

FYSISK SUNDHED REGION SYDDANMARK PSYKIATRIEN I KOLDING- VEJLE

DPSN- KONFERENCE METROPOL 18. JANUAR 2017



JEG MØDTE DAVID
I PSYKIATRIEN I
SILKEBORG

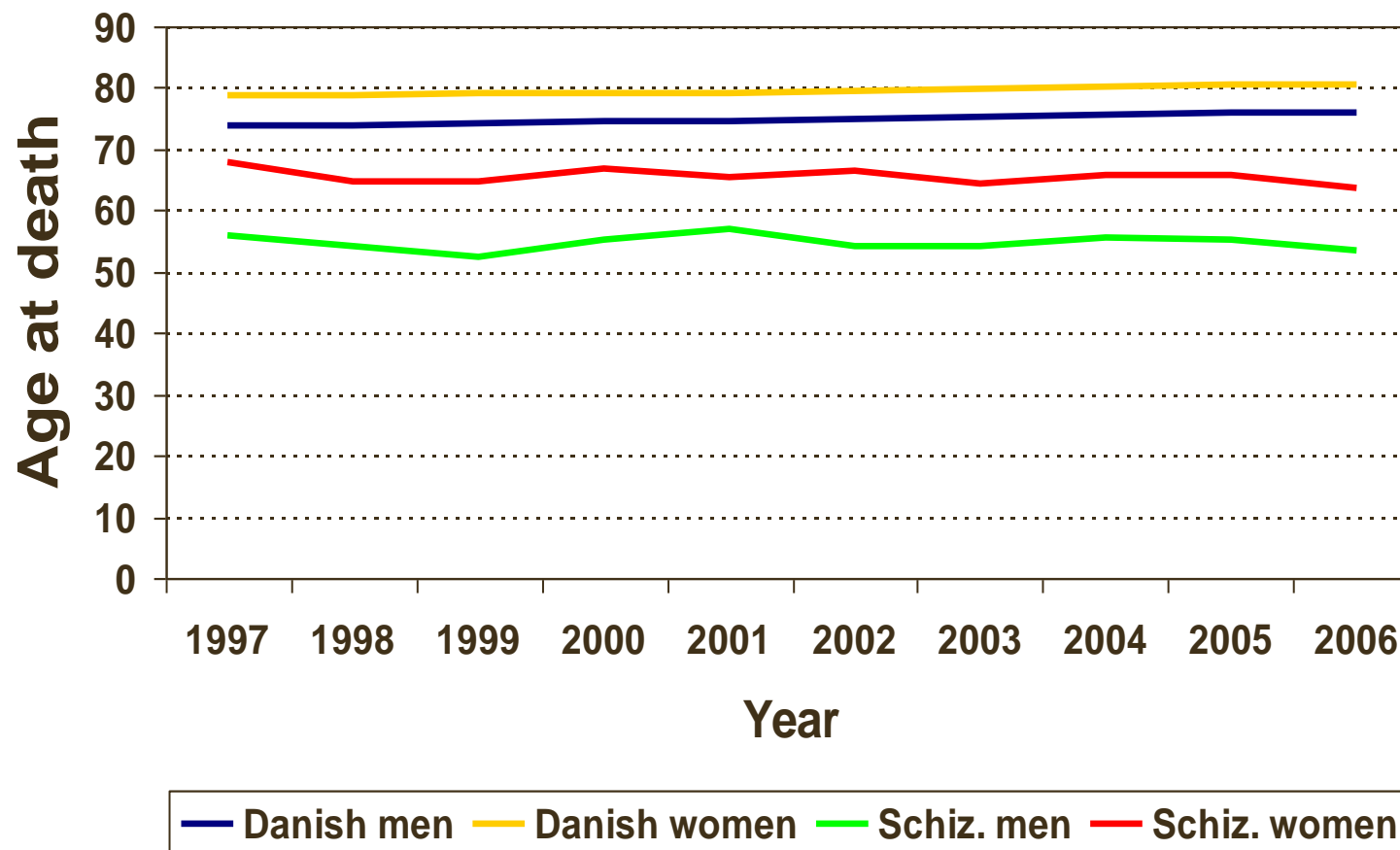
Og de barske realiteter

Risikofaktorer med forekomst i % og relative risiko (RR) i forhold til normalbefolkningen

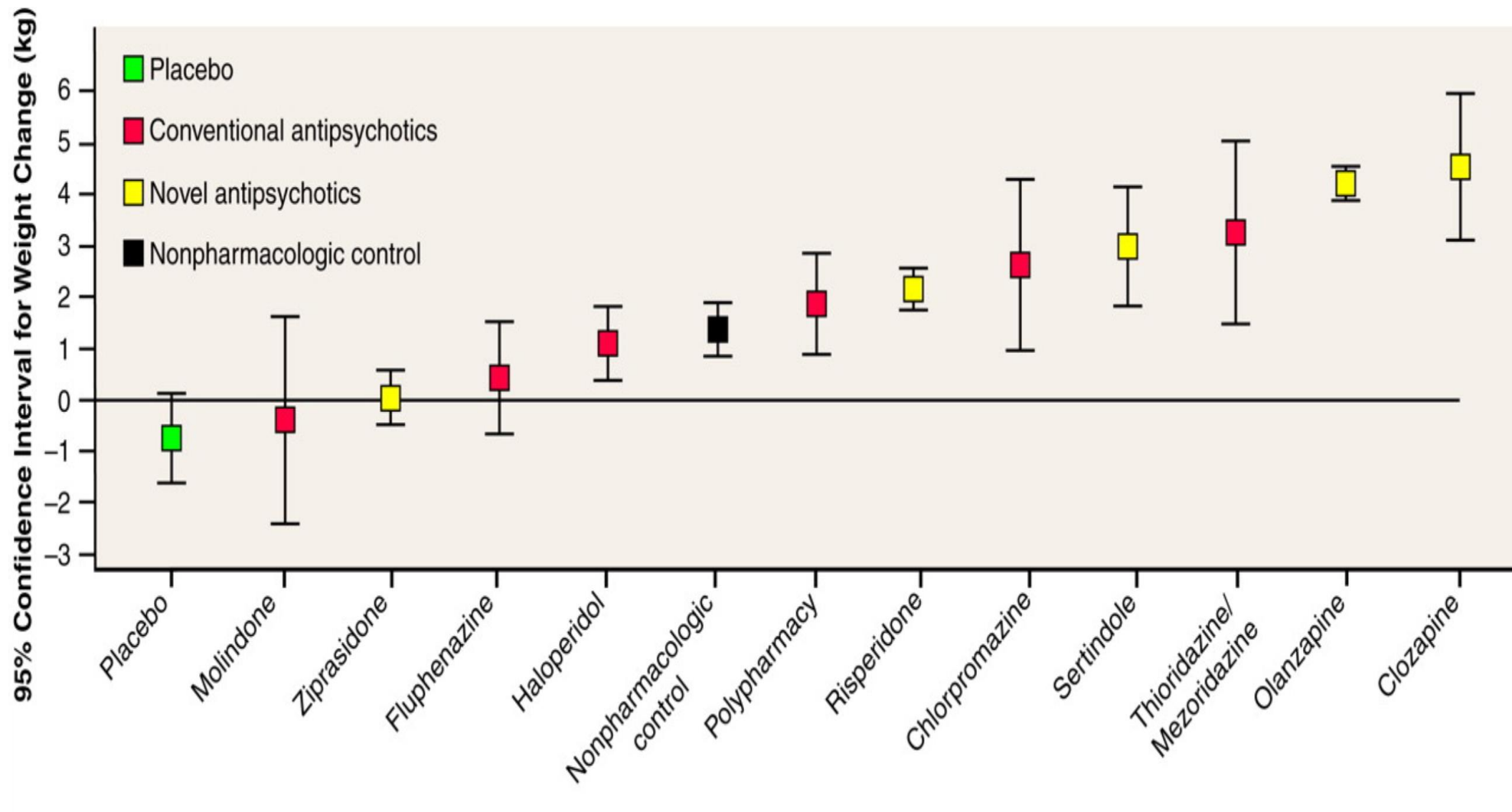
	Skizofreni	Bipolar disorder
Fedme	45–55% RR: 1.5–2	21–49% RR: 1–2
Rygning	50–80% RR: 2–3	54–68% RR: 2–3
Diabetes	10–15% RR: 2	8–17% RR: 1.5–2
Hypertension	19–58% RR: 2–3	35–61% RR: 2–3
Dyslipidemia	25–69% RR: > 5	23–38% RR: ≤ 3

Review. Cardiovascular disease and diabetes in people with severe mental illness.
Eur. Psychiatry 2009.

Average life expectancy



Editorial. Poul Munk-Jørgensen, Jimmi Nielsen, Rene Nielsen, Stephen Stahl. Acta Psychiatr Scand 2009; 119; 417-418.



Allison DB, Mentore JL, Heo M, Chandler LP, Cappelleri JC, Infante MC, et al. Antipsychotic-induced weight gain: a comprehensive research synthesis. *Am J Psychiatry* 1999 Nov;156(11):1686-1696.



Jeg har
forsket i at
forbedre
psykiatriske
patienters
fysiske
sundhed

Acta Psychiatrica Scandinavica

Acta Psychiatr Scand 2014; 130: 279–289
All rights reserved
DOI: 10.1111/acps.12245

© 2014 John Wiley & Sons A/S. Published by John Wiley & Sons Ltd
ACTA PSYCHIATRICA SCANDINAVICA

Review

A systematic review of controlled interventions to reduce overweight and obesity in people with schizophrenia

Hjorth P, Davidsen AS, Kilian R, Skrubbeltrang C. A systematic review of controlled interventions to reduce overweight and obesity in people with schizophrenia.

Objective: Overweight and obesity are generally found among patients with schizophrenia. This may lead to serious implications for health and wellbeing. The aim was to review controlled intervention studies on reducing overweight/obesity and/or reducing physical illness in patients with schizophrenia.

Method: A systematic literature search was carried out in the bibliographic databases PubMed (MEDLINE), Embase (Ovid), PsycInfo (Ovid) and Cinahl (Ebsco). We included all randomised and non-randomised clinically controlled studies that compared a non-pharmacological intervention, aimed at weight reduction and/or reducing physical illness, with standard care for patients with schizophrenia.

Results: All 1713 references were evaluated for inclusion in the review. Twenty-three met the inclusion criteria and were categorised into four subgroups according to tested interventions: diet, exercise and cognitive behavioural therapy, or mixed combinations of the three. In this review, interventions showed efficacy in reducing weight and improving physical health parameters confirming that physical health improvement was possible in patients with schizophrenia.

Conclusion: The included studies indicate that the interventions reduced

P. Hjorth^{1,2}, A. S. Davidsen³,
R. Kilian⁴, C. Skrubbeltrang⁵

¹Aarhus University Hospital, Aalborg Psychiatric Hospital, Aalborg, ²Department M, Aarhus University Hospital, Risskov, ³Research Unit for General Practice and Section of General Practice, Centre of Health and Community, University of Copenhagen, Copenhagen, Denmark, ⁴Clinic for Psychiatry and Psychotherapy, Ulm University, Günzburg, Germany and ⁵Medical Library, Aalborg Hospital, Aalborg, Denmark

Key words: behavioural therapy; body weight changes; diet; exercise; schizophrenia

Peter Hjorth, Aarhus University Hospital, Risskov, Department M, Skovagervej 2, 8240 Risskov, Denmark.
E-mail: ashanti@mail.dk

UNDERVISNING OG
OPLYSNING OM
SUND LIVSSTIL
MOTION
SUNDE MAD OG
DRIKKE VANER

Alle sundhedstiltag virker,
men ikke meget og skal
være vedholdende og
måske livslang

DIETARY INTERVENTIONS

Author, year (ref.)	Participants Intervention/ control group	Intervention	Length	Average changes in health parameters	Utility in clinical practice	Conclusion
McCreadie, 2005 (17)	32–37/33 Randomised	Free fruit and vegetables	6 months	More fruit and vegetables in intervention groups. No improvement in health parameters	People with schizophrenia can improve diet if fruit and vegetables are for free	After intervention no improvement in diet
Direk, 2008 (18)	32/40 No randomisation	Diet programme Motivational interviews Daily walks	3 months	Interventions: loss of 6.2 kg Controls gained 1.6 kg	Structured diet programme with support is effective in weight loss	Diet and daily walks in combination is beneficial
Baptiste, 2007 (19)	8/10 Randomisation	Food provision Behavioural strategies	16 weeks	Intervention: weight loss of 2.9 kg Controls: weight gain 2.7 kg	Can be implemented as part of daily practice by psychiatric staff	Weight loss and improved fasting glucose
	Crossover	Encouragement to exercise		Weight loss 6 months after intervention		
Evans, 2005 (20)	29/22 Randomisation All participants were taking olanzapine	Individual nutrition education	3 months 6 months follow-up	Intervention: after 3 months a loss of 2 kg After 6 months a loss of 2 kg Controls: after 3 months a gain of 6 kg. After 6 months a gain of 9.9 kg. Statistically significant	Can be implemented by dietitian or trained psychiatric nurse	Nutritional education can minimise olanzapine- induced weight

EXERCISE INTERVENTION

Author, year (ref.)	Participants Intervention/Control group	Intervention	Length	Average changes in health parameters	Utility in clinical practice	Conclusion
Methapatara, 2011 (21)	32/32 Randomisation	Pedometer walk Motivational interview	12 weeks	Bodyweight: loss of 2.21 kg (0.29-4.12) ($P = 0.03$)	Easy to implement Low costs	Effective No side effects
Beebe, 2005 (22)	4/6 Randomisation	Treadmill walking	16 weeks	Reduction in body fat ($P = 0.03$) Improving aerobic fitness Fewer psychiatric symptoms	Easy to implement in patient settings	Results are uncertain because of small sample size
Poulin, 2007 (23)	59/51 Non-randomised	Fitness training Nutritional advice	18 months	Intervention: weight loss (3.5%), BMI (4.4%), waist (4.4%). Improvement in LDL, HDL, cholesterol and blood glucose Controls: gained weight (4.1%), BMI (5.5%), waist (4.2%)	Feasible to implement	No randomisation, but still significant effect on health parameters

COGNITIVE/BEHAVIOURAL INTERVENTIONS

Author, year (ref.)	Participants Intervention/Control group	Intervention	Length	Average changes in health parameters	Utility in clinical practice	Conclusion
Litrell, 2003 (24)	35/35 Randomisation	Educational 'solutions of wellness' Olanzapin	6 months	Intervention: no changes Controls: weight gain of 4.3 kg.	Usable in prevention of weight gain from olanzapine	Participants can learn strategies to ameliorate olanzapine induced weight gain
Weber, 2006 (25)	8/7 Randomisation unclear	Cognitive behavioural group	16 weeks	Intervention: -2.9% in body weight Controls: -0.6% in body width	Cognitive behavioural therapy can be used to facilitate weight loss. One-hour weekly group session for 16 weeks is economical	Risk of selection bias Cognitive behavioural therapy can be beneficial in health intervention

MIXED INTERVENTIONS

Author, year (ref.)	Participants Intervention/Control group	Intervention	Length	Average changes in health parameters	Utility in clinical practice	Conclusion
Wu, 2007 (27)	28/35 Randomisation Clozapine	Diet and physical activity programme	6 months	Effect: BMI decrease of 5.4% and waist decreased 3.3 cm Improvement in metabolic profile	Can be used in inpatients Rather strict diet and exercise programme makes it questionable to implement in practice	Improvement in physical health
Ball, 2001 (28)	Matched control group	‘Weight Watcher’ Exercise walks	10 weeks	Men lost 3.3 kg (–2.7; 2.7)	No adverse event from either diet or exercise. The programme can be implemented in practice	Owing to selection bias and small sample it is not possible to evaluate the effect of the programme
Melamed, 2008 (29)	28/31	Behaviour intervention Diet and information Physical exercise	3 months	Significant weight reduction after 3 months and 1 year after study-end	Easy to implement in hospitalised patients Can be performed by staff	Patients can lose weight and maintain the loss
Voruganti, 2006 (30)	23/31 No randomisation	Adventure— recreation	8 months	Weight loss of >5.4 kg. Improved self-esteem and global functioning	Useful in practice where staff have the qualifications required	Promising results light lead to better lifestyle
Vreeland, 2003 (31)	31/15 No randomisation	Nutrition counselling Exercise (walks) Behaviour interventions	12 weeks	Intervention: weight loss of 2.7 kg. Controls: gained 2.9 kg. Significant results	Suitable as hospital programme. Can be performed by the staff	The programme is effective in in- patient settings
McKibbin, 2006 (32)	32/32 Randomisation	Lifestyle intervention Education Weight control Walks	24 weeks	Intervention: weight loss of 2.3 kg. Controls gained 2.7 kg. Patients are willing to attend group-based interventions	Staff trained in psychiatry and diabetes can perform interventions in practice	Positive health changes in people with diabetes and schizophrenia

Porsdal, 2010 (33)	314/59 No randomisation	Nutrition Physical activity	12 weeks	Intervention: weight loss of 0.5 kg. (-0.9; 0.2) Controls gained 0.9 kg. (0; 1.8)	Health care staff can help psychiatric patients to control their weight	Relevant to perform in psychiatric facilities. Study funded by Eli Lilly
Menza, 2004 (34)	31/20 No randomisation	Nutrition Exercise Behaviour interventions	52 weeks (nutrition) 12 weeks (exercise)	Intervention: weight loss of 3 kg. P = 0.02 Controls: weight gain of 3.2 kg. Improvement in HbA1c	Substantial healthy living programme for patients under staff guidance	Acceptable for patients Maintained loss over 1 year
Forsberg, 2008 (35)	24/17 Cluster-randomised 56% had schizophrenia	Study-circle Diet Physical activity	12 months	A decrease in number of patients with metabolic syndrome	Can be performed as part of daily practice	Patients are satisfied with the programme
Kwon, 2006 (36)	29/14 Olanzapin treated	Weight management program	12 weeks	Intervention: -3.9 +/- 3.6 kg Control: -1.5 +/- 1.9 kg	Can be implemented in clinical praxis	Selected patients on olanzapine. Weight gain of more than 7% of body weight prior to entering the study
Alvarez-Jimenez, 2006 (37)	28/33 Randomisation	Behavioural Nutrition Exercise	3 month	Intervention gained 4.1 kg Control gained 6.9 kg	Patients with schizophrenia were able to adhere to this program	Early behavioural intervention can lessen antipsychotic weight gain

Research

ANZJP

Improving the physical health of long-term psychiatric inpatients

Peter Hjorth¹, Annette S Davidsen², Reinhold Kilian³, Susan Pilgaard Eriksen⁴, Signe OW Jensen¹, Helle Ø Sørensen¹ and Povl Munk-Jørgensen⁵

Australian & New Zealand Journal of Psychiatry
2014, Vol. 48(9) 861–870
DOI: 10.1177/0004867414533011

© The Royal Australian and
New Zealand College of Psychiatrists 2014
Reprints and permissions:
sagepub.co.uk/journalsPermissions.nav
anp.sagepub.com



Abstract

Background: Patients with psychiatric illness have increased somatic morbidity and increased mortality. Knowledge of how to integrate the prevention and care of somatic illness into the treatment of psychiatric patients is required. The aims of this study were to investigate whether an intervention programme to improve physical health is effective.

Methods: An extension of the European Network for Promoting the Health of Residents in Psychiatric and Social Care Institutions (HELPS) project further developed as a 12-month controlled cluster-randomized intervention study in the Danish centre. Waist circumference was a proxy of unhealthy body fat in view of the increased risk of cardiovascular diseases and type 2 diabetes.

Results: Waist circumference was 108 cm for men and 108 cm for women. Controlled for cluster randomization, sex, age, and body fat, the intervention group showed a small, but not significant, reduction in waist circumference, while participants in the control group showed a significant increase in waist circumference.

Conclusions: The intervention had a positive effect on the physical health of the patients measured by a reduction in the increase of waist circumference.

Keywords

Cluster-randomized control, long-term psychiatric inpatients, physical health, prevention, waist circumference

Introduction

The prevalence of physical health problems among patients suffering from severe mental illnesses is higher than that (Allison et al., 1999; Newcomer, 2007). These conditions could subsequently be expected to contribute to even higher

SMÅ
FORBEDRINGER
PATIENTER &
PERSONALE ER
INTERESSEREDE

Globalt problem



Reducing psychotropic pharmacotherapy in patients with severe mental illness: a cluster-randomized controlled intervention study

Peter Hjorth, Reinhold Kilian, Helle Østermark Sørensen, Susan Engelbrechtsen Eriksen, Annette Sofie Davidsen, Signe Olrik Wallenstein Jensen and Povl Munk-Jørgensen

Abstract

Background: Many patients with mental illness receive psychotropic medicine in high dosages and from more than one drug. One of the consequences of this practice is obesity, which is a contributing factor to increased physical morbidity and premature death.

Methods: Our study was a cluster-randomized intervention study involving 6 facilities and 174 patients diagnosed with severe mental illnesses (73% schizophrenia). The intervention period was 12 months and consisted of teaching sessions with the staff and evaluating the patients' intake of psychotropic medication. At index, 44% met criteria for obesity and 76% met criteria for overweight. Waist circumferences were 108 cm for men and 108 cm for women. Olanzapine, clozapine and quetiapine were the most common prescribed antipsychotics. Mean values of daily doses of antipsychotic were 2.5.

Results: The intervention showed no significant differences between the intervention and control group regarding psychotropic treatment. At follow up, independent of intervention, patients receiving antipsychotic polypharmacy had a larger waist circumference compared with patients receiving antipsychotic monotherapy of 9.8 cm [1.5–18.1] ($p = 0.028$).

Discussion and conclusion: We found both a high prevalence of obesity and that the patients received treatment with antipsychotic polypharmaceutics in high dosages. Active awareness did not change practice and we must think of other ways to restrict treatment with psychotropics in this group of patients.

Keywords: cluster randomized intervention, mental illness, obesity, psychotropic polypharmacy

Introduction

Prescription of high doses and more than one

Diabetes Association *et al.* 2004;Centorrino *et al.*

2004; Glick *et al.* 2006]. Long-acting antipsy-

Ther Adv Psychopharmacol

2015, Vol. 5(2) 67–75

DOI: 10.1177/

2045125314565361

© The Author(s), 2015.

Reprints and permissions:

[http://www.sagepub.co.uk/](http://www.sagepub.co.uk/journalsPermissions.nav)

[journalsPermissions.nav](http://www.sagepub.co.uk/journalsPermissions.nav)

Correspondence to:

Peter Hjorth, MPH, PhD

Aarhus University

Hospital - Randers Lokal

Psychiatry, Dronningborg

Boulevard 15, Randers,

8900, Denmark

ashanti@mail.dk

Reinhold Kilian,

Professor, Dr Rer Soc

Klinik für Psychiatrie

und Psychotherapie, Ulm

University, Gunzburg,

Germany

Helle Østermark

Sørensen, RN

Signe Olrik Wallenstein

Jensen, Statistician

Unit for Psychiatric

Research, Aalborg

Psychiatric Hospital,

Aalborg, Denmark

Susan Engelbrechtsen

Eriksen, RN, MPH

Denmark

STORT FORBRUG
AF MEDICIN & HØJ
GRAD AF
POLYFARMACY

DDD er brugt til beregning
af medicin doser



Nordic Journal of Psychiatry



ISSN: 0803-9488 (Print) 1502-4725 (Online) Journal homepage: <http://www.tandfonline.com/loi/ipsc20>

Intervention to promote physical health in staff within mental health facilities and the impact on patients' physical health

Peter Hjorth, Annette S. Davidsen, Reinhold Kilian, Signe O.W. Jensen & Povl Munk-Jørgensen

To cite this article: Peter Hjorth, Annette S. Davidsen, Reinhold Kilian, Signe O.W. Jensen & Povl Munk-Jørgensen (2016) Intervention to promote physical health in staff within mental health facilities and the impact on patients' physical health, Nordic Journal of Psychiatry, 70:1, 62-71, DOI: [10.3109/08039488.2015.1050452](https://doi.org/10.3109/08039488.2015.1050452)

To link to this article: <http://dx.doi.org/10.3109/08039488.2015.1050452>



Published online: 18 Jun 2015.

PERSONALET
ROLLE ER
INTERESSANT

Acta Psychiatrica Scandinavica

Acta Psychiatr Scand 2015; 132: 470–478
All rights reserved
DOI: 10.1111/acps.12520

© 2015 John Wiley & Sons A/S. Published by John Wiley & Sons Ltd
ACTA PSYCHIATRICA SCANDINAVICA

Promoting physical health in severe mental illness: patient and staff perspective

Blanner Kristiansen C, Juel A, Vinther Hansen M, Hansen AM, Kilian R, Hjorth P. Promoting physical health in severe mental illness: patient and staff perspective.

Objective: To explore physical health problems and their causes in patients with severe mental illness, as well as possibilities for prevention and treatment from the patients' and staff's perspectives.

Method: We conducted six focus groups with patients and staff separately, from three out-patient clinics treating patients with schizophrenia or substance-use disorder comorbid to another psychiatric disorder. Focus groups were audio-recorded, transcribed verbatim and analysed using a template approach.

Results: Paramount physical health problems are weight issues, cardiovascular diseases and poor physical shape. Main causes are lifestyle, the mental disorder and organisational issues. Patients and staff expressed similar opinions regarding physical health problems and their causes. Possibilities for prevention and treatment includes a case manager and binding communities with like-minded, as well as management support and implementation of physical health into daily psychiatric practice. Although patients and staff suggested different possibilities for prevention and treatment, they support one strategy: less fragmentation of the treatment system and cooperation between psychiatric and somatic healthcare.

Conclusion: To prevent and treat physical health problems in patients with severe mental illness, support in daily structure and lifestyle changes is needed. Management support is needed to change daily practice and implement routines regarding physical health.

C. Blanner Kristiansen¹, A. Juel²,
M. Vinther Hansen¹,
A. M. Hansen³, R. Kilian⁴,
P. Hjorth⁵

¹Aarhus University Hospital, ²Department of Organic Mental Disorders and Emergency Ward, Aarhus University Hospital, Risskov, ³Clinic for Young People with Schizophrenia, Regional Psychiatry West, Herning, Denmark, ⁴Department of Psychiatry II, University of Ulm, Günzburg, Germany and ⁵Mental Health Centre, Psychiatric Hospital, Randers, Denmark

Key words: focus groups; health promotion; qualitative research; schizophrenia; substance-use disorders

Christina Blanner Kristiansen, Aarhus University Hospital, Risskov, Denmark. E-mail: christinablanner@gmail.com

Accepted for publication October 2, 2015

FOKUSGRUPPER
PERSONALE &
PATIENTER

Nemme at udføre og giver
meget nyttig viden, specielt
i den lokale kontekst

HVORDAN KAN VI ARBEJDE MED AT FREMME
PATIENTERNES FYSISKE SUNDHED?

SUNDHEDSSTYRELSENS ANBEFALINGER

BEHANDLING TIL MENNESKER MED SKIZOFRENI

DE 10 KOSTRÅD

FYSISK AKTIVITET TIL INDLAGTE PATIENTER I PSYKIATRIEN

RYGESTOP

ALKOHOL RÅDGIVNING

DEN MOTIVERENDE SAMTALE TIL LIVSSTILS ÆNDRINGER. ROLLNICK & MILLER 2008

Forandringsspiral/ cirkel

Protasca & DiClemente 1982



HELPS
EUROPEAN NETWORK FOR PROMOTING THE
PHYSICAL HEALTH OF RESIDENTS IN
PSYCHIATRIC AND SOCIAL CARE FACILITIES

ROLLEMODEL

BANDURA 1977

PERSONALET SOM POSITIVE ROLLEMODELLER
UNDER INDLÆGGELSE
AMBULANT BEHANDLING
KOMMUNALE TILBUD
MOTION FOR SINDSLIDENDE
POLITISK
OFFENTLIGE DEBAT

FORSKNING & UDVIKLING I PSYKIATRIEN I KOLDING- VEJLE

TAK FOR OPMÆRKSOMHEDEN
PETER.HJORTH@RSYD.DK

STAGES OF CHANGES

