

Comorbidities in Schizophrenia: A Hidden Medical Emergency

What's the use of saving someone's life psychiatrically if we let them die over a decade earlier from cardiovascular disease? My psychiatry training program had the ethos that one is "a physician first, and a psychiatrist second," so I have increasingly asked myself this question over the past several years. In addition to being a severe brain disease, schizophrenia is also associated with a greater risk of many other physical disorders, referred to as comorbidities. Common comorbidities include obesity, cardiovascular and metabolic disease (e.g., diabetes or high cholesterol), respiratory illnesses, infectious diseases, and many others.

People with schizophrenia have more than double the mortality rate, and the lifespan is reduced by 10-25 years compared to the general population.¹ While part of this difference could be due to the much higher risk of suicide (12 to 170 times higher than the general population), the number of excess deaths from cardiovascular disease alone outnumber those resulting from suicide for people with schizophrenia.^{2,3} **Perhaps it's time to start thinking of comorbidities as an emergency the way we do suicide!**

We should also consider that many people with schizophrenia are socioeconomically disadvantaged. This increases the likelihood of having lifestyle risks such as smoking, lack of exercise, and unhealthy diets. They may also lack access to regular preventative medical



Dr. Craig Chepke, Member, Board of Directors, The CURESZ Foundation, Private Practice Psychiatrist, and Adjunct Assistant Professor of Psychiatry, University of North Carolina School of Medicine

care due to an overwhelmed medical system, insurance problems, or transportation issues.

This is a powder keg of risk factors and on top of that, most antipsychotics have some degree of weight gain or other metabolic problems as potential side effects.

Psychiatrists have a significant challenge in figuring out how to proceed when these complications develop. A common strategy is to switch the person to an antipsychotic with a lower risk, such as ziprasidone, lurasidone, cariprazine, or lumateperone. However, the antipsychotics that carry the highest risk for these obstacles also have some of the best reputations for efficacy, including clozapine and olanzapine. Antipsychotics are usually not interchangeable when it comes to maintaining treatment response, so this puts the person at risk of relapse.

Finding the balance between benefits and side effects can be like walking the razor's edge at times. Both are important, but which one should we prioritize? The National Institute of Mental Health performed a large clinical trial to answer questions like this. The CATIE study took a more "real-world" approach by comparing antipsychotics on the length of time people with schizophrenia continued to take them. This is based on the theory that if someone keeps taking a medication over the long run, the benefits must exceed the drawbacks. People stayed on olanzapine longer than the other antipsychotics tested despite having the highest amount of weight and metabolic side effects, presumably because of its superior efficacy.⁴ CATIE also highlighted the unfortunate lack of medical care for people with schizophrenia. Participants in clinical trials generally get a higher level of care than in the general community, but 30% of participants with diabetes, 62% with high blood pressure, and 88% with high cholesterol were not receiving any treatment for these conditions.⁵

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"People living with schizophrenia deserve a life with both mental stability and good physical health."

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CURESZ FRIENDSZ



Deborah Fabos

Why Learning to LEAP Is Key

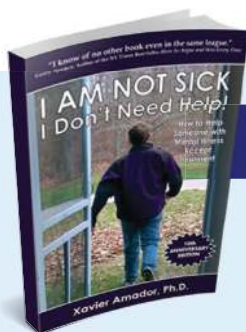


Deborah Fabos

I'm the mother of an adult son who was diagnosed with schizophrenia almost twenty years ago. At the onset of his illness, trying to convince him that he was symptomatic only made things worse. I remember telling him that devils really weren't coming out of the TV only to find him more distressed and agitated.

For years, I struggled to communicate with my son as he spiraled downward, lacking any insight into his schizophrenia.

Finally, I read Dr. Xavier Amador's book *"I Am Not Sick, I Don't Need Help"* where he described a badly needed strategy for effective communication with the seriously mentally ill who lack insight. This strategy described in his book is called LEAP.



LEAP
stands for:

- L**isten
- E**mpathize
- A**gree
- P**artner

It is a method for developing trust and cooperation (partnership) with someone who is experiencing psychosis and anosognosia (lack of insight into their illness). Anosognosia is a symptom of a brain disorder and the reason treatment is refused.

One of the main quotes from LEAP says it all, I think. *"You do not win on the strength of your argument; you win on the strength of your relationship."* Our usual first response when we encounter psychosis, delusions and paranoia is to "correct" our family member's perspective. We might try to educate them about their brain disorder and the importance of compliance to medication/treatment. LEAP also states, *"Research shows that the symptom of anosognosia is not responsive to treatment and education. Attempts to educate and confront the person only result in anger, alienation, and avoidance of treatment. The 'usual approach' not only doesn't work – it makes matters worse."*

When I started to use the LEAP techniques, I stumbled a lot. Learning to *"Listen"* as LEAP suggests was different and took some adjusting. But it was well worth it! Our conflicts became less frequent and less intense. I was building trust that reached into his delusions and psychosis even when we didn't agree. Once I asked him, *"Do you think you're ill?"* The reply of course was, *"No!"* Then I asked, *"Why do you take your medication then?"* Bracing myself because I was entering into unknown territory, the reply moved me to tears. His reply was, *"Because I know you have my best interest at heart. Even when I don't agree with you."*

Once I started to apply LEAP, I was able to understand his distress better and WE found a way to resolve the problem. When he told me devils were coming out of the TV, we unplugged it. Not all difficulties can be solved by LEAP, but I have found it can protect my relationship with my family member.

By using LEAP, I was also able to learn what my son's hopes and expectations were for the future. I learned how I could better help him in all phases of treatment, support and goal setting (recovery). LEAP even helped me during the time he became noncompliant with his medication. Although inside I was shaking with anxiety and fear of what could happen if he stayed noncompliant, I did my best to calm myself, and used LEAP. My son agreed to discuss his feelings about his medication and dosage with his psychiatrist (who he also trusts), and they partnered on an adjustment that worked. His *"relapse"* was minimalized.

*"I have found that,
for me and my family,
LEAP was the key
we needed to unlock
trust in our relationship."*

Today, LEAP is used worldwide by law enforcement, mental health care workers and family members/caregivers.

Interested in learning more
about CURESZ Friendsz?

Contact Mary Beth De Bord
at curesz.org/contact-us

CURESZ ON CAMPUS

EDUCATION IN THE AGE OF RISK

The onset of psychiatric brain disorders, such as schizophrenia, depression, bipolar disorder, anxiety, eating disorders, and alcohol and substance abuse, are higher during the teens and twenties than at any other phase of life. In an effort to educate students about brain disorders, the CURESZ Foundation, which has education as one of its major missions, organized its initial event for students, *Mental Health on Campus*, in February of 2020 at the University of Cincinnati. In the Fall of 2020, CURESZ founded its first *CURESZ on Campus Club* at the University of Cincinnati. Through our clubs, we hope to educate students and inspire them to support their friends who are struggling and encourage them to seek professional help. We aim to equip students to recognize the early warning signs of psychiatric disorders, and know what actions to take.

As a schizophrenia survivor and also the President of the CURESZ Foundation, I have become aware of many people like myself who have developed psychotic symptoms, dropped out of school or work and became homeless. Their parents contact me, at a loss to know how to proceed. Last week, a mom called me about her son who is a physics PhD candidate in his last year of school. Months before he was supposed to graduate, he fled the university, began living in his car, and refused all contact with his family members.

I wonder, could this physics student's life have been different if he, or his friends and family members had been educated about the early warning signs of mental illness, i.e. psychiatric brain disorders, and known what to do?

I am passionate about educating students because I had my first psychotic episode while a senior in college. After I lost my scholarship, I dropped out and became homeless for the next four years, suffering from delusions and hallucinations.

In 2007, after screaming back at the auditory hallucinations that were taunting me, I was finally arrested and admitted to a psychiatric unit. Eventually, after a difficult struggle, I recovered completely, published a book about my illness and recovery, and now am honored to serve as the President of the CURESZ Foundation.

Looking back, there are so many things I wish I had known prior to my initial psychotic break. I wish I had been educated to recognize the early signs of schizophrenia and see it as

a treatable brain disorder. Upon my initial diagnosis of schizophrenia, I wish I had been told that if the usual antipsychotic medications didn't eliminate the symptoms, clozapine was an effective option. I also wish my doctors had explained to me that if I discontinued my medication when I improved, I might develop treatment-resistance to the same medication that had worked for me, and would need higher and higher doses, which also means more side-effects.

I wonder, if I had been educated about brain disorders while I was in high school or college, would I have been better prepared when schizophrenia disrupted my life?

When a student demonstrates behavior which appears to be out of character for him or her, it is important to pay attention to the warning signs and to take action. Out of character behavior could present as a sudden decrease in academic achievement in a once successful student, or social withdrawal in a person who typically enjoys social activities. Not eating or overeating, and neglecting personal hygiene such as showering, may also be warning signs.

In addition to learning about the early warning signs which may start in high school or college, I wish I had been told that there should be no hesitation to seek help for a brain disorder, and that the earlier one receives treatment, the better the response and outcome. I wish my teachers and professors had encouraged students to be compassionate observers as friends to their peers who suffer from psychosis, depression, anxiety or any other symptom of mental illness.

We encourage you to support the CURESZ Foundation in 2021 as we aspire to reach this vulnerable population with much needed educational information and hope. Even for young people who fall the farthest, as I did over my four years homeless, there can still be hope and a future for those who consent to and actively engage in treatment, just like persons suffering from diabetes, asthma or epilepsy.



Mental Health on Campus event in Dyer Hall on the University of Cincinnati campus.



Bethany Yeiser,
*President of the
CURESZ Foundation*



**University of Cincinnati
CURESZ on Campus
Leader, Lizzie Kozarik**

Lizzie is a fourth-year undergraduate student at the University of Cincinnati majoring in neuropsychology and minoring in criminal justice.

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The saying that “an ounce of prevention is worth a pound of cure” is common for a reason. It’s much harder to lose weight than it is to prevent weight gain from happening, so waiting until after weight gain occurs to react isn’t usually a good strategy. As such, it’s becoming increasingly common for psychiatrists to prescribe metformin (also used in type 2 diabetes) at the start of treatment with an antipsychotic to reduce the risk of weight gain proactively. Similarly, there’s a promising medication in development called ALKS 3831, which could be approved by the FDA in early 2021. It combines the highly effective antipsychotic olanzapine with a different medication that reduces weight gain potential, samidorphan, into a single pill.

It may not be obvious to think of physical health as part of the psychiatric treatment plan, but it’s essential to do so. Getting started may seem overwhelming, so here are some action items to help people with schizophrenia fight back against the physical toll it can take on their body:

- 1) Talk to your psychiatrist about your physical health and ways they can help you support it.
- 2) Keep track of changes in your weight and size of your pants, as the waist size is a useful predictor of metabolic syndrome.
- 3) Be sure to have regular checkups with a primary care provider.

People living with schizophrenia deserve a life with both mental stability and good physical health. As we move into 2021, make fighting for the best of both worlds your New Year’s Resolution!

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VIDEO HIGHLIGHT



COGNITION (Part 6 of 6)

In the Cognition Series, part 6, Henry Nasrallah, MD, Professor of Psychiatry, Neurology and Neuroscience and Scientific Director of the CURESZ Foundation, discusses pharmacological and nonpharmacological treatments for cognitive impairment in schizophrenia with Philip Harvey, PhD, Professor of Psychiatry and Psychology, and a national expert on cognition. There are currently no FDA-approved drug treatments for cognition, however, pharmaceutical companies are trying hard to develop a medication to improve cognition, using various neurotransmitter pathways. Non-pharmacological interventions include cognitive remediation, side-by-side with antipsychotic medications. Second generation antipsychotics do not impair cognition. Computerized cognitive remediation stimulate the executive functions, processing speed and working memory. In the face of COVID, there has been a need for remote cognitive assessments, which have increased in number and may even be conducted at a doctor's office.

Please consider making a donation to the CURESZ Foundation online at CURESZ.org

Your contribution will help provide education and referrals to persons with schizophrenia, their families, and those who work with the seriously mentally ill. CURESZ informs the general public to better understand this serious brain disorder, and to provide scientific advances showing that there is hope for recovery, and a return to a fulfilling and normal life. The CURESZ Foundation is a 501(c)(3) nonprofit organization. All contributions are tax deductible.

“We are committed to helping individuals to cope with and recover from schizophrenia.”

You can now also support the CURESZ Foundation by signing up with Kroger Community Rewards and Amazon Smile.

