Medical Comorbidities and People with SMI

DEVELOPED BY
ANJANA MURALIDHARAN, PH.D.,
BETH KLINGAMAN, PH.D.,
AND RICHARD GOLDBERG, PH.D.

VETERANS AFFAIRS CAPITOL HEALTHCARE NETWORK
MENTAL ILLNESS RESEARCH, EDUCATION, AND CLINICAL CENTER

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

People with mental disorders: 25% of adult population

People with medical conditions: 58% of adult population

68% of adults with mental disorders have medical conditions

29% of adults with medical conditions have mental disorders

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

Schizophrenia: General pop.: 50-59 y

Diagnosed Diabetes, General Population

Diagnosed Diabetes, Schizophrenia Patients

Percent of population

50-69 y
50-59 y
60-69 y
60-74 y
70-74 y
75+ y

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!

Klingaman et al. Current Psychiatry Reports. 2015; 17(10), 616.
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!