

Notes for facilitators using this training film



Explain that:

- This film has been adapted from training for physical health in severe mental illness
- You will play parts of it and then stop for discussions (you can choose which parts to use as discussion)

Part 1: Stop film at 9 mins 18 secs

Other physical health problems

In addition to the conditions causing early mortality, there is a high prevalence of other physical disorders in people with SMI such as:

- Sexually transmitted infections
- Erectile dysfunction
- Obstetric complications
- Osteoporosis
- Dental problems

Ask: Why are people with SMI more likely to have each of these conditions (sexually transmitted infections, erectile dysfunction, obstetric complications, osteoporosis, dental problems)? This can be done as a whole group or divide into small groups looking at one or two conditions and then feedback to the main group.

Answers

Sexually transmitted infection

- poor decision-making about safe sex
- increased likelihood of sex with someone who is injecting drugs
- hyper-sexuality
- neglecting to use a condom
- vulnerability to coercion for sex
- selling/swapping sex for cash or drugs

Erectile dysfunction

- heart disease
- diabetes
- raised blood pressure
- raised cholesterol – clogging of arteries in penis
- low testosterone
- some prescription drugs: beta-blockers, antidepressants, antipsychotics and anticonvulsants
- alcohol
- street drugs e.g. cannabis
- smoking: nicotine constricts the blood vessels to the penis

Obstetric complications

- smoking
- use of drugs and alcohol
- poor diet
- low socio-economic status
- poor engagement with antenatal care

Osteoporosis

- sedentary lifestyle
- lack of exercise
- smoking
- alcohol and drug abuse
- dietary and vitamin deficiencies
- low vitamin D
- antipsychotics

Dental problems

- poor diet
- neglecting oral hygiene
- smoking
- some antipsychotics, antidepressants and mood stabilisers reduce saliva flow

Part 2: Stop film at 13 mins 15 secs



Ask: How are you currently inviting people with SMI to their health check appointment? Generate a discussion, ask participants to reflect on how effective their system is. Ask them to consider some of the symptoms of SMI, such as difficulty in planning, poor concentration, poor motivation – how easy is it for people with SMI to navigate the system?

Part 3: Stop film at 15 mins 30 secs



Ask: For those of you already carrying out these health checks, how do you currently set-up the appointments for health checks for people with SMI? Generate discussion and sharing.

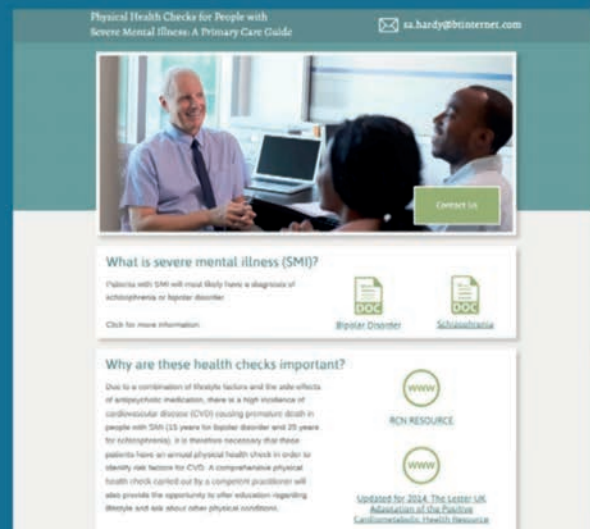
Part 4: Stop film at 25 mins 15 secs

Monitoring physical health in SMI

The physical health check should consist of:

- Measurements
- Blood tests
- Screening
- Lifestyle
- Medication review, and
- A care plan

More details at:
physicalsemi.webeden.co.uk



Ask: What templates are being used? Can they be altered? How much control do you have over the content? Generate discussion and sharing.

Ask participants to look at the 'Glasgow Antipsychotic Side-effect Scale'.

Glasgow Antipsychotic Side-Effect Scale (GASS)

Name: _____ Age: _____ Sex: M / F

Please list current medication and total daily doses below:

This questionnaire is about how you have been recently. It is being used to see if you are suffering from side effects from your antipsychotic medication.

Please place a tick in the column which best indicates the degree to which you have experienced the following side effects. Also when you have had a side effect, please mark the end or last box between 1 – 10 to show how distressing that was for you.

Over the past week:	Never	Once	A few times	Everyday	Level of distress 1 = not at all 10 = very much
1. I felt sleepy during the day					
2. I felt drugged or like a zombie					
3. I felt dizzy when I stood up and/or have fainted					
4. I have felt my heart beating irregularly or unusually fast					
5. My muscles have been tense or jerky					
6. My hands or arms have been shaky					
7. My legs have felt restless and/or I couldn't sit still					
8. I have been drooling					
9. My movements or walking have been slower than usual					
10. I have had uncontrollable movements of my face or body					
11. My vision has been blurry					
12. My mouth has been dry					
13. I have had difficulty passing urine					
14. I have felt like I am going to be sick or have vomited					
15. I have wet the bed					
16. I have been very thirsty and/or passing urine frequently					
17. The areas around my nipples have been sore and swollen					
18. I have noticed fluid coming from my nipples					
19. I have had problems enjoying sex					
20. <u>Men only</u> : I have had problems getting an erection					

Tick yes or no for the last three months	No	Yes	Level of distress 1 = not at all 10 = very much
21. <u>Women only</u> : I have noticed a change in my periods			
22. <u>Men and women</u> : I have been gaining weight			

F58 Glasgow Antipsychotic Side-Effect Scale (GASS) – V1.0 July 2010

Staff Information

1. Ask people to fill in the questionnaire themselves. All questions relate to the previous week.

2. Scoring

For questions 1 to 20 award the following:

1 point for the answer "once"
2 points for the answer "a few times"
3 points for the answer "everyday".
Zero points for an answer of "never".

For questions 21 and 22 award the following:

3 points for "yes"
0 points for "no"

Total score for all questions = _____

3. For completed questionnaires (male & female), scores indicate the following side effect severity:

0-21 absent/mild side effects
22-42 moderate side effects
43-63 severe side effects

4. Side effects covered include:

1-2 sedation and CNS side effects
3-4 cardiovascular side effects
5-10 extra pyramidal side effects
11-13 anticholinergic side effects
14 gastro-intestinal side effects
15 genitourinary side effects
16 screening question for diabetes mellitus
17-21 prolactinaemic side effects
22 weight gain

The column relating to the **level of distress** experienced with a particular side effect is not scored, but is intended to inform the clinician of the **person's** views and condition.

F58 Glasgow Antipsychotic Side-Effect Scale (GASS) – V1.0 July 2010

- Explain it should only take 1-2 minutes to complete
- The great benefit is that it identifies what specific problems the patient is suffering from
- Depending on the score, you can establish if the patient is suffering from side effects of antipsychotics. This is helpful when referring to the original prescriber for a review.

Further discussion items

Medication

Ask: What do you know about antipsychotic medication and the difference between atypical and typical?

Answer: Typical drugs such as haloperidol block dopamine receptors throughout the brain. Consequently, these drugs often cause a range of dopamine related side effects that include extrapyramidal symptoms (EPS). Although still commonly used most patients with schizophrenia are now treated with atypical antipsychotic drugs.

Newer atypical medicines introduced in the early 1990s are more selective for dopamine receptors in the limbic region of the brain and rarely cause EPS.

Extrapyramidal Symptoms (EPS)

- Dystonia is characterised by prolonged muscle contraction, resulting in twisting body motions, tremor, and abnormal posture. Typically, this occurs within 48 hours of starting treatment or increasing the dose of medication. It can be effectively treated with antimuscarinic medication (e.g., procyclidine).
- Akathisia (literally cannot sit still) tends to occur within hours to days of treatment being initiated. A particularly distressing side effect, akathisia requires urgent treatment as it is associated with an increased risk of suicide. Akathisia can be effectively treated with benzodiazepines or propranolol (but not procyclidine which does not work).
- Mimicking the symptoms of Parkinson's disease (stiffness, tremor) generally emerge within days to weeks of initiating treatment with antipsychotic medication. The symptoms can be treated with an antimuscarinic drug (e.g., procyclidine).
- Tardive dyskinesia is a late onset (tardive) abnormal (dys) movement (kinesia) disorder. When treated with typical antipsychotics there is a 5% per year chance of developing TD. In practice this means that the longer the exposure to typical medicines the more likely it is a patient will develop TD. Tardive dyskinesia is often but not always observed in the patients face. For example, the patient's tongue may twist or contort or dart in and out of their mouth. Oddly, many patients are unaware of dyskinesic movements and many mental health professionals are

remarkably poor at detecting them even though the movements are so distinctive. Stopping medication is not an effective treatment and prescribing antimuscarinic medication can make TD worse. This fact is perhaps justification enough for prescribing atypical over typical antipsychotics to treat schizophrenia. Tetrabenazine and clozapine are probably the most effective treatments for TD.

All antipsychotics (both typical and atypical) are, clinically, equally effective against the positive symptoms of schizophrenia. As might be predicted by their pharmacology atypical medicines seem to be more effective in treating some of the negative and cognitive symptoms and may be more helpful in treating mood symptoms of schizophrenia.

About two in 10 patients will fail to respond to treatment with antipsychotic medication (typical or atypical) and are deemed to have treatment resistant schizophrenia. These patients should be treated with a drug called clozapine. Effective in about half of all patients with refractory schizophrenia symptoms, clozapine is a complex to use drug. In about 1% of patients, it can cause agranulocytosis; consequently, patients will require regular blood monitoring and have to be registered with a clozapine patient monitoring service.

Ask: What are the other common side effects?

Answer: Other common side-effects of antipsychotics include drowsiness, apathy, agitation, excitement and insomnia, convulsions, dizziness, headache, confusion, gastro-intestinal disturbances, nasal congestion, dry mouth, constipation, difficulty with micturition and blurred vision. Less common side effects include precipitation of angle-closure glaucoma, cardiovascular symptoms, ECG changes, venous thromboembolism, menstrual disturbances, galactorrhoea, gynaecomastia, impotence, weight gain, blood dyscrasias, photosensitisation, contact sensitisation, rashes, jaundice, corneal and lens opacities and purplish pigmentation of the skin, cornea, conjunctiva, and retina.

The atypical antipsychotics are generally considered to be much better tolerated than other antipsychotic drugs. The most problematic side effects of risperidone are related to elevated levels of prolactin (sexual dysfunction, amenorrhoea, galactorrhoea). Others to look out for include weight gain, dizziness, postural hypotension. Patients may develop hyperglycaemia or sometimes diabetes, particularly with clozapine, olanzapine, and possibly quetiapine, therefore monitoring weight and plasma-glucose concentration is advised.

Neuroleptic Malignant Syndrome (NMS) is rare and potentially very serious life threatening 'allergic reaction' to antipsychotic medication.

Ask: Why may patients disengage from services? Use prompting questions such as what about stigma? The term diagnostic overshadowing is often used with this group, what does this mean?

Answer: Stigma and SMI: Stigma is when someone sees a person in a negative way because of their mental illness. Discrimination is when someone treats a person in a negative way because of their mental illness. Social stigma and discrimination can make mental health problems worse and stop a person from getting the help they need. People who possess more information about mental illness are less stigmatising than those who are misinformed about mental illness.

Diagnostic overshadowing refers to the process by which a person with a mental illness receives inadequate or delayed treatment on account of the misattribution of their physical symptoms to their mental illness.

Ask: what skills are required to promote behaviour change conversations?

Answer:

- Ask open ended questions
- Listen reflectively. Listen to patients then repeat or paraphrase their comments back to them
- Affirm/clarify
- Summarise
- Elicit self-motivational statements