

The Whitby Mental Health Centre
Metabolic and Weight Management Clinic:

*Maximizing Your Health,
Minimizing Your Risk*

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Objectives

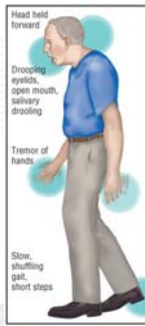
1. To highlight the prevalence and impact of chronic disease in mental health
2. To discuss an effective interdisciplinary approach to mitigating excess morbidity and mortality in mental health
3. To review the benefits of healthy lifestyle and improved metabolic indicators for individuals with serious mental illness



Whitby Mental Health Centre

- Tertiary Mental Health Services
- > 325 in-patients
- > 1500 out-patients
- Support for Level I facilities and community mental health agencies

Historical Mental Health Patient



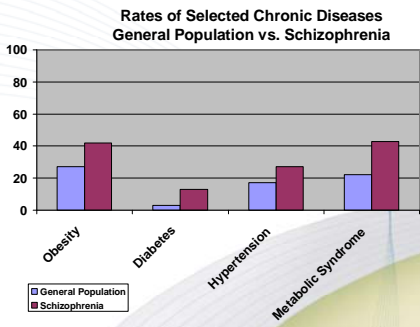
Today's Mental Health Patient



The Issue

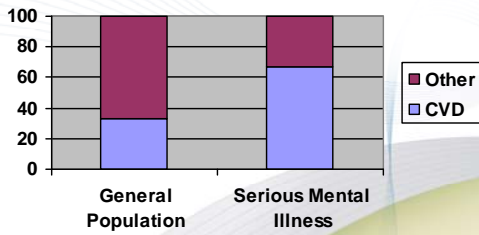
- Individuals with serious mental illness average a 20% shorter lifespan than the general population.
- 60- 80% of this excess mortality attributable to chronic disease.
- They are 25-70% less likely to be treated for these conditions.

The Issue



The Issue

Causes of Death



Historical Practice

- Issue is well recognized by various agencies, facilities, care providers, patients and their families
- Traditional programs for diabetes and prevention of CV disease tend to poorly match the needs of individuals with mental illness
- Often the psychiatry team is the patient's only contact with the health care system
- 3° level expertise not always available when and where required for complex patient needs

The Metabolic and Weight Management Clinic

- There is wide consensus that specialized and coordinated multidisciplinary approaches to the treatment of chronic illnesses are optimal in achieving desirable outcomes

Canadian Psychiatric Association, 2005; Canadian Diabetes Association Clinical Practice Guidelines Expert Committee, 2003; Woo, V. et al., 2005; McIntyre, R. et al., 2005; Lau, D. et al., 2007

The Metabolic and Weight Management Clinic

- Goal is to mitigate morbidity and mortality in individuals with serious mental illness
- Focus on modifiable risk factors for cardiovascular disease:
 - Obesity
 - Dysglycemia
 - Dyslipidemia
 - Hypertension
 - (smoking)

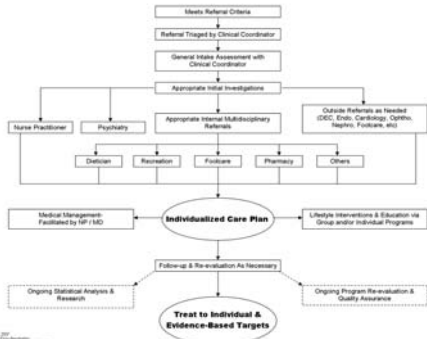
The Team

- MDs
- Pharmacist
- Nurse Practitioner (Clinical Coordinator)
- Dietitians
- Recreationists/Trainers
- Others (i.e. physio)

Nursing / Medical management

Healthy Lifestyle Programming

Patient Flow Algorithm



Collaborative Outreach Program

- Recognition that our clientele have limited resources and ability to travel
- Goal is to provide as much service as possible at the patient's point of care in the community
- Share resources and expertise to minimize potential for duplication of service
- Includes traditional and non-traditional cross-sectoral partnerships (Hospitals, CCAC, CMHA, others)

Functional Outcomes

- > 280 referrals to date; 85% are out-patients
- 50% have Schizophrenia
- 90% taking at least 1 antipsychotic
- 70% adherence to program in a difficult population
- >35% of care delivered as outreach in multiple communities as far as 100 km away

Clinical Outcomes

- 80% of care plans more in line with established Best Practice Guidelines
- Avg. net weight loss of 5.1 kg / 3 months
- Avg. waist circ. reduction of 3 cm / 3 months
- High-risk BP reduction: 16 / 9 mmHg
- Global improvements in lipid profiles

Diabetes Care

- 38 cases of newly diagnosed pre-diabetes or diabetes in 1st year of operation (n=209)
- High-risk Diabetics (HbA1C > 7%):
 - HbA1C reduction of 1.3% over average span of 4 months in MWMC (avg. 8.1% -> 6.8%)
 - Correlates to a 19.5% RRR of CV disease

Why All This Matters!

- | <u>INTERVENTION</u> | <u>REL. RISK REDUCTION</u> |
|---|--|
| • 10% reduction in cholesterol | → Up to 30% RRR of CAD |
| • 4-6 mmHg reduction in blood pressure | → Up to 15% RRR of CAD
→ Up to 42% RRR of CVA |
| • Maintenance of ideal body weight | → 35-55% RRR of CAD |
| • Maintenance of active lifestyle | → 33-55% RRR of CAD |
| • 1% reduction in HbA1C (i.e. 8% to 7%) | → 15% RRR of CV event |

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Questions or Comments?



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