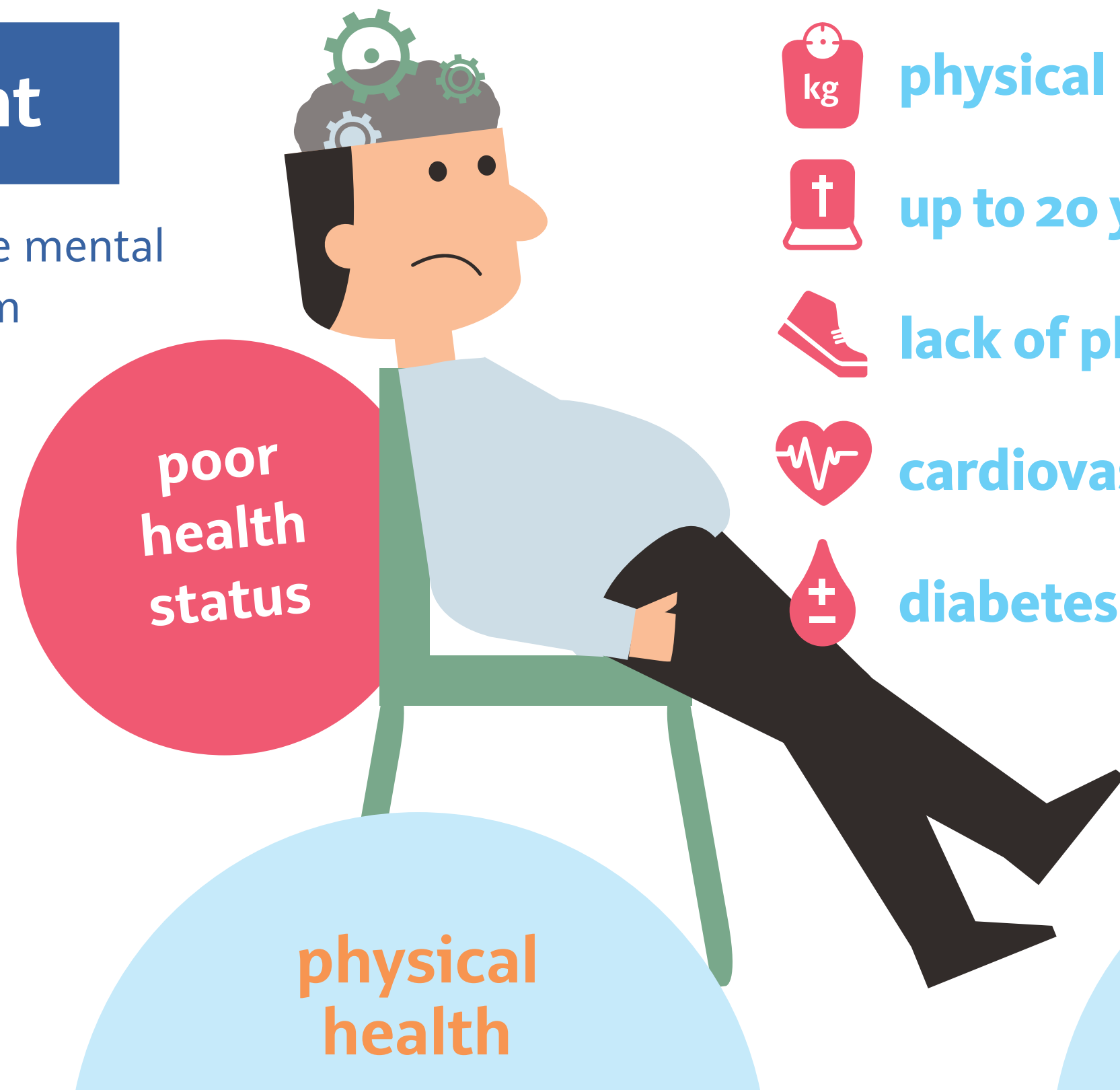


the patient

people with severe mental illness in long-term mental healthcare



- physical health status is alarming
- up to 20 years shorter life expectancy¹
- lack of physical activity²⁻⁴
- cardiovascular disease
- diabetes

aim: evaluate changes

- Sedentary behaviour and physical activity (ActiGraph GT3X+)
- Metabolic syndrome parameters
- Psychotic symptoms (PANSS-r)
- Psychosocial functioning (HoNOS)
- Quality of life (EQ5D + WHOQoL-Bref)

methods

Observational cohort study based on routine screening data supplemented with accelerometer measurement^[2]. Patients were excluded if they received another lifestyle-related intervention or missed ≥ 2 measures within baseline or follow-up data. Analyzed using multilevel linear regression, corrected for baseline measurement and differences between groups (age, diagnosis, illness severity at baseline).

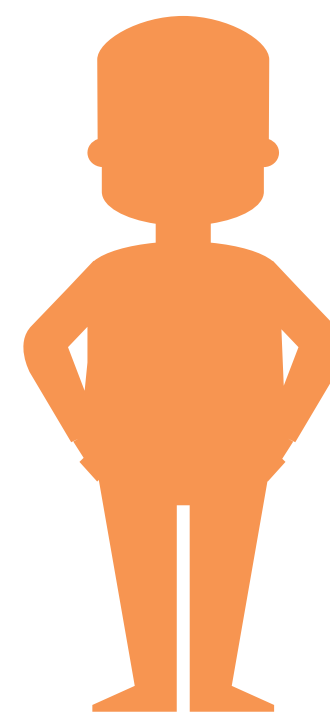
after 18 months of MULTI, compared to treatment as usual (TAU)

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



physical health

psycho-social functioning

treatment as usual: no improvements *

IMPROVED QOL IN BOTH GROUPS in TAU most likely caused by a non-lifestyle-related intervention (making life story books)*

SIGNIFICANT CHANGES COMPARED TO TAU AFTER 18 MONTHS

	B	P
Total activity counts per hour	0.5 ^a	0.02
Moderate-to-vigorous physical activity	1.8%	0.03
Weight	-4.2 kg	0.04
Abdominal girth	-3.5 cm	0.04
Systolic blood pressure	-8.0 mmHg	0.02
HDL cholesterol	0.1 mmol/l	0.03
HoNOS Sum score problems (0-44)	-2.9	0.05
HoNOS Impairment (0-8)	-0.8	0.04
HoNOS Social problems (0-12)	-2.8	<0.01

^a Standardized to facilitate interpretation; B can be interpreted as Cohen's d

Striking results for clinical practice (much attempts in inpatients failed at longer term)

A turnaround in inpatient mental healthcare (interruption of the deterioration usually seen within this population)

Usual treatment does not improve physical health.

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

Further research is needed to confirm findings and because of the culture change which is needed to achieve results, implementation-evaluation identifying barriers and facilitators is critical for clinical practice.

