

# EARLY PSYCHOSIS TRAINING SERIES

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## Fostering Health and Wellness in FEP

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- Baseline health assessment and secondary psychosis workup
- Treatment of comorbidities/access to primary care
- Preventative health – screenings and vaccines
- Addressing medication side effects
- Promoting healthy lifestyle
- Substance use, including tobacco and alcohol
- Sexual health

# Physical Health in Individuals with FEP: Why Care?

- Premature mortality
  - 10-20 year shortened life expectancy per WHO
    - 13-15 years of life lost in individuals w/ schizophrenia – 2017 meta analysis

## Why?

- Higher rates of tobacco and other substance use, sedentary behavior, poor nutrition (risk factors) and preventable illnesses (ex DM)
  - Reduced health-seeking behavior
  - Metabolic side effects of antipsychotic medications
  - Social determinants to health/disparities
  - Higher suicide risk
- Increased incidence of cardiovascular disease (1.5-3x), diabetes (2-3x), obesity (2-3x)

This risk can be reduced by addressing modifiable risk factors!

# Where to Start?

- Introduce idea of mind/body connection, concept of overall wellness
- Gather baseline health history
  - Diet, exercise, sexual health, sleep
  - Substance use (smoking/vaping, recreational drug use, caffeine)
- Review secondary psychosis workup and discuss/order additional tests, including lipid panel, hemoglobin A1c
- Obtain weight and vital signs
- PCP, other provider referrals

# Baseline Medical Workup

- Physical exam, including neurologic exam
- Serum tests:
  - Complete blood count
  - Complete metabolic panel (including liver function tests)
  - Hemoglobin A1c
  - Lipid panel
  - Thyroid stimulating hormone
  - HIV screen
  - Syphilis screen (FTA-Abs)
- Urine tests:
  - Toxicology screen
  - Pregnancy test (if childbearing potential)
- Other:
  - EKG
  - Brain MRI or head CT (should be offered/discussed with patient)
  - More targeted testing if specific risk factors or neurologic signs

# Addressing Medication Side Effects



- General Principles:
  - Lowest effective dose
  - Minimize polypharmacy
  - Take side effects seriously; low threshold to reduce dose or switch agents

# Antipsychotic-Induced Weight Gain



- Monitoring
  - Weights/BMI weekly for first 6-12 weeks after starting medication, then q3 mo
  - Lipid panel, hemoglobin A1c q 3-6 mo
- Lifestyle Interventions: Start with small changes, simplify messaging
  - Nutritionist referral
  - Education about diet, exercise
- Identify Barriers
- Pharmacologic Changes
  - Addition of metformin
  - Switch to more weight-neutral agent
- Referral to PCP, weight loss center, etc.
  - GLP1 agonists

# Substance Use Screening



- Tobacco
- Alcohol
- Cannabis and other substances



## PCP Referral Offered to all patients

- Managing comorbidities
- Routine health maintenance screenings and vaccines
- Weight loss medication, in some cases
- Assistance with referrals to specialists

- Pregnancy screening
  - Ask about LMP, sexual activity, use of contraception
  - If pregnancy not desired:
    - Referral to OB/GYN or family planning clinic to discuss birth control options
    - Free access to condoms at CMHC 2<sup>nd</sup> floor nursing station
- STI Screening
- Screen for safety in home and IPV

# 3 Month Formulations

- STEP Clinic Checkpoint
  - Identifying medical, psychiatric, social problems that may be barriers to recovery
  - Review initial medical workup
  - Formulate differential diagnosis
  - Compare baseline to current weight to assess metabolic risk
  - Multidisciplinary team discussion on differential diagnosis, treatment plan, and engagement strategies

- Regular monitoring
  - Normalizing practice of tracking weight and other health data
  - assessing for changes/concerns r/t to physical health/health behaviors
- goal-setting
- reinforcing/implementing the strategies discussed
  - nutrition, exercise, smoking cessation, substance use reduction
- connecting them to other resources to support these goals
- utilizing CBT, MI and other approaches to understand behavior, and work through potential barriers
- coordinating closely with prescriber and other team members
- Promoting/including healthy habits in session
  - Walking sessions
  - Healthy snacks

# Utilizing other providers/resources



- Nurses
- Nutritionists
- OT
- Case managers
- Peer support specialists
- Community resources
  - Gyms
  - Community gardens/farmers markets

- Education
  - Providing early and ongoing information
  - Helpful in making positive changes as most young people live at home
- Coordination
  - Appointments/labs/connecting to other resources/providers
  - Communicating concerns/questions to clinical team
- Support of client goals
  - May choose to set coordinating goals (family eating healthier, moving more)
  - Encouraging but not punishing/shaming

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# Thank you!

## Direct questions to our Consultation Service



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