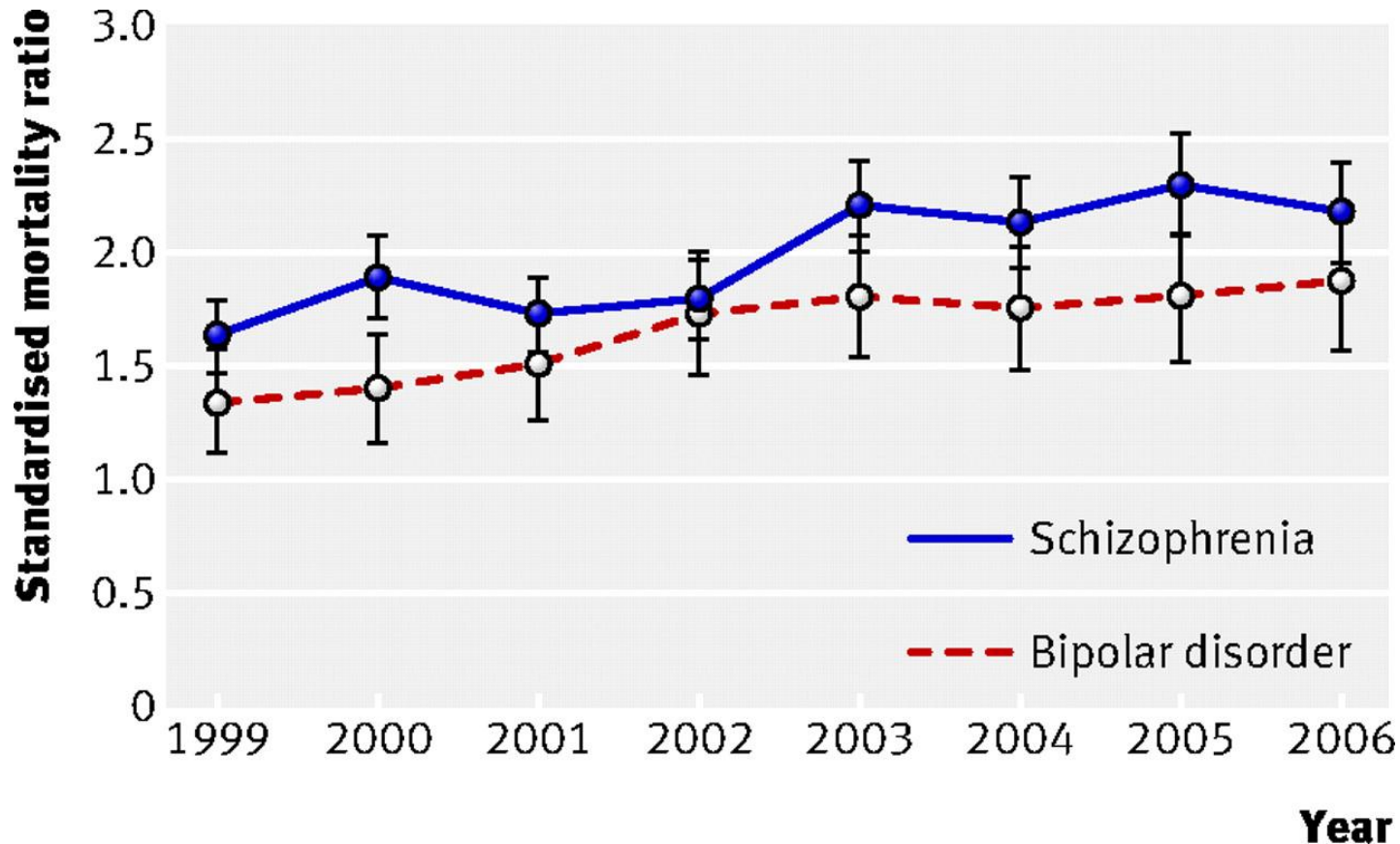
Suboptimal physical health care: daily practice examples

- **Lack of knowledge**; only 28% of psychiatrists correctly identify the five diagnostic criteria for metabolic syndrome.
- 69% of staff members are unsure about **who should follow up** abnormal cardio-metabolic screening results.

Consequences of poor mental health on physical health

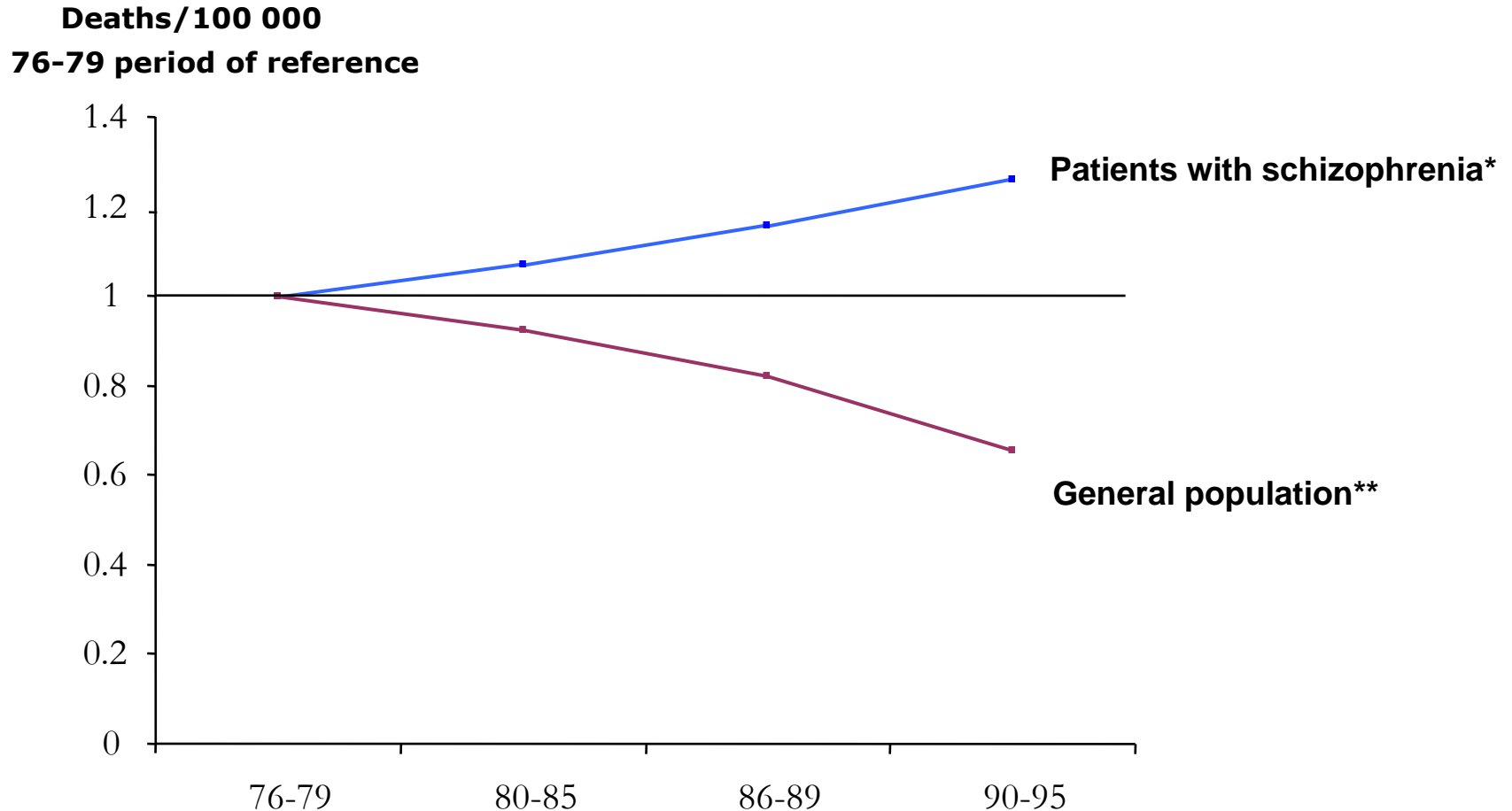
- The most profound physical consequence of poor mental health is **premature death**.
- Studies have reported a significantly **increased risk of death** from natural causes for people living with depression and anxiety-related disorders, schizophrenia and other psychoses, substance misuse (including alcohol problems) and eating disorders.

Trend in standardized 365 day all cause mortality ratio for people with principal diagnosis of bipolar disorder or schizophrenia



Hoang U, Stewart R, Goldacre, MJ. Mortality after hospital discharge for people with schizophrenia or bipolar disorder: retrospective study of linked English hospital episode statistics, 1999-2006. *BMJ* 2011 *343*:d5422

Mortality trends in Stockholm County 1976-79 to 1990-95, cardiovascular causes of death



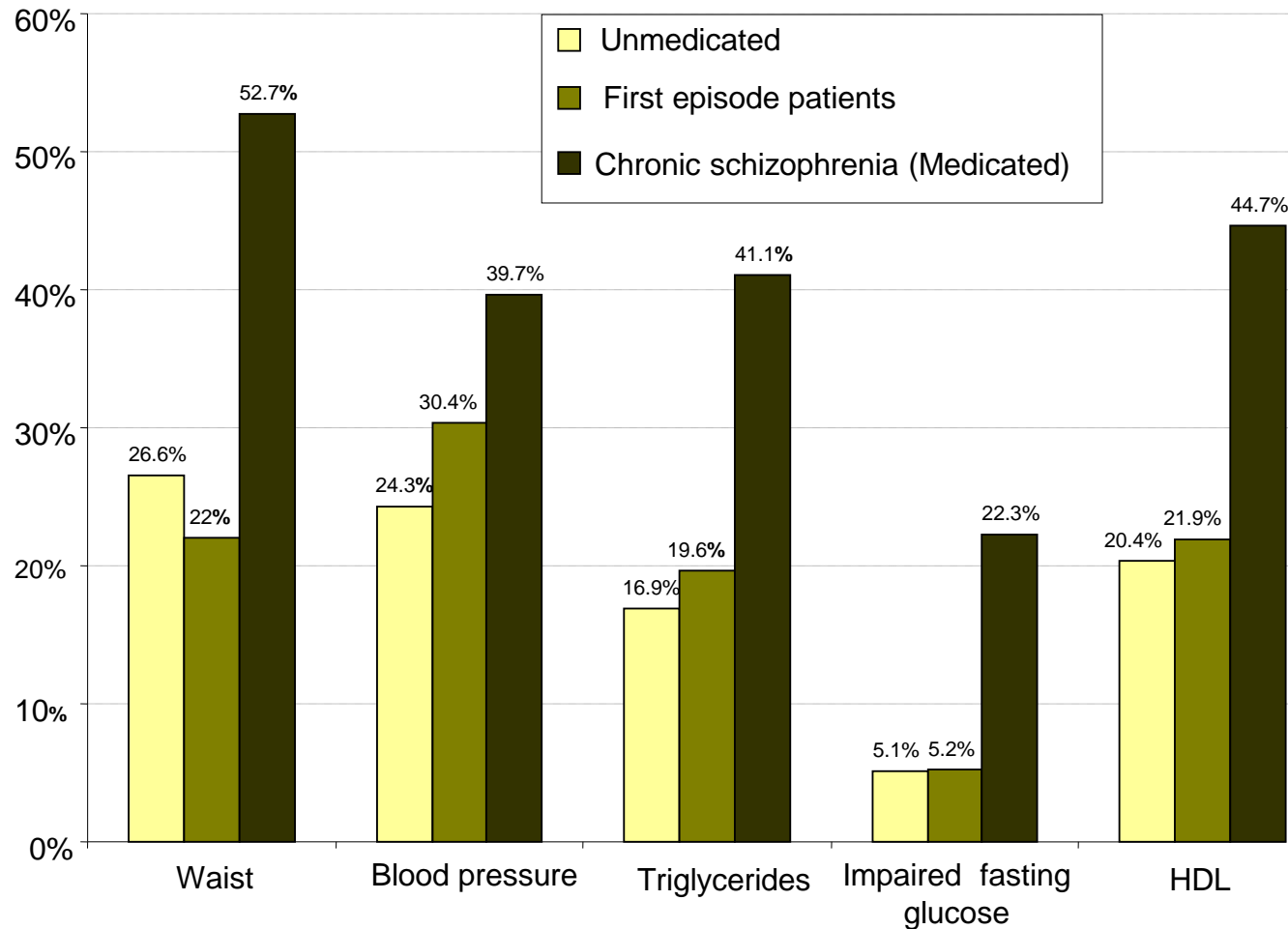
* Controlling for age at first diagnosis and years of follow-up

** Standardized by the sex and age distribution of the patients

Aspects to consider from a health care provider perspective

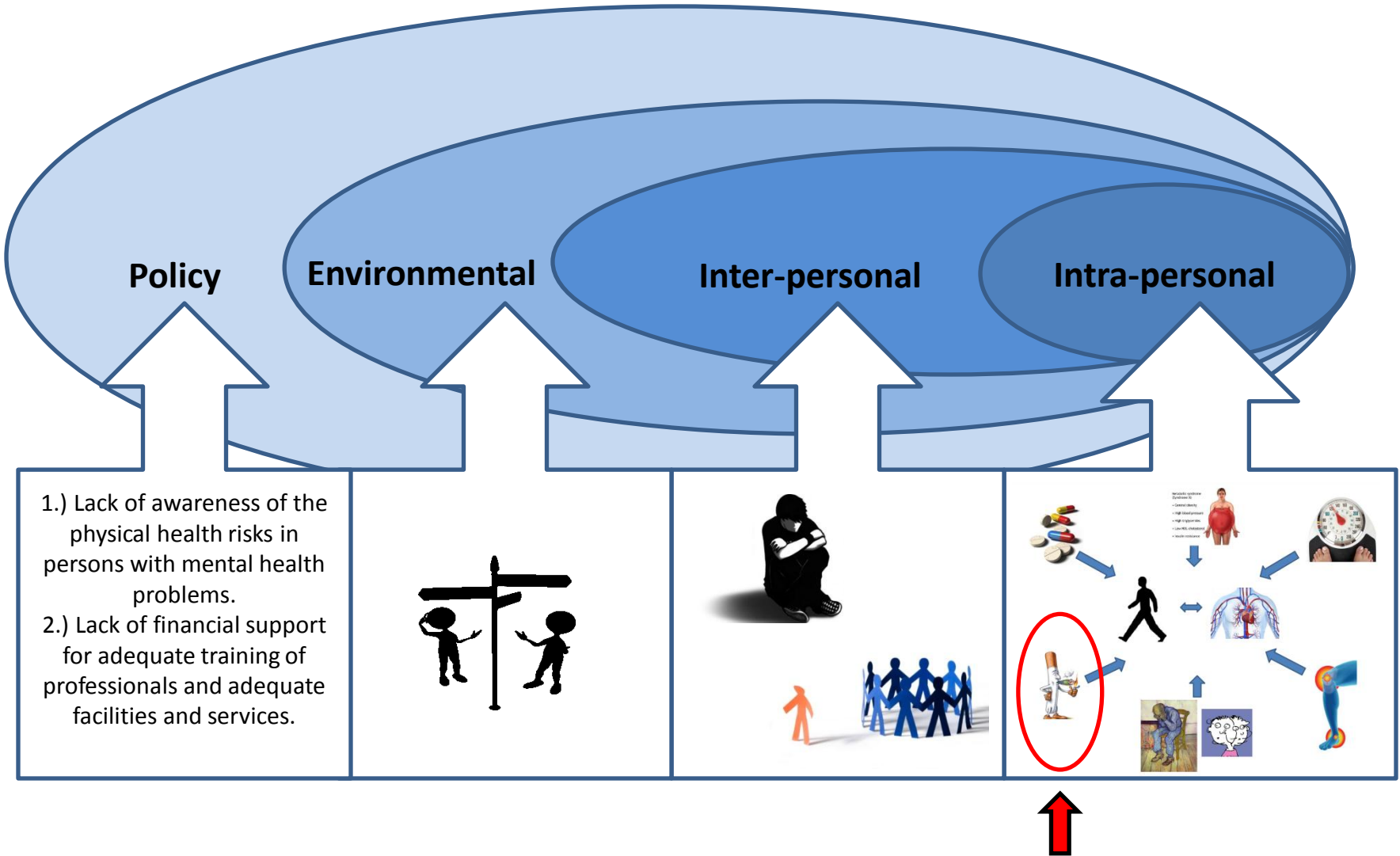


Is the Prevalence of Metabolic Syndrome and Metabolic Abnormalities Increased in Early Schizophrenia? - A Comparative Meta-Analysis of First Episode, Untreated and Treated Patients



Mitchell et al., Schizophr. Bull [E-pub ahead of print].

Consider the physical health of persons with mental health problems within a socio-ecological model



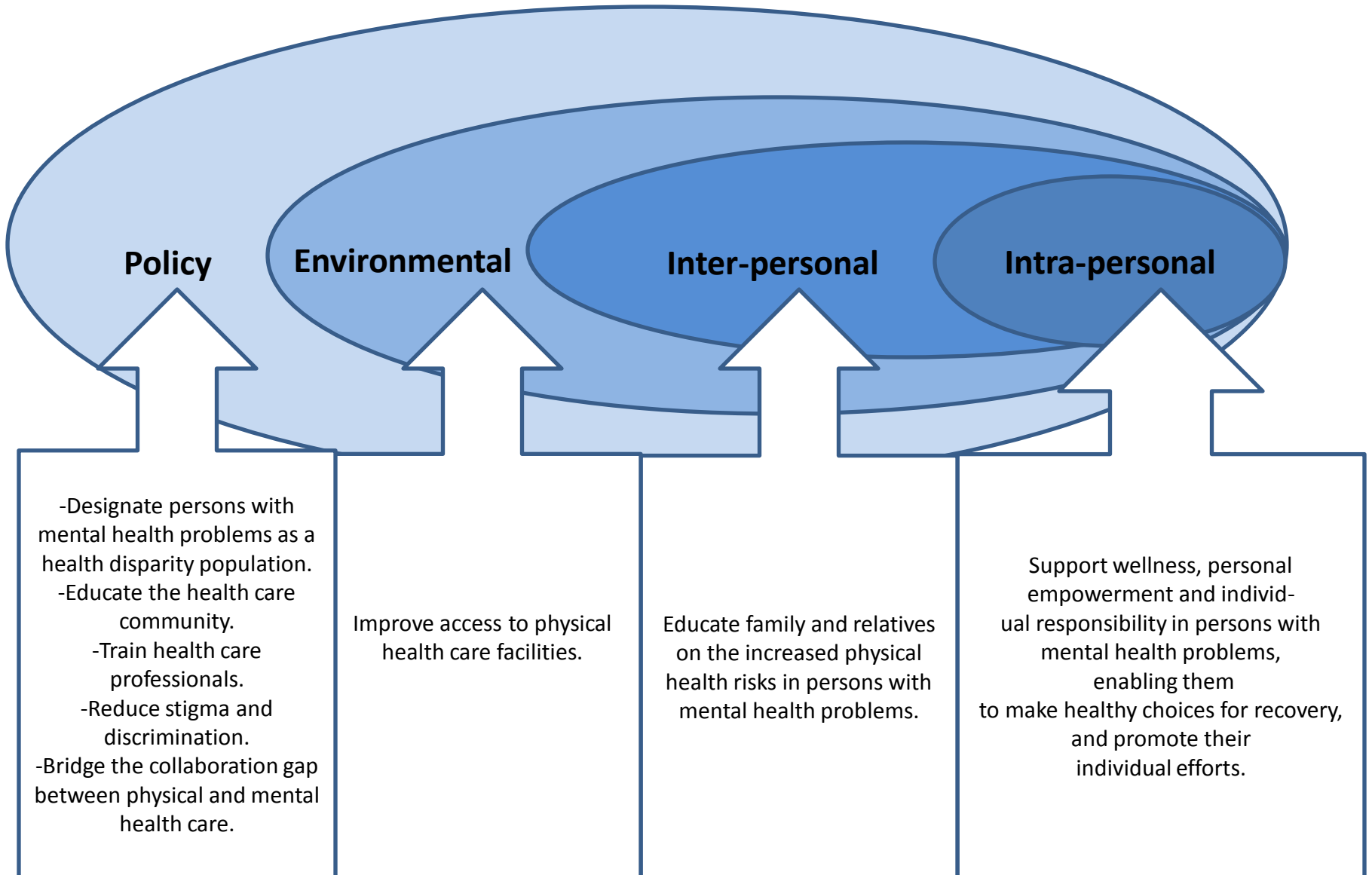
WPA EDUCATIONAL MODULE

**Physical illness in patients with severe mental disorders.
II. Barriers to care, monitoring and treatment guidelines,
plus recommendations at the system and individual level**

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(World Psychiatry 2011;10:138-151)

Key recommendations within the socio-ecological model





“Dead end street”

The Kinks