



Physical Health and People with a Severe Mental Illness

Respiratory Disease

Using this slide set

This slide set is one of four, designed to be a teaching aid in the management of the physical health of people with a severe mental illness. The slide set should be used with the accompanying fact sheet on smoking and respiratory disease.

The slide set is based on a consultation with Amir, an imaginary patient. Each slide set poses a separate set of clinical issues for the Family Doctor and their team. However, there is a chronology to the slide sets, and this slide set represents the second of four consultations with Amir.

This slide set can be used in a small group setting, to prompt discussion on the care of people with a severe mental illness. The audience might be a primary care team of health care professionals, a joint meeting between mental health and primary care doctors, or a postgraduate educational meeting.

The Context

- 46% of people with a severe mental illness have a Non Communicable Disease (NCD)
- They die 15 – 20 years earlier than they would have done if they had not had a severe mental illness
- Causes of this premature mortality include:
 - Genetics
 - Deprivation
 - Medication
 - Lifestyle
 - Health professionals attitudes

Learning Objectives

Clinical

- To ensure that a smoking history is recorded in the clinical record
- To understand the role that smoking can play in drug levels of antipsychotic medication
- To understand how frequently people with mental health problems smoke tobacco
- To understand the consequences of smoking in the development of COPD

Organizational

- Communication with the mental health team is essential
- Sharing clinical information is essential
- Primary care teamwork is essential

Amir



Clinical Background:

- Amir is a 38 year old man
- PMH:
 - Schizophrenia diagnosed 22 years ago
 - Diabetes just diagnosed
- Family History: Both parents have diabetes
- Smoking History: No record
- Social History: no record of employment status

Amir

Issues for the Clinician

- Smoking is more common in people with SMI
- How to support Amir to stop smoking
- 40% of all cases of COPD is caused by smoking
- COPD is 2 – 3 times more common in SMI

Fact Sheet

- One in three of all cigarettes smoked, are smoked by people with a mental health condition
- Smoking amongst the general population has fallen by 25% in the last two decades; there has not been a similar decline in smoking amongst people with a mental health condition.
- Smoking is more prevalent amongst people with mental health disorders e.g. 45% of people with schizophrenia smoke cigarettes
- The groups most likely to smoke are
 - Young (16 – 25)
 - Have long standing mental health problems e.g. schizophrenia
 - To come from lower socio-economic groupings

Amir



The reason for the consultation:

- Amir was recently discharged following a five month admission for schizophrenia. During this admission his medication was changed to clozapine
- Following discharge he developed diabetes
- At the consultation in which the diagnosis of diabetes was discussed, he was advised to stop smoking, and take more exercise
- He now feels very unwell

Amir



The consultation:

The History:

- Amir is unable to give a clear history.
- He feels unwell, and confused – quite different from when he is mentally unwell
- He stopped smoking 30 cig/day one week ago on the doctor's advice
- He is taking all the medication prescribed for him
- He is eating normally

Amir



The consultation:

The Examination:

- He is disorientated in time and space
- His blood pressure is low, his pulse rate is high
- His blood glucose is at a high/normal level (7.2mmol/L; 129.6mg/dL)
- Urinalysis is normal
- He is dysarthric and dribbling saliva

Amir

Issues for the Clinician

- What is happening to this man?
- This man needs admission
 - What sort of hospital is most appropriate – mental health or physical health?

Fact Sheet

- Nicotine increases the metabolism of some anti-psychotic medication so that to achieve the same drug response, a higher dose of medication is needed in smokers.
- Evidence for clozapine demonstrates that a reduction of 25% of the dose is required when a patient stops smoking. Leaving the dose unchanged, risks the patient suffering toxic levels of the medication

Amir



The outcome:

Amir was admitted to the local physical health care hospital, and improved considerably over four days. Blood results indicated clozapine toxicity.

He was transferred to the mental health hospital to resume his medication and for further treatment.

Amir

Issues for the Clinician

- Monitor for the development of COPD
- Smoking will exacerbate the management of diabetes
- People with SMI want to stop smoking as much as other groups, but are more likely to expect to fail
- Smoking cessation interventions are effective in this group of people

Fact Sheet

- Every person with Severe Mental Illness (SMI) should be asked on every visit if they smoke tobacco. The response should be recorded in the clinical record
- Smoking cessation advice should be offered to people with SMI who do smoke tobacco.
- Smokers should be reviewed to monitor the development of COPD
- Mental health hospitals should be smoke free

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Quality Improvement:

Can you identify

- How many patients with a severe mental illness are in your practice population?
- How many have an up to date record of their smoking habit?
- How many of those people that you know smoke and have a severe mental illness have been offered smoking cessation care?