



Connecticut Early Psychosis Learning Health Network

Fostering Health and Wellness in FEP

*A collaboration of the STEP Program / Yale School of Medicine
and
Connecticut Department of Children and Families*

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11/12/2020



- Premature mortality
 - Individuals with chronic psychotic disorders die about 20 years earlier than their peers (Brown et al., as cited in Srihari, et al, 2013).
 - Predominantly from cardiovascular diseases (>80%)
 - Poorer overall health when compared to general population
 - Sedentary lifestyle, poor nutrition
- Higher rates of tobacco use:
 - Chronic populations: elevated rates of smoking (70-80% v. 25-30%), hypertension (27% v. 17%), & diabetes (13% v 3%) when compared to age-gender matched controls
 - FEP: Studies of smoking rates in FEP patients at time of first treatment were around 59% according to one study (Myles et al, 2012)
- Use of antipsychotic medication
 - Risk for weight gain
 - Lipid and glucose abnormalities (Foley & Morley, 2011)
- Drug use
 - MJ use estimated at around 34% in FEP (Myles, Myles & Large, 2016) v. Risk for other drug use (alcohol, stimulants, opiates)
- Other issues in young adult population
 - Sexual health
 - Transition from pediatric to adult care

Where to Start

- Introduce idea of mind/body connection, concept of overall wellness
- Gather baseline health data
 - Diet, exercise, health behaviors, sexual health, sleep
 - Substance use (smoking/vaping, recreational drug use, caffeine)
- PCP referrals, other health care referrals
- Routine Labs
 - Blood glucose (A1C, fasting glucose)
 - Lipids (cholesterol, triglycerides)
- Vital signs
 - Heart rate
 - Blood pressure



Health Monitoring Schedule

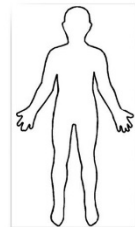
	Baseline	Weekly for 2 months after initiating meds	3 months	Every 6 months after	Annually
Weight	x	x	X	X	
EKG	x		X		X
Labs	x		X	X	
BP/HR	x		X	X	
Tox screen	x		X	x	

What to Watch

- Weight changes
 - Calculate BMI to determine if client is overweight or obese
 - Weight gain and obesity is associated with cardiovascular and cerebrovascular morbidity and mortality, reduced quality of life and poor drug compliance (Dayabandara, Hanwella, Ratnatunga, Seneviratne, Suraweera, & de Silva, V. A. (2017))
 - Possible interventions
 - Start with lifestyle changes
 - Switch antipsychotic
 - Weigh benefit v. cost
- Metabolic changes
 - Increased A1C (<5.7% is normal, 5.7-6.4 pre-diabetes, >6.5% diabetes)
 - Add Metformin
 - Increased cholesterol
- Ongoing assessment
 - Ask about smoking status, substance use, sexual activity

How to calculate your
Body Mass Index
(BMI) value

$$\text{BMI} = \frac{\text{mass}_{\text{kg}}}{\text{height}_{\text{m}}^2} = \frac{\text{mass}_{\text{lb}}}{\text{height}_{\text{in}}^2} \times 703$$



Interventions

- Physical activity

- In individuals with psychosis including FEP patients, physical activity is beneficial for:
 - Managing weight and reducing cardiovascular risk (Chalfoun et al., 2016)
 - Improving global functioning (Vancampfort et al., 2012; Lee et al., 2013)
 - Managing positive and negative symptoms, and improving cognition (Firth et al., 2016a; Firth et al., 2015; Soundy et al., 2014; Mason & Holt, 2012)
 - Improving overall quality of life, self-esteem, and self-perception (Firth et al., 2016)

- Nutrition

- Focus on small changes
- Nutritional habits affected by several factors
 - Socioeconomic factors
 - Negative symptoms (decreased motivation)
 - Sedentary lifestyle
 - Medication (increase hunger, cravings)

- Smoking cessation

- Measuring vaping

Promoting Wellness

- Grounded in recovery and positive psychology literature
- Based on the idea that services should be provided from an orientation of promoting overall health rather than from an illness orientation
- Recovery in all aspects of well-being including physical, mental, and social health



Case Example

Clint is a 21 year old SWM admitted to outpatient services after first hospitalization. At intake he is prescribed an antipsychotic (Risperdal) and a mood stabilizer (Depakote). His first recorded weight was 165lbs (5'9") in the hospital and his current weight is 183lbs, with all normal lab values and stable vital signs. He smokes ½ PPD of cigarettes, drinks etoh 1-2x per month, and smokes MJ daily. He is sexually active and had not been to a PCP since he was 18. He reports that he is diet is good and he sometimes plays basketball with friends. During the first few weeks he struggles with symptoms of depression, including low mood, lack of motivation, and excess sleep.

What other information would you like to gather?

Where would you start? What interventions/things would you do?

What are potential barriers?

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