Positive Cardiometabolic Health Resource

An intervention framework for people experiencing psychosis and schizophrenia

This clinical resource supports the implementation of the physical health CQUIN http://www.england.nhs.uk/wp-content/uploads/2014/02/sc-cquin-guid.pdf (page 36) which aims to improve collaborative and effective physical health monitoring of patients experiencing severe mental illness. It focuses on antipsychotic medication for adults, but many of the principles can be applied to other psychotropic medicines given to adults with long term mental disorders, e.g. mood stabilisers.

For all patients in the “red zone” (see center page spread): The general practitioner, psychiatrist and patient will work together to ensure appropriate monitoring and interventions are provided and communicated. The general practitioner will usually lead on supervising the provision of physical health interventions. The psychiatrist will usually lead on decisions to significantly change antipsychotic medication.

Download Lester UK Adaptation: www.rcpsych.ac.uk/quality/NAS/resources
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**Heart Failure and Cardiometabolic Risk**

**INTERVENTIONS**

Reduce take-away and "junk" food, reduce energy intake to prevent obesity. Normally GP supervised. Follow NICE recommendations.

- **Metabolic Task Force.**
- **Monitoring table derived from consensus guidelines 2004, j clin. psych 65:2. APA/ADA consensus conference**

**Chronic Kidney Disease**

- Applies to patients prescribed antipsychotics and mood stabilizers.
- Monitoring: How often and what to do
  - Presence of chronic kidney disease additionally increases risk of CVD: 2.
    - Test urine: a) for proteinuria (dip-stick), b) albumin creatinine ratio (laboratory analysis)
  - Urea & electrolytes
  - Estimated glomerular filtration rate (eGFR)

**ECG**

- Include if history of CVD, family history of CVD, where examination reveals irregular pulse (if ECG confirms atrial fibrillation, follow NICE recommendations)
- or if patient taking certain antipsychotics (See SPC) or other drugs known to cause ECG abnormalities

**Examination:**

- Weight, BMI, BP, pulse.
- **Investigations:** fasting estimates of plasma glucose (FPG), HbA1c, and lipids (total cholesterol, non-HDL, LDL, triglycerides). If fasting samples are impractical then non-fasting samples are satisfactory for most measurements except for triglycerides.
- **ECG:** Include if history of CVD, family history of CVD, where examination reveals irregular pulse (if ECG confirms atrial fibrillation, follow NICE recommendations). Follow NICE guidelines,
- or if patient taking certain antipsychotics (See SPC) or other drugs known to cause ECG abnormalities

**Chronick Kidney Disease**

- **Screen those with co-existing diabetes, hypertension, CVD, family history of CVD, or if patient taking certain antipsychotics (See SPC) or other drugs known to cause ECG abnormalities**.
- ECG: include if history of CVD, family history of CVD, where examination reveals irregular pulse (if ECG confirms atrial fibrillation, follow NICE recommendations). Follow NICE guidelines, or if patient taking certain antipsychotics (See SPC) or other drugs known to cause ECG abnormalities.

**Monitoring:**

- How often and what to do
  - Applies to patients prescribed antipsychotics and mood stabilizers.
  - **Baseline first 6 weeks 12 weeks Annually**

**Smoking**

- **Stop smoking**
- **Lifestyle Review**
  - **FPG = Fasting Plasma Glucose**
  - **RPG = Random Plasma Glucose**
  - **BMI = Body Mass Index**
  - **Total Chol = Total Cholesterol**
  - **HDL = High Density Lipoprotein**
  - **TRIG = Triglycerides**

**Body Mass Index (BMI)**

- **BMI ≥25 kg/m²**
- **BMI ≥22.5 kg/m² (±2 kg/m² in South Asian or Chinese)**
- **BMI ≥20 kg/m²**
- **BMI ≥18.5 kg/m²**

**Blood Pressure**

- **BP ≥140 mm Hg systolic AND/OR ≥90 mm Hg diastolic**
- **BP ≥120 mm Hg systolic OR ≥80 mm Hg diastolic**

**Blood Lipids**

- **Total cholesterol/HDL ratio to detect high (>10%) risk of CVD based on QRISK2 tool**
- http://guidance.nice.org.uk/ta86

**Lifestyle**

- **Healthy eating**
  - **FPG 5.5-6.9 mmol/l**
  - **HbA1c 42-47 mmol/mol (6.5-7.6%)**
- **Secondary Prevention:**
  - **HbA1c ≥6.5 mmol/mol (≥48 mmol/l)**

**Blood Pressure**

- **Normal range of blood pressure**:
  - **BP <140/90 mm Hg**

**Glucose Regulation**

- **Assess by fasting blood glucose (FPG)**
- **Follow NICE guidelines for obesity**
- **Follow NICE guidelines for diabetes**
- **Follow NICE consultation guidelines**

**Intervention Framework**

- **For people with established diabetes or at high risk of diabetes**
  - **Follow NICE guidelines PH 38 Preventing type 2 diabetes: risk identification and interventions for individuals at high risk (recommendation 17)**
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**Primary Prevention:**

- **HbA1c ≥6.5 mmol/mol (≥48 mmol/l)**
- **Follow NICE guidelines PH 18 Preventing type 2 diabetes: risk identification and interventions for people at high risk (recommendation 17)**

**Specific lifestyle and pharmacological interventions**

- **Specific lifestyle interventions should be discussed in a collaborative, supportive and encouraging way, taking into account the person's preferences:**
  - **Nutritional counselling:** reduce take-away and "junk" food, reduce energy intake to prevent obesity. Normally GP supervised. Follow NICE recommendations.
  - **Physical activity:** structured education/training intervention. Advise physical activity such as a minimum of 150 minutes of "moderate-intensity" physical activity per week (http://bit.ly/2TPW5SE). For example suggest 30 minutes of physical activity on 5 days a week.
  - **Anti-hypertensive therapy:** Normally GP supervised. Follow NICE recommendations (http://publications.nice.org.uk/n National/CG127)

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