



Physical Health and People with a Severe Mental Illness (SMI)

Diabetes

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 diabetes.

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 first 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

- Diabetes is more common amongst people with SMI
- The diagnosis of diabetes needs to avoid the use of HbA1c
- The management of diabetes is more complex
- Lifestyle factors are significant

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
 - Nil else significant
- Family History: no information available
- Smoking History: not recorded
- Social History: no record of employment status
- Perusing his notes, he had numerous contacts with the practice nurse up until 5 months ago, and then nothing. The last few contacts were characterized by shouting, missing appointments, and generally chaotic behaviour

Amir

Issues for the Clinician

- Incomplete records
- Behaviour towards the practice nurse and in the waiting room

Fact Sheet

- People with severe mental illness lead chaotic lives
 - Move frequently so that health records are frequently incomplete
 - Are more likely to be unemployed
 - Are more likely to need state benefits
 - Are more likely to be homeless

Amir



The Reason for the Consultation:

- During the consultation, Amir is quiet, polite and apologetic for his previous behaviour.
- He explains that he had become increasingly unwell mentally and had been admitted to hospital five months previously.
- His psychiatrist recently changed his medication to clozapine, and he feels much more settled and comfortable on this new treatment.
- He has been home for two weeks and noticed that he was much more tired than previously and was drinking all the time.
- He mentioned this to his psychiatrist, who recommended that he see his family doctor.

Amir

Issues for the GP

- Address the presenting complaint or consider the mental health admission and discharge process?

Fact Sheet

- People with SMI die 15 – 20 years earlier
- Cause of premature mortality is NCDs such as diabetes
- NCDs are more prevalent and more often poorly controlled
- Diabetes is at least 2 – 3 times more common in people with SMI

Amir



Taking the History:

- The doctor focuses on the thirst and tiredness – cardinal features of diabetes
- Family history: Both mother and father had Type 2 diabetes. His father died of a heart attack aged 55years.
- Amir's BMI has increased from 33 to 44 over the last two months
- He has also started smoking again (he had the opportunity to buy take-away meals and cigarettes as part of his rehabilitation programme whilst on the ward)

Amir

Issues for the GP

- The diagnosis of diabetes is very likely
- He will need a fasting blood glucose to confirm the diagnosis
- An explanation of diabetes will be needed
- Life style counselling will be needed
- Will he need another consultation?

Fact Sheet

- Using HbA1c to diagnose diabetes can provide a false negative result
- Antipsychotic medication is one contributing factor to the diabetes.
- Others include lifestyle, obesity, poor nutrition, and access to health care

Amir



The next consultation with the Practice Nurse:

- A fasting blood glucose confirmed the diagnosis of diabetes
- Guidelines for newly diagnosed diabetics should be followed (country specific)
 - Information is provided about diabetes
 - Advice is provided about healthy eating, exercise and stopping smoking
 - Advice about influenza vaccination, pneumonia vaccination, Hepatitis B vaccination
 - Clinical examination to assess baseline of target organs
 - Further blood tests to assess lipid profile etc.

Amir

Issues for the GP

- If and when to start oral medication e.g. metformin
- Reassess cardiovascular risk
- Advice NOT to stop clozapine as a way to manage diabetes
- Communication with mental health team about new diagnosis
- Referral to dietician (when available)

Fact Sheet

- All recommendations for new diabetics should be followed e.g. vaccinations etc.
- Accessing health care needs to be supported
- Communication with mental health team essential

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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 had a diabetic assessment in the last 12 months?