

Summary of Discussions

Date: Aug 4th, 2020

Case Synopsis:

Health Lifestyles and Metabolic Factors

Reason for case consultation and any specific questions that the provider would like answered.

1. To obtain an overview of the factors that increase metabolic risk in early psychosis
2. Understanding the treatment and management of risk factors to improve patient outcomes

Summary of Recommendations:

Recommendation: description of recommendation.

Elaborating on recommendation, and clarifying information (e.g.; where to access scales, monitoring required when prescribing medication, etc.):

Recommendations from today:

- Encourage your clients to walk every day, aiming for 30-45 minutes at least 5 days per week
- Cutting down on sugar via pop and juice can be a straightforward change with big impact
- Consider barriers to cooking and try to address these (e.g., cost, learning to cook)
- Consider medication management early in the course of metabolic side effects
- Group-based interventions, including involving family members, can be a great way to engage clients in exercise (e.g., Wellness Group in Thunder Bay)
- If fasting presents a barrier to getting bloodwork, non-fasting bloodwork is better than no bloodwork at all
- Addressing (and normalizing) metabolic side effects right at the start of treatment is important given that peak weight gain occurs early on in treatment, including considering the IRT Module #4 right at the start of antipsychotic treatment
- Olanzapine is not considered a first-line antipsychotic within NAVIGATE, so if clients are getting referred to your team on olanzapine, consider providing education to the teams that frequently refer, and working with the team prescriber to consider a switch (involving IRT and family worker to help monitor for signs of relapse)
- During the pandemic, consider encouraging your clients to weigh themselves before appointments, pair metabolic assessment with IM administration, engage family members to help report on metabolic side effects
- Try to ensure from early on that your clients are connected with a primary care provider to collaborate with on their physical health monitoring and interventions
- If there is an isolated abnormal finding (e.g., high triglycerides), monitor metabolic health more frequently (q3months) to see if it represents true metabolic changes. High triglycerides tend to reflect high sugar intake, and so may be responsive to encouraging clients to limit juice/pop intake. Abnormal lipid levels can also reflect low physical activity so may respond to increased exercise.

Follow-up

If it would be helpful to have some further discussion and consultation regarding this case, please consider bringing it back to ECHO EPI-SET in the next month. To do so, please connect with: Abanti Tagore (abanti.tagore@camh.ca) and Andrea Alves (andrea.alves@camh.ca).