# Healthy Lifestyle and Metabolic Factors in Early Psychosis

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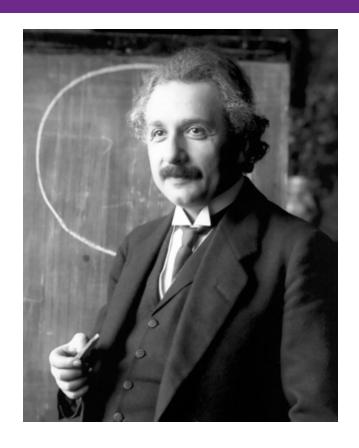


## **Objectives**

- 1. An overview of the factors that increase metabolic risk in early psychosis
- 2. Treatment and management of risk factors to improve patient outcomes



## The two decades of life lost







#### The two decades of life lost

- Patients with severe mental illness lose about 20 years of their life
- Most of this is due to an increase in the risk of heart disease
- Schizophrenia increases the risk of Type 2
   Diabetes by 3 times
- Antipsychotic treatment increases it by a further 3 times



Bobo W JAMA 2013; Rubin D JAMA 2015, Rajkumar et al Am J Psych 2017

# Factors related to serious mental illness which increase risk of obesity/diabetes

Mental Illness

#### Illness biology

Genetic links between SCZ and metabolic problems

Diabetes
Obesity
MetS

#### Life style factors:

Poor self care
High smoking rates
Inactivity
Poor dietary habits

camh



#### **Treatments:**

Antipsychotics \*\*
Antidepressants
Mood stabilizers

#### **Systems factors**

Reduced access to physical care "Silo working": Poor co-ordination between health providers

Policy ambiguities

## Implications (beyond heart disease)

- Medication compliance
- Self-esteem
- Hospitalization rates
- Quality of life
- Social withdrawal
- Social care costs







## Metabolic abnormalities and cognition

 Patients with metabolic syndrome and other weight related problems have worse brain functioning



Frisardi 2010; Bora 2017

# Summary: objective 1

Individuals with mental illness are at at higher risk of developing weight and heart disease related problems

- Antipsychotics target some psychotic symptoms, but don't solve all problems
- Metabolic side-effects add to the burden of illness



## **Objectives**

- An overview of the factors that increase metabolic risk in early psychosis
- Management of risk factors to improve patient outcomes



## Simplified monitoring schedule

- Weight at every visit/month (ask about appetite)
- Blood pressure and waist circumference at baseline/first feasible opportunity, 3 months after, and yearly thereafter if normal
- Fasting blood work (glucose, insulin, lipids, HbA1c) at baseline/first feasible opportunity, 3 months after, and yearly thereafter if normal
- If abnormal, repeat every 3 months and treat/refer



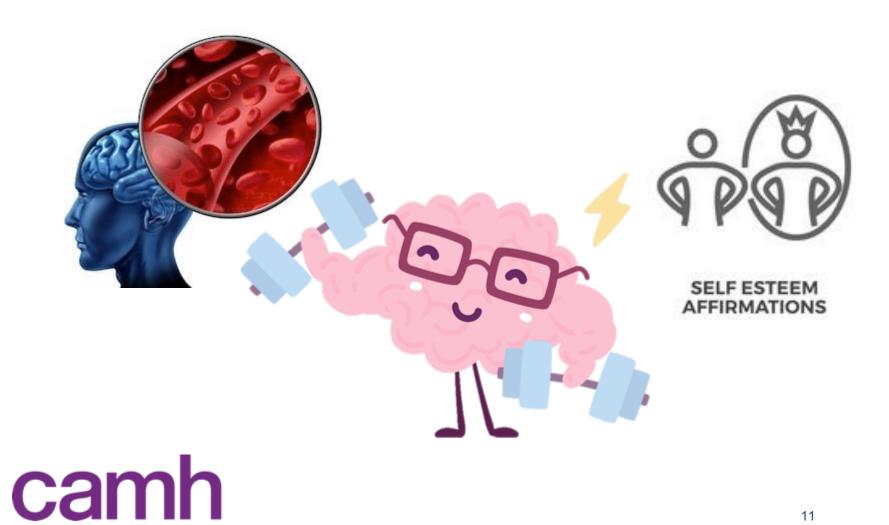
#### Interventions



- Diet and exercise intervention should be front-line
- Smoking cessation
- Optimizing medication doses; switching



# Exercise

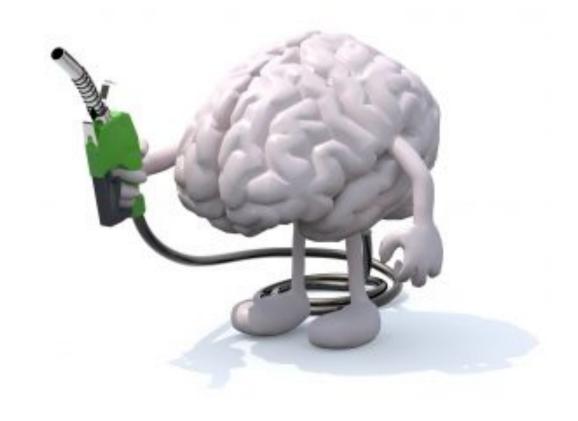


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# A Walk a Day

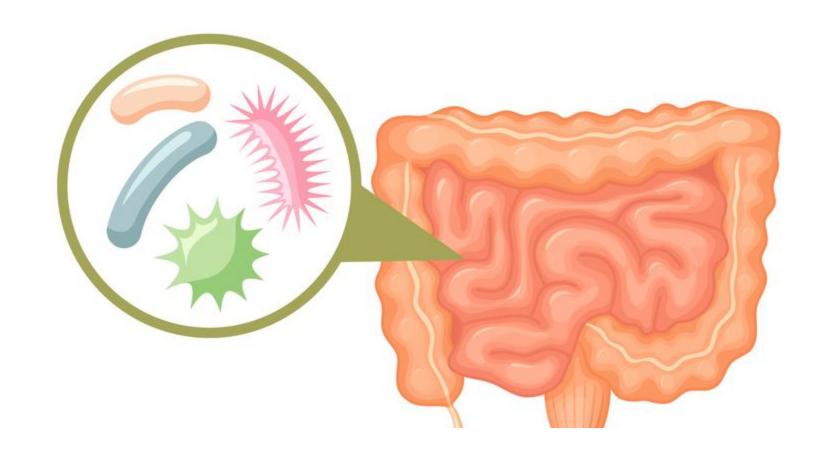


# Nutrition





# Nutrition



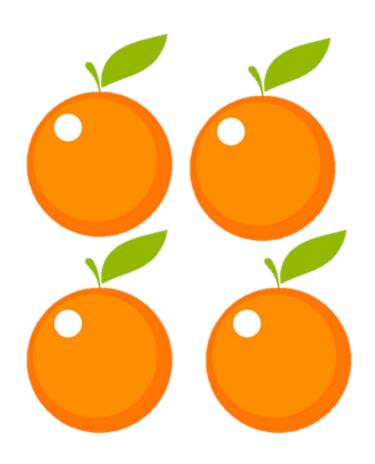
Food → Bacteria → Mind

# Sugar: Cut Out the Excess











# Costs of Eating Out vs. Cooking



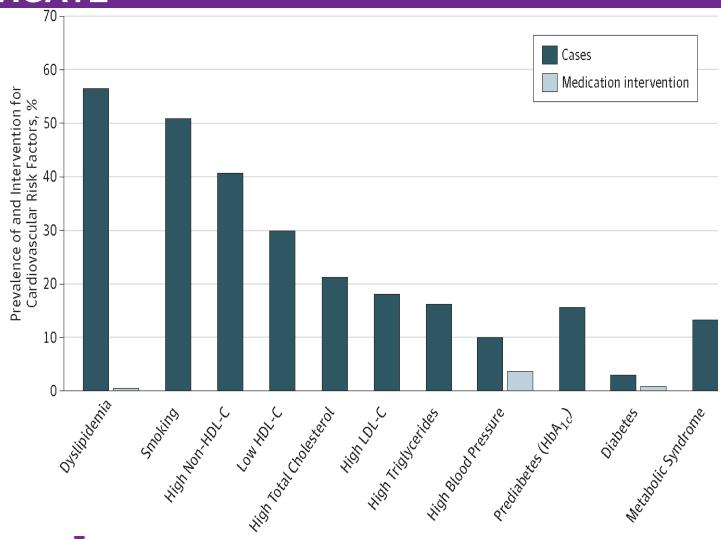
# Be Your Own Chef!



## Criteria for pharmacological intervention

- BMI > 30
- BMI > 27.5 and one weight related comorbidity (diabetes, hypertension, dyslipidemia)
- Elevated fasting glucose (>5.6 mmol/L)/HbA1c (>5.6%) levels
- Weight gain > 5% from baseline, waist circumference increase > 5cm from baseline; even earlier - 2%!
- Concerns about metabolic side-effects when starting/switching psychotropic medication

# Rates of intervention at 34 community sites implementing NAVIGATE





## Pharmacological interventions (off-label)

Metformin

- Topiramate
- Newer agents:
  - GLP-1 RA (liraglutide approved for weight loss)
  - SGLT-2i (approved for diabetes)



# Thank you for your attention.

