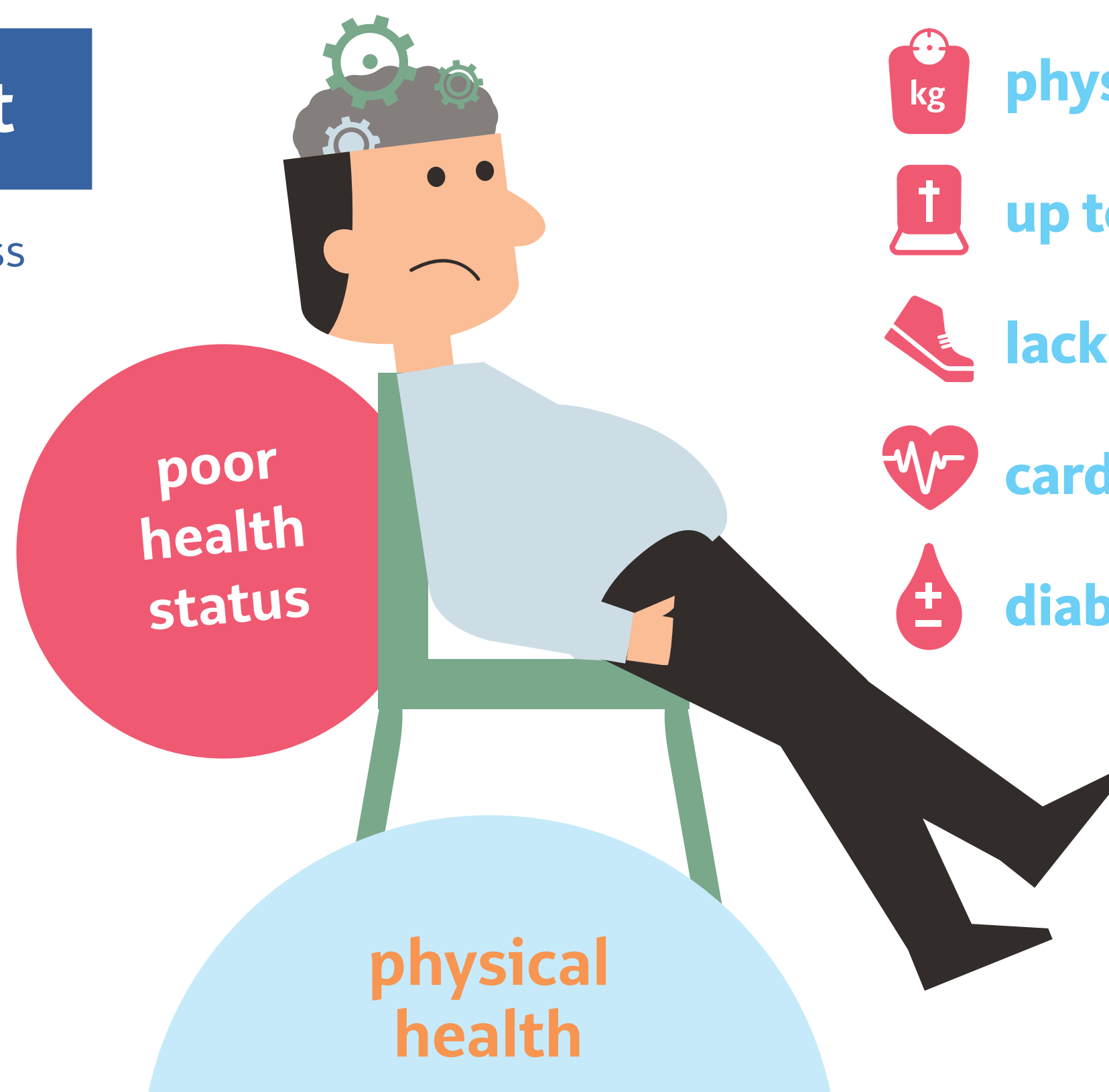


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the patient

severe mental illness (SMI) in long-term mental healthcare



- physical health status is alarming
- up to 20 years shorter life expectancy
- lack of physical activity
- cardiovascular disease
- diabetes

after 18 months of MULTI, compared to treatment as usual (TAU)

aim: evaluate changes

- Use of medication regarding somatic issues
- Use of medication regarding psychiatric disorders

Also, polypharmacy is highly prevalent and dose of antipsychotics only increased last decades^[1-2]. MULTI recently showed to improve physical health^[3]. Does it contribute in lowering use of medication as well?

methods

Observational cohort study. Medication classified following the Anatomical Therapeutic Chemical (ATC) Classification System of the WHO and converted into daily defined doses (DDD). Analyzed using multilevel linear regression, corrected for baseline measurement and differences between groups (age, diagnosis, illness severity at baseline).

physical health

mental health

psychosocial functioning

MULTI (N=65)
94% schizophrenia or related
66% men
52 years old (31-72)
5 illness severity (CGI-S; 1-7)



TAU (N=49)
57% schizophrenia or related
55% men
59 years old (29-84)
4 illness severity (CGI-S; 1-7)

the team

psychiatrist
team leader
activity coordinators
mental health nurses
dietitians



overall activation

basis = daily structure

- more physical activity
- work-related activities
- psychoeducation
- attention to dietary habits
- skills training
- participation of the team

getting up on time

joint meals

active day program

tailored



CHANGES COMPARED TO TAU AFTER 18 MONTHS

	B	P
Medications regarding somatic issues Alimentary tract and metabolism (A), blood and blood forming organs (B), cardiovascular system (C) and respiratory system (R)	-0.38 DDD	0.13
Medications regarding psychiatric disorders Medications for the nervous system (N)	-0.55 DDD	0.02

Dose of medication decreased in both groups. A change in psychiatrist who critically reviewed prescriptions at the TAU wards during the 18 months most likely affected results within TAU. Due to skewed distributions and a lack of power, no corrected between-group analyses were possible for subgroups of medication.

SIGNIFICANT CHANGES WITHIN MULTI IN SUBGROUPS OF MEDICATION

	Z		Z
Alimentary tract and metabolism (A)	-5.6*	Typical antipsychotics (No5A)	-3.9*
Cardiovascular system (C)	-3.6*	Atypical antipsychotics (No5A)	-6.1*
Respiratory system (R)	-3.4*	Anxiolytics, hypnotics & sedatives (No5B+C)	-5.4*
Antiepileptics (No3)	-3.9*	Psychoanaleptics (No6)	-4.6*
Anti-Parkinson (No4)	-3.9*		

Wilcoxon Signed Ranks Test. * p < 0.01

In addition to previous reported improvements in physical health^[3] dose reductions were found after 18 months of MULTI

Sustainable change at our fingertips MULTI was implemented using current context and resources

More data will be needed for proper between-group analyses within subgroups of medication

We encourage further longitudinal research to gain more insight in the relationship between possible dose reductions and lifestyle changes to improve health outcomes in inpatients with SMI

Despite the limitations, **first steps were taken** to analyze the effect of lifestyle improvements on the use of medication in these patients