



SANDHILLS CENTER

Managing Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services
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INTEGRATED CARE NEWS

Periodic Updates and Information for the Sandhills Center Provider Network

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In this edition, we focus on metabolic syndrome and its potential effects on overall health. The content is provided by Dr. Khalil Tanas, Sandhills Center's Associate Medical Director.

Introduction and Definition

THERE ARE MULTIPLE DEFINITIONS OF METABOLIC SYNDROME. A NUMBER OF EXPERTS, INCLUDING THE WORLD HEALTH ORGANIZATION, HAVE AGREED ON THE FOUR CORE COMPONENTS OF IT:

- OBESITY
- INSULIN RESISTENCE
- DYSLIPIDEMIA
- HYPERTENSION.

THE CONDITION IS REFERRED TO AS A SYNDROME BECAUSE IT CONSISTS OF A CLUSTER OF THE MOST DANGEROUS RISK FACTORS FOR:

- HEART ATTACK
- FATTY LIVER DISEASE
- SEVERAL TYPES OF CANCER.

THEREFORE, METABOLIC SYNDROME IS A COMBINATION OF THESE COEXISTING RISK FACTORS THAT CONTRIBUTES TO EARLY DEATH:

- ABDOMINAL OBESITY
- HIGH BLOOD PRESSURE
- DIABETES OR PREDIABETES
- HIGH CHOLESTEROL.

ADDRESSING METABOLIC SYNDROME

Sandhills Center recognizes that metabolic syndrome is a serious condition that affects the psychiatric population, thereby reducing quality of life, and increasing morbidity and mortality.

This syndrome is not solely a psychiatric problem, but a medical condition that affects many who do not have mental illnesses or receive psychotropic medications. It is estimated that 1.7 billion people worldwide are affected by it. The vast majority of these individuals have not received any psychiatric treatment. However, in our psychiatric population, this syndrome often goes undiagnosed and untreated.

People with mental illness often die younger than their healthy peers by 20 to 25 years due to unattended, untreated or undertreated cardiovascular and diabetic-spectrum conditions. Psychiatric patients often have forgotten or unattended physical comorbidities.



It is generally accepted that psychiatric medication and, in particular, antipsychotics largely contribute to obesity, hypertension, prediabetes and other associated

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How is it diagnosed?

THE FIRST DIAGNOSTIC INDICATOR OF METABOLIC SYNDROME IS ABDOMINAL OBESITY, WHICH IS DEFINED AS 40 INCHES OR MORE IN CIRCUMFERENCE FOR MEN, AND 35 INCHES OR MORE FOR WOMEN.

ALSO, INDIVIDUALS MUST HAVE AT LEAST TWO OF THE FOLLOWING RISK FACTORS:

- *RAISED SYSTOLIC BLOOD PRESSURE OF 130 OR HIGHER; OR DIASTOLIC BLOOD PRESSURE OF 85 OR HIGHER; OR THE PATIENT HAS RECEIVED PREVIOUS HYPERTENSION TREATMENT.*
- *FASTING PLASMA GLUCOSE ABOVE 100 MG/DL, OR THE PERSON WAS PREVIOUSLY DIAGNOSED WITH DIABETES.*
- *TRIGLYCERIDES ABOVE 150 MG/DL, OR THE PATIENT PREVIOUSLY RECEIVED SPECIFIC TREATMENT FOR THIS LIPID ABNORMALITY.*
- *REDUCED HDL CHOLESTEROL OF LESS THAN 40 MG/DL IN MALES; OR LESS THAN 50 MG/DL IN FEMALES; OR THE PATIENT HAS RECEIVED SPECIFIC TREATMENT FOR THIS CONDITION.*

For patients diagnosed with schizophrenia

IF A PATIENT IS BEING TREATED FOR SCHIZOPHRENIA WITH SECOND-GENERATION ANTIPSYCHOTIC MEDICATIONS, IT IS IMPORTANT TO LOOK FOR THREE OR MORE OF THESE RISK FACTORS:

- *WAIST CIRCUMFERENCE 40 OR MORE INCHES FOR MEN; AND 35 OR MORE INCHES FOR WOMEN.*
- *BLOOD PRESSURE GREATER*

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METABOLIC SYNDROME *(continued from page 1)*

conditions including asthma and chronic obstructive pulmonary disease (COPD).

Given the systemic barriers to primary care among individuals receiving outpatient services (such as those with schizophrenia), and the disinclination of them to access such services when available, routine health monitoring must be performed by psychiatrists. This is particularly important when metabolic syndrome may be an adverse side effect of prescribed psychiatric medication.

Metabolic syndrome drives the twin global epidemics of Type 2 diabetes and cardiovascular disease. There is an overwhelming moral, medical and economic imperative to make early diagnoses of metabolic syndrome. Lifestyle interventions and treatment may prevent the development of diabetes and cardiovascular disease.

RECOMMENDATIONS FOR TREATMENT

Following metabolic syndrome diagnoses, future management of the condition should be aggressive and uncompromising in its aim to reduce the risk of cardiovascular disease and Type 2 diabetes. Patients should undergo a full cardiovascular risk assessment, including smoking status, in conjunction with the following:

- **Primary intervention** – The International Diabetes Foundation recommends that the primary management for metabolic syndrome is a healthy lifestyle. This includes moderate caloric restriction (to achieve a 5 to 10 percent reduction in body weight in the first year); a moderate increase in physical activity; and a change in dietary composition. The results of Finnish and American diabetes-prevention studies have shown marked clinical benefits associated with slight weight loss. These results also indicate that increasing physical activity prevents (or at least

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Diagnosis (CONTINUED FROM PAGE 2)

- THAN 130/85.
- TRIGLYCERIDES TESTED AT 150 OR HIGHER.
- HDL CHOLESTEROL LESS THAN 40 FOR MEN; OR 50 FOR WOMEN.
- FASTING GLUCOSE MEASUREMENTS AT 100 OR HIGHER.

IF THREE OR MORE OF THESE RISK FACTORS ARE INDICATED, INTERVENTION IS URGENT.

OTHER SYMPTOMS THAT INDICATE RESPIRATORY DIFFICULTIES (FOR EXAMPLE, OBSTRUCTIVE SLEEP APNEA), CHEST PAINS OR SHORTNESS OF BREATH MAY SUGGEST THE RISE OF CARDIOVASCULAR RISK FACTORS.

COMPLICATIONS OF DIABETES MAY INCLUDE PERIPHERAL NEUROPATHY AND RETINOPATHY.

WHEN THESE SYMPTOMS EXIST, REFERRAL TO A PRIMARY CARE PHYSICIAN OR SPECIALIST IS ESSENTIAL. COMPLAINTS OF CHEST PAIN OR DIFFICULTY BREATHING MAY WARRANT MORE URGENT OR IMMEDIATE REFERRAL.

Expectations

WHEN TREATING A PERSON WITH SCHIZOPHRENIA, A PSYCHIATRIST IS EXPECTED TO MEASURE AND RECORD THE PATIENT'S WAIST CIRCUMFERENCE, BLOOD PRESSURE, WEIGHT AND HEIGHT.

THIS SHOULD BE DONE BEFORE INITIATING ANTIPSYCHOTIC MEDICATIONS. A REFERRAL TO A PRIMARY CARE DOCTOR OR A LAB FOR A BASELINE LIPID PANEL AND FASTING BLOOD SUGAR TEST MAY

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TREATMENT (continued from page 2)

delays by several years) the conversion to Type 2 diabetes among high-risk individuals who are obese.

- **Secondary intervention** -- For those people who are considered to be at high risk for cardiovascular disease, lifestyle changes may not be enough. Medication therapy may be required to treat metabolic syndrome. There is a definite need for treatment that could modulate the underlying mechanisms of the metabolic syndrome as a whole, and thereby reduce the impact of all the risk factors and the long-term metabolic and cardiovascular consequences. However, these mechanisms currently are unknown, and specific medicines are not yet available. For now, it is necessary to treat the individual components of the syndrome in order to lower risks. This will reduce the overall impact on cardiovascular disease and diabetes risk.

The following are medications that are suggested to manage many of the manifestations of metabolic syndrome:

- **Statins** -- for elevated LDL-C levels.
- **Niacin** -- for decreased HDL-C levels.
- **Niacin, fibrates and Omega-3 fatty acids** -- for elevated triglyceride levels.
- **Metformin (or a similar insulin-sensitizing agent)** -- for hyperglycemia.

Treatment of associated obstructive sleep apnea also may play a significant role in the management of metabolic syndrome.

METABOLIC SYNDROME IS MADE UP OF "A CLUSTER OF THE MOST DANGEROUS RISK FACTORS FOR HEART ATTACK, FATTY LIVER DISEASE, AND SEVERAL CANCERS."

- Dr. Khalil Tanas

Expectations (CONTINUED FROM PAGE 3)

BE NECESSARY. FOR SMOKERS, AN ASSESSMENT OF READINESS TO CHANGE (SMOKING CESSATION) MAY BE AN ADDITIONAL QUESTION TO POSE. THESE MEASUREMENTS SHOULD BE REPEATED FOR PROPER TREATMENT AND FOLLOW-UP CARE. IT IS RECOMMENDED THAT THE PSYCHIATRIST FOLLOW UP ON ABNORMALITIES AND, IF APPROPRIATE, REFER THE PATIENT TO A PHYSICIAN OR SPECIALIST.

MENTAL HEALTH PROVIDERS SHOULD BE ASKED THESE IMPORTANT QUESTIONS:

- *DO YOU TAKE WAIST CIRCUMFERENCE MEASUREMENTS ON YOUR PATIENTS?*
- *DO YOU ORDER BASELINE LIPID PANEL AND FASTING GLUCOSE TESTS BEFORE STARTING YOUR PATIENTS ON ANTIPSYCHOTIC MEDICATIONS? DO YOU REPEAT FOR FOLLOW-UP?*
- *IF YOU DO NOT REPEAT FOR FOLLOW-UP, DO YOU INSTEAD REFER YOUR PATIENTS TO PRIMARY CARE DOCTORS IF YOU SUSPECT THE PRESENCE OF METABOLIC SYNDROME?*
- *DO YOU WEIGH PATIENTS AT BASELINE, AND PERIODICALLY BEFORE AND AFTER TREATMENT WITH ANTIPSYCHOTIC MEDICATIONS?*
- *DO YOU MEASURE BLOOD PRESSURE BEFORE AND AFTER TREATMENT WITH THESE MEDICATIONS?*
- *HAVE YOU COUNSELLED YOUR PATIENTS ON LIFESTYLE CHANGES, SUCH AS SMOKING CESSATION AND WEIGHT LOSS? THESE ARE CONSIDERED THE MOST IMPORTANT INITIAL STEPS IN TREATING METABOLIC SYNDROME.*

INTEGRATED CARE

National healthcare trends, stimulated by evidence-based practices and implementation of the Affordable Care Act, have put a focus on the concept of Integrated Care. It is viewed as a potential solution for the dichotomy of physical-versus-behavioral healthcare. A shift in focus from fee-for-service to value-based payment models (from volume to value) has become necessary.

The North Carolina Department of Health and Human Services (DHHS) recently launched a multi-year plan to reform Medicaid, the thrust of which is to treat the whole person rather than pursuing traditional methods of addressing behavioral and physical conditions in separate departments.

Sandhills Center has several years of experience working with our provider network partners on the implementation of integrated care principles and sharing lessons learned among each of the participating partners. In our efforts towards whole-person care, Sandhills Center has elected to focus on this under-recognized metabolic syndrome to improve the lives of its members. Sandhills Center is proactive in screening for metabolic syndrome through the provider network. It is essential for Local Management Entities-Managed Care Organizations (LME-MCOs) to reach out to colleagues in primary care, learn to work with them, and learn to use their language.

SANDHILLS CENTER ASSURES THAT PEOPLE IN NEED OF ASSISTANCE HAVE ACCESS TO QUALITY MENTAL HEALTH, SUBSTANCE ABUSE, AND INTELLECTUAL/DEVELOPMENTAL DISABILITIES SERVICES IN THE CENTRAL NORTH CAROLINA COUNTIES OF ANSON, GUILFORD, HARNETT, HOKE, LEE, MONTGOMERY, MOORE, RANDOLPH AND RICHMOND.

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