BEST in Mental Health
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# Best Evidence Summaries of Topics in Mental Healthcare

## BEST *in* MH *clinical question-answering service*

### Question

"In adults with severe mental illness (e.g. schizophrenia, bipolar disorder or severe depression) how effective is physical health monitoring when compared to treatment as usual in improving physical health?"

**Clarification of question using PICO structure**

*Patients:* Adults with severe mental illness
*Intervention:* Physical Health Monitoring
*Comparator:* Treatment as usual
*Outcome:* Improvement to Physical Health

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## Clinical and research implications

We could find no high quality evidence to support the use of physical healthcare monitoring in people with severe mental illness. One recently published, well conducted systematic review found no high quality randomised controlled trial evidence. The review states "current monitoring is mainly based on the agreement of experts, medical experience and good intentions. This does not mean that physical health monitoring is invalid, wrong or not of benefit to the physical health of people with severe mental illness, only that there is as yet no definite proof. Physical health care monitoring has the potential and promise to improve quality of life and help people with mental health problems live longer, but at this stage the information is uncertain and the research evidence unclear." (Tosh 2014 pp.2)

## What does the evidence say?

*Number of included studies/reviews (number of participants)*

1 high quality systematic review was included in this summary. However the review found no evidence.

*Main Findings*

The finding of no evidence contrasts with current UK guidance which recommends physical health monitoring in people with severe mental illness.

*Authors Conclusions*

The authors concluded that clinicians should note that current guidance regarding physical healthcare monitoring for people with severe mental illness is not based on research evidence from randomised controlled trials. Furthermore, they suggest that clinicians may be spending more effort, time and money on unnecessary, intrusive and costly physical health monitoring. However, this does not mean that it is harmful and should not be completed, rather that there is no evidence to suggest if monitoring is beneficial.

There is a need for randomised controlled trials in this area in order to base current guidelines on research evidence rather than good intentions and expert opinions.

*Reliability of conclusions/Strength of evidence*

No studies met the inclusion criteria, no studies were excluded on the grounds of poor methodology.

**What do guidelines say?**

NICE guidelines make the following recommendations for physical health monitoring for Schizophrenia (CG178, 2014)

- "Routinely monitor weight, and cardiovascular and metabolic indicators of morbidity in people with psychosis and schizophrenia. These should be audited in the annual team report"
- "Trusts should ensure compliance with quality standards on the monitoring and treatment of cardiovascular and metabolic disease in people with psychosis or schizophrenia through board-level performance indicators."

- "GPs and other primary healthcare professionals should monitor the physical health of people with psychosis or schizophrenia when responsibility for monitoring is transferred from secondary care, and then at least annually. The health check should be comprehensive, focusing on physical health problems that are common in people with psychosis and schizophrenia. Include all the checks recommended in 10.11.1.3 and refer to relevant NICE guidance on monitoring for cardiovascular disease, diabetes, obesity and respiratory disease. A copy of the results should be sent to the care coordinator and psychiatrist, and put in the secondary care notes." (pp. 170-171)

NICE guidelines make the following recommendations for physical health monitoring for Bipolar Disorder (CG38, 2006)

"**Initial physical assessment:**
As soon as practicable after initial presentation of a patient with bipolar disorder, healthcare professionals should:

- establish the patient's smoking status and alcohol use
- perform thyroid, liver and renal function tests, blood pressure, and measure full blood count, blood glucose, lipid profile
- measure weight and height
- consider EEG, CT scan or MRI scan if an organic aetiology or a relevant comorbidity is suspected
- consider drug screening, chest X-ray and ECG if suggested by the history or clinical picture." (pp. 39)

"People with bipolar disorder should have an annual physical health review, normally in primary care, to ensure that the following are assessed each year:

- lipid levels, including cholesterol in all patients over 40 even if there is no other indication of risk
- plasma glucose levels
- Weight
- smoking status and alcohol use
  blood pressure." (pp. 6)

NICE guidelines make the following recommendations for treatment of depression: (2009, CG90)

"When prescribing drugs other than SSRIs, take the following into account:

- The specific cautions, contraindications and monitoring requirements for some drugs. For example:
  - the potential for higher doses of venlafaxine to exacerbate cardiac arrhythmias and the need to monitor the person's blood pressure
  - the possible exacerbation of hypertension with venlafaxine and duloxetine
  - the potential for postural hypotension and arrhythmias with TCAs
  - the need for haematological monitoring with mianserin in elderly people." (pp. 574)

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**Date searches conducted: 17/02/2014**
**Date answer completed: 20/02/2014**

## References


**SR**

Tosh G., Clifton A. V., Xia J, White M. M., (2014), Physical health care monitoring for people with serious mental illness. Cochrane Database of Systematic Reviews,

**Guidelines**

National Institute for Health and Care Excellence (2014) Psychosis and Schizophrenia in Adults. The NICE Guideline on treatment and management. CG178. London: National Institute for Health and Care Excellence.
http://www.nice.org.uk/nicemedia/live/14382/66529/66529.pdf

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http://www.nice.org.uk/nicemedia/live/10990/30193/30193.pdf

National Institute for Health and Care Excellence (2009), Depression, The NICE Guideline on the treatment and management of depression in adults. CG90. London: National Institute for Health and Care Excellence.
http://www.nice.org.uk/nicemedia/live/12329/45896/45896.pdf

**Results**

**Systematic Reviews**

| Author (year) | Search Date | Inclusion criteria | Number of included studies | Summary of results | Risk of bias |
|---|---|---|---|---|---|
| Tosh, Clifton and white (2014) | October 2012 | *Population:*<br>Studies with participants having a diagnosis of a severe mental illness (as defined by the National Institute of Mental Health) were included in the review. In the absence of that participants were included from diagnoses such as schizophrenia, schizophrenia-like disorders, bipolar disorder or serious affective disorders. Participants were between the ages of 18 – 65 years old.<br>*Intervention:*<br>Studies that were included have interventions where monitoring was used in addition to usual care. Monitoring can be any means of observation, supervision, keeping under review, measuring or testing at intervals. Physical Health was defined as "soundness of body" for this review. Focused physical health care monitoring was also included if it was in addition to usual care.<br>*Comparator:*<br>Standard care, self monitoring versus healthcare professional monitoring, simple versus complex monitoring, specific versus non-specific checks, | 0 | | |

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|---|---|---|---|---|---|
| | | once only versus regular checks or different guidance materials.<br>*Outcomes:*<br>The primary outcome measures specified were: failure to identify a disease state and provide appropriate treatment, failure to effectively manage a known disease state, failure to act on known risk factors, unchecked adverse effects of treatment. Quality of life was also measured as a primary outcome. These measures however, were only relevant to the time within the study. Secondary measures included physical health covered in periods other than times in the study, adverse events, service use, financial dependency, social, quality of life or general functioning, economic, study withdrawal, global state, mental state and satisfaction with treatment. | | | |

**Risk of Bias: SRs**

| **Author (year)** | **Risk of Bias** | | | | |
|---|---|---|---|---|---|
| | **Inclusion criteria** | **Searches** | **Review Process** | **Quality assessment** | **Synthesis** |
| Tosh, Clifton and White (2014) | ☺ | ☺ | ☺ | ☺ | ☺ |

☺Low Risk ☹High Risk ? Unclear Risk

## Search Details

| Source | Search Strategy | Number of hits | Relevant evidence identified |
|---|---|---|---|
| ***SRs and Guidelines*** | | | |
| NICE | Disorder AND (physical health) | 508 | 3 |
| DARE | ("physical health" adj4 monitor*) | 1 | 1 |
| ***Primary studies**** | | | |
| **Summary** | **NA** | **NA** | |

*As an up to date high quality systematic review was identified, primary study searches were not conducted.

## Disclaimer