

A Summary of Physical Health Monitoring

A Summary of Physical Health Monitoring for Individuals with Serious Mental Illness⁶³⁻⁶⁶

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Addressing the physical health of the seriously mentally ill (SMI) population is critically important in reducing their morbidity and mortality. Individuals with SMI are at greater risk of having serious physical health problems (and resulting complications) than the general population. This reality is complicated by the barriers persons with SMI often having in gaining access to the healthcare system. Due to disparities in access and treatment, mortality can be 2 to 3 times greater in individuals with SMI than in the general population, resulting in a shortened life expectancy on average of 25 years. Deaths from preventable causes are common, particularly related to cardiovascular disease, cancer, and diabetes-related complications. Early mortality can be prevented through cardiovascular risk factor modification and prevention, control of diabetes, smoking cessation, and nutrition and exercise management.

Assessing and Monitoring Physical Health and Medication Side Effects

To begin, clinicians should conduct a comprehensive initial assessment of the client's health. Differential diagnosis should be part of the evaluation, with co-occurring psychiatric conditions and physical comorbidities considered in the differential diagnosis. Dual diagnosis related to substance use and addiction should also be accounted for due to the serious physical health risks they impose. Psychosocial evaluation should also be done, as well as ongoing collaboration with medical specialists, psychiatrist, family, and caregivers for ongoing chronic care and prevention. This approach to integrating care produces the best health outcomes and is the most effective for managing people with complex health care needs.

Assessing and monitoring the physical health conditions that are prevalent in the SMI population will lead to improved health outcomes. Modifiable risk factors for cardiovascular disease are greater in SMI diagnoses such as schizophrenia and bipolar disease. Highly prevalent conditions such as diabetes/metabolic syndrome, obesity, tobacco use disorder, hypertension, and dyslipidemia should be monitored carefully for treatment and prevention. These risk factors can reduce the high-frequency occurrence of stroke, myocardial infarction, and other vascular diseases in this patient population.

Psychotherapeutic medications including antidepressants, mood stabilizers, and antipsychotics have shown to potentiate metabolic issues such as insulin resistance secondary to significant weight gain. This triggers a cascade of factors associated with metabolic syndrome such as dyslipidemia, prediabetes, and hypertension. Medications with substantial weight gain include Depakote, clozapine, olanzapine, and tricyclic antidepressants. For clients taking some of the higher risk medications, closer monitoring for prediabetes, weight gain, hypertension, and dyslipidemia will lead to improved outcomes.

Metabolic Syndrome

Recognition of metabolic syndrome and prediabetes is paramount to reduction of the complications and metabolic issues related to type 2 diabetes. Parameters that help diagnose metabolic syndrome include large waistline, low high-density lipoprotein (HDL) cholesterol, hypertension, high triglyceride levels, and hyperglycemia. Hemoglobin A1c levels greater than 5.6 is a simple screening tool and useful for ongoing monitoring. Behavioral modification with

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carbohydrate controlled diet and 150 minutes of exercise weekly can help reduce metabolic syndrome/prediabetes prevalence. Dyslipidemia associated with metabolic syndrome may be treated with similar lifestyle modifications and if low-density lipoprotein (LDL) cholesterol is significantly elevated or with prior diabetes and/or cardiovascular disease, statin therapy will need to be initiated.

Metabolic and cardiovascular side effects and adverse reactions are common with psychotherapeutic medication. Ongoing health monitoring will be needed for these common issues. Hyperprolactinemia has been associated with atypical antipsychotic use, resulting in irregular menses and amenorrhea for women, and possible increased cancer risk and gynecomastia. Hypotensive episodes from peripheral alpha receptor blockade related to atypical antipsychotics also require close blood pressure monitoring during medication initiation and titration. Well-known QT prolongation from SSRI, tricyclic antidepressants, and atypical antipsychotics need close electrocardiogram (ECG) and arrhythmia monitoring during medication initiation and titration. Malignant arrhythmia from worsening QT prolongation is of utmost concern.

Pregnancy

The health risks and benefits of psychotherapeutic medication use on special patient populations such as pregnant women, women of childbearing age, and infants should be considered due to fetal and infant risk. Psychotherapeutic medication exposure during pregnancy has been shown to cross the placenta and be present in breast milk during lactation. Significant counseling for women of childbearing age that have become pregnant or planning to become pregnant will be needed. Contraceptive therapy options for women of childbearing age will be needed for a family planning treatment plan. Close follow-up should occur with obstetrician and multidisciplinary team during prenatal, pregnancy, and postnatal care to weigh the risks and benefits of ongoing psychiatric medication treatment during these phases.

Substance Use

One in five adults with mental illness has a co-occurring substance use disorder. These issues play a large role in the physical health and monitoring of the SMI population. Chronic alcohol, opioid, and benzodiazepine dependencies have long-term cognitive and physical detriments that should be monitored carefully with other chronic comorbid medical conditions. Acute and subacute withdrawal syndrome associated with addiction can be life-threatening and trigger significant instability in the overall physical health of this patient population. Consideration of concurrent cardiovascular disease and metabolic syndrome, and other psychotherapeutic medication side effects require intensive observation and monitoring during substance dependency acute and chronic treatment.

As described above, monitoring the physical health of SMI individuals during chronic and acute illness can reduce morbidity and improve life expectancy. To implement these treatment options, significant barriers due to the cognitive and psychosocial issues associated with serious mental illness will need to be overcome. Improving entry to our healthcare system by simplifying access and improving compliance will ease this transition. As an individual's physical health improves, so does their overall psychiatric state.