

Mental and Addictive Disorders and Medical Comorbidities

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General population—mental health

- 8-12% of people will experience depression during the life time (American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision, DSM-IV-TR. Washington, DC: 2000)
- A Norwegian study demonstrated that 7.3 % of population in Oslo will experience one or more episodes of depression during a period of one year (Kringlen E Am J 2001; 158 (7))
- 15-25% of all women and 10% of all men experience depression which require treatment
- WHO -→ depression is one of the disease which leads to most lost of life years and quality of life.
- In Norway, more than 500 persons commit suicide, as comparisons between 100-200 die in traffic accidents
- Focus on mental health?

Depression- genetics or environment

- Genetic predisposition
- Emotional stress/trauma over a period of time
- Hypothyroidism
- Lack of day-light

- Mental and addictive disorders co-occurs with somatic co-morbidities(Larsen et al Annu Rev Clin Psych)
- Poor somatic health and pre-mature death
- Life span reduced by 15-25 years compared to general population
- CVD (cardiovascular disease) frequently cause
- Metabolic syndrome (both as predisposition and side effects of psychopharmacological treatment)

Why this association?

- increased risk factors
 - obesity
 - 49.4 % patients with Schizophrenia (Mitchell AJ et al Schizopr Bull 2013)
 - Higher prevalence of cigarette smoking compared to general population (30-62%)
 - the reason is multi factorial, but there are evidences of that genetic and neurobiological factor may have a role
- Diabetes
 - 2-3 times higher prevalence of Diabetes type 2 diabetes compared to general population
 - People with mental illness receive less intensive medical care → poor control and increased complications

Metabolic syndrome

- Abdominal obesity, insulin resistance, dyslipidemia and hypertension
 - increased risk of developing CVD, Diabetes type-2 and early death.
 - Global problem, much higher frequency in patients with mental illness.
 - Many of the medicines used in treatment of mental illness have metabolic syndrome as side effects
- Contributing factor;
 - Mental disorders—medication, probably a link between Schizophrenia and insulin resistance.
 - Depression accelerate diseases of aging (CVD, metabolic syndrome..)
 - Unhealthy diet, lack of physical activity, smoking...

Metabolic syndrome and Mental Illness

- Antipsychotic drug side effects;
 - Second generation antipsychotics have higher risk of metabolic syndrome!!
- Pathophysiology;
 - Excess visceral fat → insulin resistance → increased storage of triglycerides in liver → decreased inhibition of lipolysis → increased flux of free fatty acids in plasma circulation.

Metabolic syndrome and clinical implications

- CVD
- Type-2 Diabetes
- Non-alcoholic fatty liver diseases
- Polycystic ovarian syndrome
 - increased risk with metabolic syndrome
- Cancer
 - obesity is associated with increased risk of colon, pancreas, kidney, prostate, endometrial, and breast cancer??? (conflicting results)
 - Studies show that patient with mental illness are more likely to die from cancer!!

Metabolic syndrome--Intervention

- Interventions against metabolic syndrome important for survival og quality of life among patients with mental illness
- Lifestyle interventions
 - diet, exercise, behaviour..
- Key components in lifestyle modifications;
 - Psychoeducation focused on nutritional counselling
 - Avoid food with “empty calories”. Eat fresh food
 - What is the reality ?

Metabolic syndrome--interventions

- Dietary and physical activity modification
 - Avoid alcohol and sugar-sweetened beverages (calories)
 - Avoid eating out (maybe not the a problem?)
 - Avoid grazing on snacks throughout the day
 - Do at 30 minutes or more of some sort of exercise every day
 - Incorporate exercise into daily activities
- Behavioural self-management
 - Goal settings--- Use “SMART” acronym
 - Specific—Who, What, When, Why, How
 - Measurable—How much, how many, how will I know when it is accomplished?
 - Attainable---start small
 - Realistic---must be both willing and able to achieve
 - Timely—Rounded within a time frame

Lifestyle Interventions i patient with mental illness

- Challenging because
 - Socioeconomic status
 - poverty, neighbourhoods...
 - Can we do something about it?
 - access to lifestyle interventions
 - transportation etc..

- Hypertension

- 2-3 time frequent among people with mental illness
 - side effect of medications
 - Poor medical control

- Dyslipidemia

- 25-69% og people with Schizophrenia
 - Well known risk factor for CVD

Depression and anxiety and exercise

- Regular exercise;
 - Increase the release of “feel-good” endorphins
 - Taking your mind off worries
 - Gain confidence
 - Get more social interaction
 - Cope in a healthy way

- Focus on metabolic syndrome
- Tight collaboration between different part of the medical care systems
 - Psychiatric care, medical care, public health....
- Focus on exercise

Take home messages

- Mental illness is as deathly as somatic illness
- Co-morbidity is common in patients with mental illness
- Most of the somatic diseases are linked to metabolic syndrome
- Having an active role in treating obesity and metabolic syndrome is important
- Exercise have a n important role in treatment of mental illness
- Improving “somatic conditions” will improve survival and quality of life in patients with mental illness.
- A tight collaboration between “mental health” providers and “somatic health” providers is mandatory to improve outcome from mental illness.

Act-Belong-Commitment

- Act---identify persons with and at risk of mental illness
- Belong--- provide a social arena for people with mental illness after discharge from hospitals
- Commitment--- need for that authorities have “total” commitment for this group. Follow up where these patients live