

Letter to the editor

Weight control programme for schizophrenia: Bridge between psychiatrists and primary care physicians

Dear editor,

The position statement of the three societies (Eur Psych 2009;24(6):412–24) on cardiovascular disease and diabetes in people with severe mental illness arouses discussion about practical implications of physically ill health of psychiatric patients. Obesity is a modifiable risk factor for both cardiovascular diseases and diabetes in schizophrenia-spectrum as well as bipolar disorders. The educational programmes with behavioral components (diet and exercise) for psychiatric patients successfully prevent weight gain and lead to weight reduction in majority of participants [1]. Following this idea, in 2005 we introduced The Programme for good health (PPDZ) in 23 centres in the Czech Republic. Up to June 2009, 1242 patients with the diagnosis of schizophrenia-spectrum disorder participated. The 16-week structured programme is delivered by trained psychiatric nurses in 10 sessions lasting one-hour, with first eight sessions held weekly and the last two sessions monthly in consecutive groups consisted of five to eight participants. The programme is designed to deliver relevant information about healthy lifestyle and to teach participants techniques to control appetite and weight. As a part of the programme the nurses monitor blood pressure, heart rate and weight. The programme is available in two different types of settings:

- outpatient treatment course (OTC) for highly motivated patients who get the knowledge about wellness programme from mental health professionals, from peers, or through the internet (www.ppdz.cz);
- as a regular part of more complex Day treatment programmes (DTP).

We took the advantage of the differences between these two types of settings to explore the effect of the programme for patients that we considered less motivated – those who just dropped in the Day treatment programme without previous knowledge about available interventions.

The study sample consists of 732 patients who entered the programme between 2005–2007, out of those 499 participated

at least in seven lessons. There were 103 DTP participants (49% female) and 396 OTC participants (69% female). The weight was measured and knowledge about nutrition and exercise was assessed at the baseline and at the end of the programme for both groups. The differences were evaluated using *t*-test for paired samples. DTP participants were significantly younger (30.20 ± 8.15 vs. 39.21 ± 11.85 ; $p = 0.001$) and their baseline weight was significantly lower (82.04 kg vs. 92.19 kg; $p = 0.001$). There were no differences between the groups in baseline knowledge about the nutrition and exercise.

At the end of the programme the weight loss was significant in both settings (82.04 vs. 80.97 kg; $p = 0.004$ in DTP and 92.19 vs. 89.90 kg; $p = 0.001$ in OTC) as well as the improvement in knowledge. These results suggest that the programme has both weight-reduction and weight-gain preventive potential. The programme is very popular among patients and instructors. Psychiatrists reported improvement in the patients' overall self-esteem as a result of participation and they also appreciated the programme as a prevention of social isolation of patients. In addition, the instructors can easily follow blood pressure of participants as another cardiovascular disease risk factor and refer patients in risk to general practitioners. Therefore such low-cost group programmes could be considered as the missing link of the chain that we desperately need to ensure the continuity and complexity of medical care delivered to patients with schizophrenia spectrum disorders and to psychiatric patients in general. To assess the long-term impact of such a programme on physical health of psychiatric patients will require further research.

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Reference

- [1] Faulkner G, Soundy AA, Lloyd K. Schizophrenia and weight management: a systematic review of interventions to control weight. *Acta Psychiatr Scand* 2003;108(5):324–32.

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