ADDRESSING PHYSICAL HEALTH ISSUES IN EARLY PSYCHOSIS

Montréal, QC
May 2013

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OVERVIEW OF METABOLIC DISTURBANCES IN FEP

- Linked to the use of antipsychotic medication
  - Affinity with specific receptor subtypes

- Involve lifestyle and other predisposing factors
  - Negative symptoms
  - Genetic predisposition
  - "Obesogenic" environment

- Significant contributors to health burden as with immediate impact on young individuals’ lives

- May be prevented through multiple interventions
 INTERVENTION PRÉCOCE ET PRÉVENTION DES PSYCHOSES 
EARLY INTERVENTION IN PSYCHOSIS

The metabolic highway

Stahl et al, 2009
INTERVENTION PRÉCOCE ET PRÉVENTION DES PSYCHOSES
EARLY INTERVENTION IN PSYCHOSIS

PEPP-MONTREAL METABOLIC PROTOCOL

• Regular monitoring of metabolic parameters
  ▪ **When?**
    • BASELINE - 1\textsuperscript{ST} YEAR - 2\textsuperscript{ND} YEAR
  ▪ **What?**
    • Weight / ***Waist circumference ***/ BMI / BP
    • Blood tests and ECG / EEG / CT-Scan of Head

• IMPT to measure Weight / Waist circumference / BMI / BP every 3 months

• Repeat Lipid panel / Fasting glucose / Endocrine profile every 3 months during 1\textsuperscript{st} year and every 6 months during the 2\textsuperscript{nd} year
OBJECTIVES / METHODS

• To explore the occurrence of metabolic changes in a sample of 262 FEP patients who completed 2 years of PEPP follow-up
  ▪ Assess changes in weight and metabolic parameters over the course of follow-up
  ▪ Assess fidelity to metabolic protocol
• Subjects were followed at PEPP-Montréal between March 2003 and March 2013. All metabolic parameters were monitored prospectively during their follow-up.
  ▪ Mean age was 22.90 (±4.13) years
  ▪ 69% male
  ▪ 191 subjects had a diagnosis of SSD
Overall, we have observed a **10 kg increase** in weight and **4 point increase in BMI** over the 1st year of follow-up. Values remained stable during the 2nd year.

- The mean weight at Baseline was $68.72 \text{ kg (±14.59)}$. At 1 year, it was at $78.12 \text{ kg (±16.50)}$; and at 2 years, it was at $78.24 \text{ kg (±16.15)}$.
- The mean BMI at Baseline was $22.88 \text{ (±3.82)}$ [Normal range]; it increased to $26.23 \text{ (±4.61)}$ [Overweight range] at 1 year; and to $26.67 \text{ (±5.04)}$ [Overweight range] at 2 years.
Mean weight increase in kilograms by gender during PEPP follow-up

* = .00
Increase in mean weight in kilograms during 2 years of follow-up by BMI categorization at Baseline

* = .037; † = .056
**RESULTS**

- At 1 year, 33% did not experience any significant change in body weight (< 7% of basal weight); 41% with moderate changes (7% - 20%); and 24% with severe weight increase (>20%).

- Based on the type of AP based on a 3 group-classification: Low/Moderate/High
  - Those taking low metabolic profile AP gained less weight (**6.88 kg**/ **9.01 kg**) over the course of their 2 year follow-up compared to those taking High metabolic profile AP (**10.84 kg**/ **12.12 kg**)
Increase in mean weight in kilograms during the 1st year of follow-up according to type of antipsychotic

\[ \leq 0.10 \]
ASSESSMENT OF METABOLIC PARAMETERS DURING THE 2 YEARS OF PEPP FOLLOW-UP
«Given the inherent difficulties with losing weight once it has been gained and reversing metabolic abnormalities, along with the potential effect of weight gain on patient’s compliance with antipsychotic medication, early intervention to prevent or minimize both weight gain and metabolic complications is preferable».

Curtis J. et al, 2012
Regular cardiometabolic monitoring
  • Screen
  • Prevent
  • Intervene
    • Behavioral interventions
    • Pharmacological interventions
CONCLUSION

• The physical health of young individuals with psychosis is often overlooked in mental health care facilities.
• Treatment teams should diligently monitor patients receiving antipsychotic therapy.
  ▪ Tools
  ▪ Time
  ▪ Regular monitoring
• An early intervention framework should be applied to the cardiometabolic monitoring procedures for young individuals with psychosis
Remerciements spéciaux à
- Dr Ashok Malla,
- Dr Ridha Joober,
- Aux gestionnaires de cas et aux psychiatres de la clinique PEPP-Montréal,
- Sherezad Abadi et Srividya Iyer,
- Toute l’équipe PEPP-Montréal