

Foreword

Importance of physical health in patients with schizophrenia

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This supplement to *European Psychiatry* is based on a meeting held in Rome, Italy, to discuss an important but so far neglected subject: the physical health of patients with schizophrenia. These individuals suffer numerous physical health problems, including an excess of cardiovascular disease (CVD), which significantly reduce their life expectancy, but they usually receive inconsistent and insufficient physical monitoring and management. This meeting, which was supported by Bristol-Myers Squibb/Otsuka Pharmaceuticals, brought together a Faculty of experts and an international group of psychiatrists to propose a solution to this problem. It opened with keynote presentations from the Faculty, which illuminated the scale of the physical health epidemic facing patients with schizophrenia and considered how the psychiatrist can intervene to alleviate it. The Chair, Angel L Montejo (University Clinical Hospital, Salamanca, Spain), opened the meeting [9]. He remarked that psychiatrists, patients and their carers each have concerns about physical health, but this concern is inadequately translated into action. He concluded that urgent action is needed to ensure that psychiatrists prioritize physical health care for patients with schizophrenia. Adrian Heald (Leighton Hospital, Crewe, UK), focused on weight gain, diabetes and the metabolic syndrome as drivers of the poor physical health of patients with schizophrenia, and advocated shared care between psychiatric services and primary care to overcome these problems [5]. Christoph Correll (Zucker Hillside Hospital, New York, New York, USA) explained how the adverse effects of antipsychotic drugs, as well as their therapeutic actions, can be predicted from their pharmacology [2]. He suggested that because atypical antipsychotic drugs (with the exception of clozapine) have generally

similar efficacy, their adverse effects, including weight gain and its metabolic consequences, should be an important consideration in the selection of therapy. Helen Millar (Carseview Centre, Dundee, Scotland) [8] and Marc De Hert (University Psychiatric Centre, Catholic University, Kortenberg, Belgium) [4] described their experiences in establishing physical health monitoring and management in their psychiatric clinics. Both experts reported that their physical health services involved multidisciplinary teams; were well accepted by patients; and were achieved with modest additional resources. This is an important indication that improved physical health care is feasible for patients with schizophrenia in routine practice. Janet McCrae (European Federation of Associations of Families of people with Mental Illness (EUFAMI), Leuven, Belgium) presented the views of patients and their family carers with regard to physical health [7]. She explained that many patients and carers with regard are deeply concerned about this issue and feel that it is generally neglected by psychiatric services.

Following these presentations, the participants divided into workshop groups to discuss the issues raised and agree on potential solutions. These workshops enabled them to discuss specific issues in their own countries as well as those with universal significance. A separate article provides a summary of these workshops [1]. It reveals that the monitoring and management of physical health has much in common across Europe.

Building on these workshops, the Faculty devised practical recommendations for the management of physical health in patients with schizophrenia [6]. These recommendations give advice that could help to implement the position statement recently published in this journal by the European Psychiatry Association (EPA), supported by the European Association for the Study of Diabetes (EASD) and the European Society of Cardiology (ESC) [3]. The recommendations in this supplement include simple changes in clinical practice such as monitoring their weight and waist and routinely considering the effects of antipsychotic drugs on weight and metabolic parameters when choosing therapy.

Keywords: Schizophrenia; Antipsychotic therapy; Physical health; Weight gain; Health monitoring; Cardiovascular disease

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1. Conflicts of interest

C. Höschl: Clinical trials: as main (head) clinical or laboratory investigator, or study coordinator (Servier); Occasional involvements: advisory services (Eli Lilly& co.; United Biosource Corp. (UBC)); Conferences: attendance as contributor (Gedeon Richter; Eli Lilly& co.; Bristol-Myers Squibb; Janssen-Cilag); Conferences: attendance as audience member (cost of travel and accommodation paid for by an organisation or company (Eli Lilly& co.); (Lundbeck Intl. Neurosci. Foundation-faculty member)

2. References

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