

ADDRESSING PHYSICAL HEALTH ISSUES IN EARLY PSYCHOSIS

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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

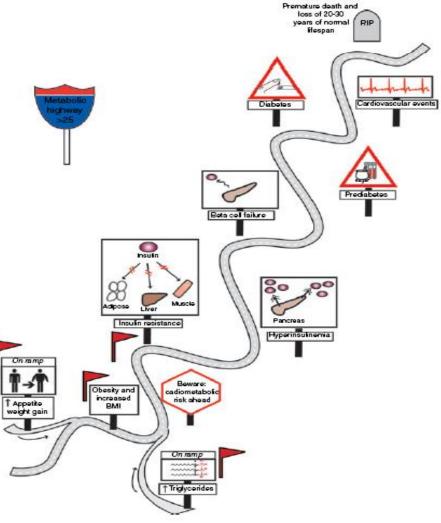








The metabolic highway



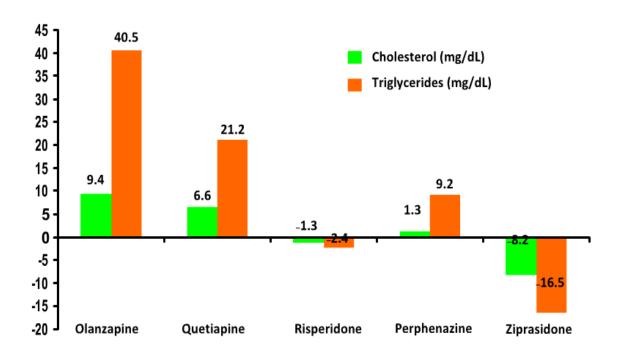
Stahl et al, 2009











Lieberman JA et al. N Eng J Med. 2005 353:1209-1223.









PEPP-MONTREAL METABOLIC PROTOCOL

- Regular monitoring of metabolic parameters
 - When?
 - BASELINE 1ST YEAR 2ND 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 1st year and every 6 months during the 2nd year

 Douglas* **McGill****



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









RESULTS

- 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 $68,72 \text{ kg } (\pm 14,59)$. At 1 year, it was at $78,12 \text{ kg } (\pm 16,50)$; and at 2 years, it was at $78,24 \text{ kg } (\pm 16,15)$.
- The mean BMI at Baseline was 22,88 (±3,82) [Normal range]; it increased to 26,23 (±4,61) [Overweight range] at 1 year; and to 26,67 (±5,04) [Overweight range] at 2 years.

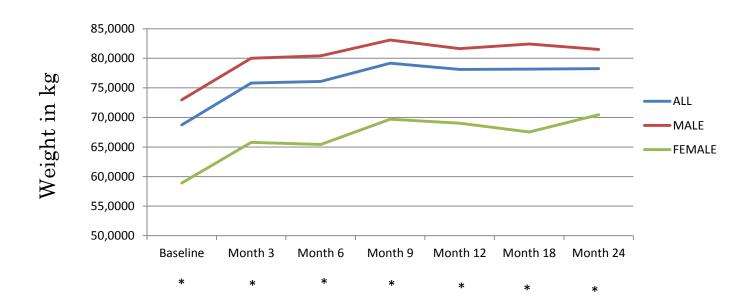








Mean weight increase in kilograms by gender during PEPP follow-up



* = .00

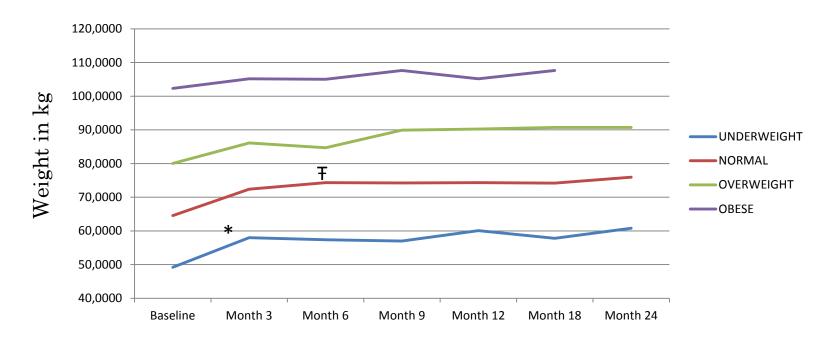


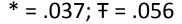






Increase in mean weight in kilograms during 2 years of follow-up by BMI categorization at Baseline













RESULTS

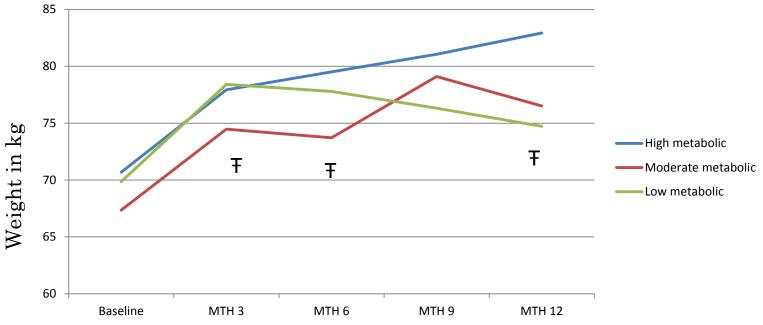
- At 1 year, 33% did not experience any significant change in body weight (< 7% of basal weight); 41 % with moderate changes (7% 20%); and 24% with severe weight increase (>20%).
- Based on the type of AP based on a 3 groupclassification: Low/ Moderate/High
 - Those taking low metabolic profile AP gained less weight (6,88 kg/9,01kg) 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





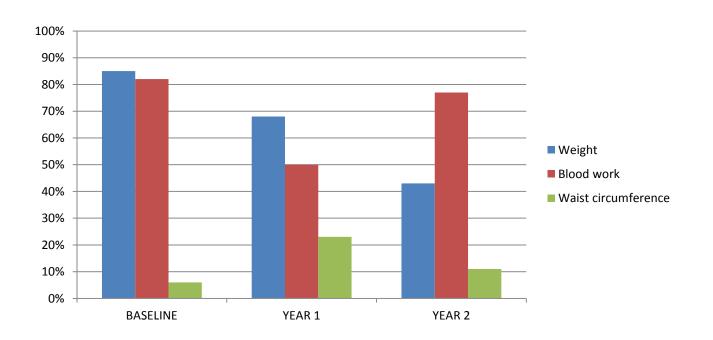








ASSESSMENT OF METABOLIC PARAMETERS DURING THE 2 YEARS OF PEPP FOLLOW-UP











«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





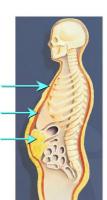






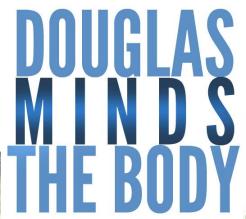


Subcutaneous Fat Abdominal Muscle Layer Intra-abdominal Fat

















DISCUSSION

- 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









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