

Medical Comorbidities and People with SMI

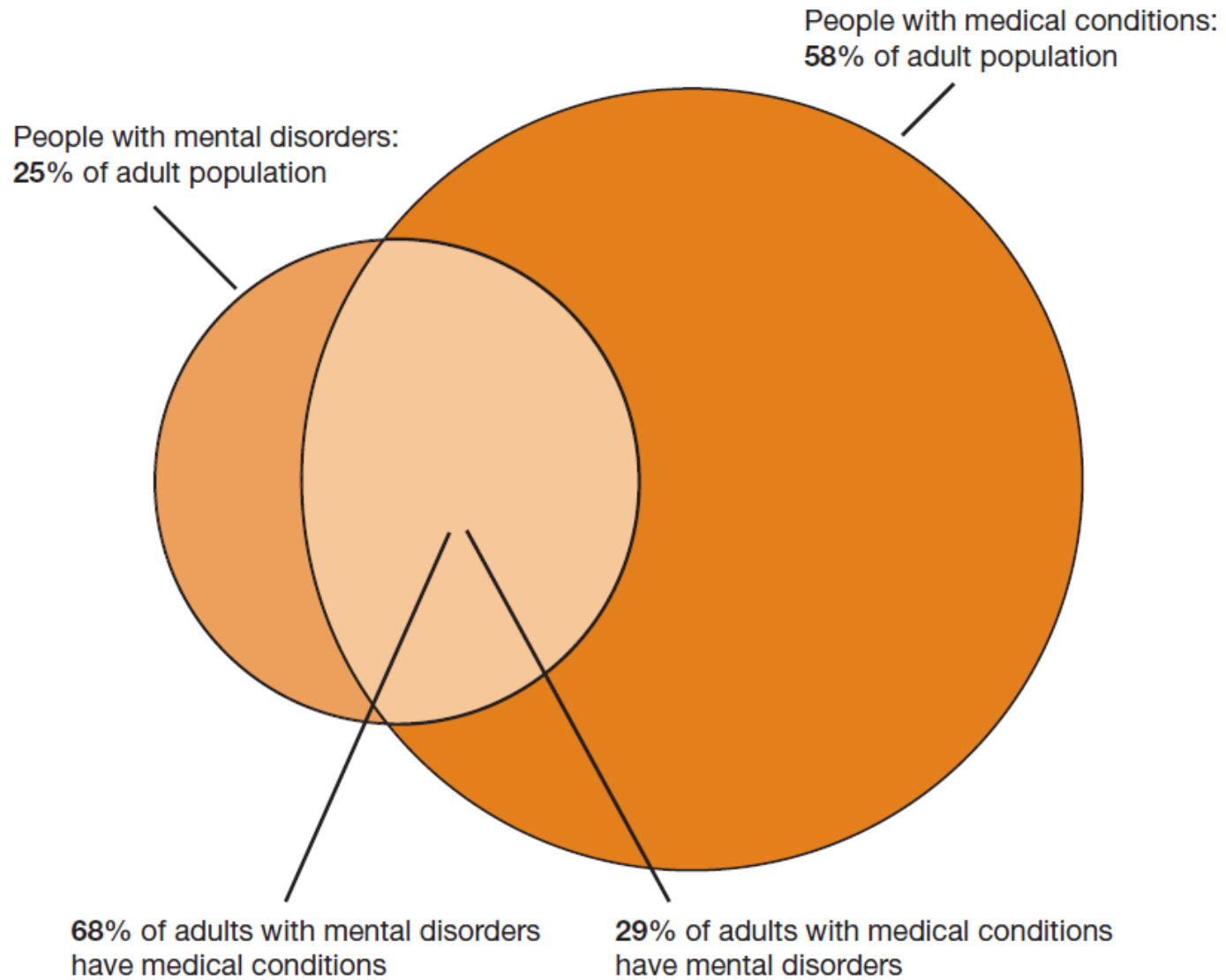


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Version date: 7/21/17

Figure 1: Percentages of people with mental disorders and/or medical conditions, 2001–2003



Source: Adapted from the National Comorbidity Survey Replication, 2001–2003 (3, 83)

Medical Comorbidity



People with SMI:

- Have higher rates of obesity, diabetes, hypertension, heart disease, respiratory disorders, gastrointestinal disorders, and other medical conditions
- Often have multiple medical conditions
- Die, on average, 20 years younger than the general US population, mostly due to medical illness such as cardiovascular disease

Factors that Contribute to Medical Comorbidity



- Side effects from medications
- Cognitive impairment and low motivation make it difficult to engage in healthy lifestyle behaviors
- Higher rates of smoking and substance use disorders
- Decreased access to healthy food, safe spaces to exercise, and high quality health care

Medical Comorbidity (continued)



- Despite their higher rates of medical illness, people with SMI tend to obtain **fewer medical services** or those of inferior quality.
- Why might this be?

Medical Comorbidity (continued)

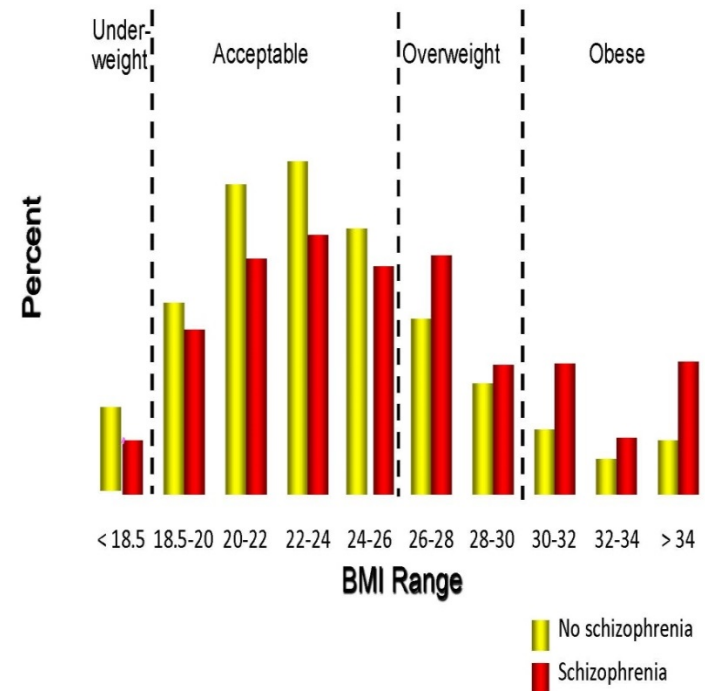


- Overweight/obesity and associated disorders
- Sleep disorders
- Chronic pain
- Chronic Obstructive Pulmonary Disease

Overweight/Obesity

- Medication treatments cause weight gain and abnormalities in metabolism
- Sedentary lifestyle and limited exercise
- Lack of knowledge about diet, diabetes, and other dimensions of health
- For some, inadequate resources and money for healthy food

BMI Distributions in Individuals with Schizophrenia versus the General Population



Overweight/Obesity – Associated Disorders

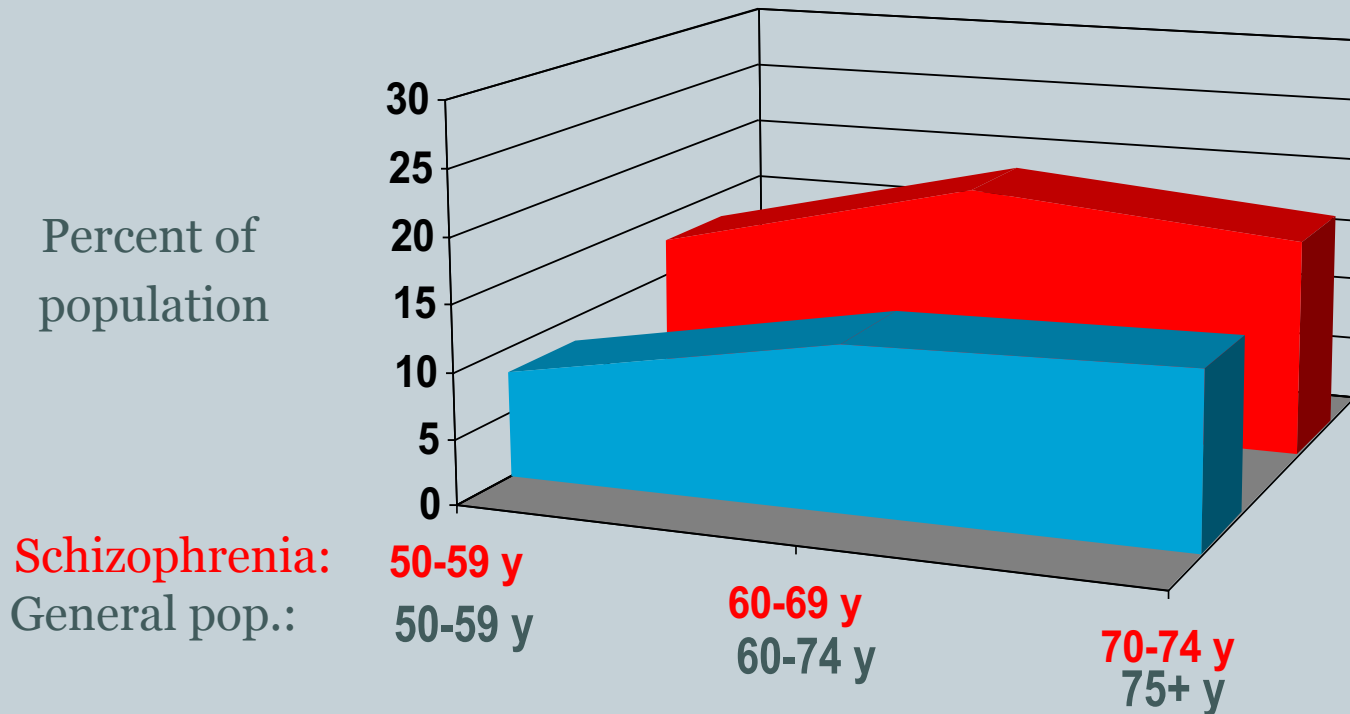


- High rates of obesity are associated with increased risk for diabetes, metabolic syndrome, and cardiovascular disease
- All of this contributes to shortened life expectancy in people with SMI

Overweight/Obesity – Associated Disorders



- Diagnosed Diabetes, General Population
- Diagnosed Diabetes, Schizophrenia Patients



Harris MI et al. *Diabetes Care*. 1998; 21:518-524.
Mukherjee S et al. *Compr Psychiatry*. 1996; 37:68-73.

Overweight/Obesity – Take Home Messages



- Monitor weight, diabetes, and cardiovascular health among adults with SMI
- Refer individuals with SMI to weight management programs
- Work with them to improve their diet and increase their physical activity
- Don't blame them for their overweight!

Sleep Disorders



- Up to 80% of those with SMI experience sleep disturbances.
- Poor sleep quality is associated with:
 - Diminished quality of life
 - Greater positive symptoms
 - Poorer immune functioning
 - Impaired cognitive functions, including impaired sleep-dependent memory consolidation
- Changes in sleep patterns are often an early warning sign of psychiatric relapse – be on the lookout!

Sleep Disorders



- Can refer individuals with SMI to behavioral medicine to treat their sleep disturbance
- Both pharmacological and non-pharmacological approaches, such as Cognitive Behavioral Therapy for Insomnia, may be useful
- A great way to improve the quality of life of our residents with SMI is to help them improve their sleep quality!

Chronic Pain



- People with SMI have high rates of pain
- In a recent study of over 5 million Veterans:
 - Those with schizophrenia were more likely to have every pain condition assessed relative to those without mental health disorders
 - Rates of any pain (arthritis, back, chronic, migraine, other headache, psychogenic, neuropathic) were: 47% in schizophrenia, 61% in bipolar disorder, 66% in depression
- Important to carefully assess and appropriately treat pain in this population!
- Be on the lookout and take complaints of pain seriously!

Chronic Pain: Assessment



- **Assessment:**
 - Research indicates that individuals with psychiatric disorders in nursing homes are less likely to be appropriately assessed and treated for pain
 - People with schizophrenia may underreport pain
 - Faces of Pain Scale is less suitable for those with schizophrenia, because of impairments in understanding facial expressions that represent pain
 - May want to administer measures which examine interference due to pain on daily activities – e.g., the Brief Pain Inventory or the Defense and Veterans Pain Scale
 - See the Cognitive Behavioral Therapy for Chronic Pain manual for more information:

https://www.va.gov/PAINMANAGEMENT/docs/CBT-CP_Therapist_Manual.pdf

Chronic Obstructive Pulmonary Disease (COPD)



- COPD is a silent epidemic among adults with SMI
- In a sample of outpatients with SMI (n=200)
 - Prevalence of COPD: 22.6%
 - More likely to have chronic bronchitis and emphysema than age, race, and gender-matched comparison participants
 - Smokers had over 8 times the odds of having COPD than nonsmokers
 - Only one-third were being treated
- Improved detection of COPD is needed
- Refer individuals with SMI to smoking cessation – it can work!

Medical Comorbidity and SMI – Take Home Messages



- Adults with SMI have high rates of medical comorbidities which contribute to decreased life expectancy and poorer quality of life
- Make sure to monitor weight, cardiovascular and pulmonary health, sleep, and pain among CLC residents with SMI
- Make referrals to ancillary services such as weight management, cardiac rehabilitation, behavioral medicine, and smoking cessation to provide our residents with SMI with holistic care!