Background

Individuals with severe mental illness such as schizophrenia are at increased risk of cardiometabolic disease and have a decreased life expectancy of 15-20 years less than the general population. It is well accepted that as a multifactorial disease process, genetic predisposition to diabetes may be unmasked by the poor health behaviours associated with schizophrenia, including an unhealthy diet, a lack of exercise and a tendency to smoke.

As a result, individuals with severe mental illness require attention to both psychiatric and medical health care, including metabolic risk factors. Meaningful attempts to engage this population in health promotion will require an understanding of their current health behaviours and of their attitudes towards making changes towards a healthier lifestyle. Ethics was approved by CREB at UNBC. H13-03313.

Objective

The aim of this study was to investigate the association between illness severity, health behavior habits and motivation for lifestyle change in patients at first episode psychosis.

Methods

31 participants

Inclusion criteria:
- Diagnosis of Psychosis < 6 mo
- > 18

Exclusion Criteria
- Type 1 diabetes

Interview

Brief Psychiatric rating scale (BPRS): Assessment of symptom severity, higher score indicate more severe symptoms

Modified health behaviours survey (MHBS): included smoking habits, alcohol use and exercise

Structured Clinical Interview (SCID)

Analysis

Lifestyle habits were plotted against psychiatric symptom severity and analyzed via t-tests.

Demographics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Number (N=31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male / Female</td>
<td>21 / 10</td>
</tr>
<tr>
<td>Age (Average ± SE; years)</td>
<td>25.3 ± 6.78</td>
</tr>
<tr>
<td>Ethnicity</td>
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</tr>
<tr>
<td>Caucasian</td>
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<td>First Nations</td>
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<tr>
<td>South Asia</td>
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<tr>
<td>Marital Status</td>
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<tr>
<td>Highest Level of Education</td>
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<td>Not finished H/S</td>
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<tr>
<td>High school</td>
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<td>College</td>
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</tr>
<tr>
<td>University Degree</td>
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</tr>
</tbody>
</table>

Bipolar= 11

Psychosis= 9

Depression= 6

Schizoaffective= 3

Schizophrenia= 2

Schizophreniform= 1

3 participants did not complete SCID: Four participants had more than one diagnosis.

Results

1. Alcohol

   a. Alcohol use?

   b. Expressed desire to reduce

   # of participants

   No Alcohol Consumption

   Yes

   33.5% expressed a desire to reduce consumption.

2. Smoking

   a. Cigarette Use?

   b. Expressed desire to change

   # of participants

   No Smoking Status

   Yes

   80% expressed a desire to reduce cigarette smoking.

3. Exercise

   a. Physically Active?

   b. Expressed desire to change

   # of participants

   No Exercise

   Yes

   87% expressed a desire to increase exercise.

4. Exercise and BPRS

   Number of activities in the past 14 days

   Number of activities correlated to BPRS symptom severity score.

Conclusions

Individuals with recent first episode psychosis would be well served by efforts focused to support them in living healthy lives through smoking reduction and increased physical activity as data identified these as behaviours in which they are motivated to make positive change. Increasing the variety of physical activities they participate in may help reduce symptom severity as well.

Take Away for Health Care Professionals

- Young people with severe mental illness generally want to improve their physical health.
- Helping individuals incorporate a variety of physical activities may translate into symptom improvement and increased overall wellness.
- Physical activity is a priority for many of these individuals.
- Cigarette smoking cessation should not be overlooked during treatment as this is a habit that many individuals are already motivated to change.

Acknowledgements

We would like to thank Sandi Delillo and the rest of the Early Psychosis Intervention team in Prince George for their expertise and time recruiting participants. Thank you to Rosanne Lamont, Sabrina Trigo, Elastatra Filatov and Aashka Jari for their contributions to the CMI study protocol development, patient recruitment and data collection.

References


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