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Medical Risks of Untreated Psychiatric Diseases
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There are real medical consequences to untreated psychiatric illness. Depression, anxiety, and stress are associated with activation of adrenal steroids, such as cortisol, which antagonize insulin effects, increase platelet clotting, enhance lipid formation, and stimulate inflammatory responses in blood vessels, destabilize cardiac rhythms, increase blood pressure and suppress immune responses. Thus it is not surprising that diabetes occurs twice as often in depressed patients and up to three times more prevalent in schizophrenics and bipolar patients (independent of medication exposure). Cardiovascular diseases are overrepresented in depressed patients. In addition lifestyle/ emotional factors such as excessive smoking, sedentary habits, and lack of self-care and alcohol use are overrepresented in psychiatric patients and contribute to more medical morbidity. Then certain treatments, such as atypical neuroleptics, may increase the risk of diabetes and lipid abnormalities, as primary drug side effects. Thus our patients really need to address their general medical care, not just mental health. However psychiatric patients are notorious for neglecting their overall health, especially routine health care, while seeing us regularly. To this end, we will offer benchmarks for several variables that one can review with a patient to ensure that our patients are not falling through the medical cracks. For what does it profit a patient if he gains his whole mind and loses the rest of his body?

Blood Pressure

Only 35% of adults have controlled blood pressure (<140/90). The top number represents the maximum pressure in the vessels when the heat is contracted – the bottom is the minimum pressure when the heat is relaxed. A true normal is <120/80. 130-139/80-89 represents prehypertension. Two elevated reading on separate days >130/80 is considered hypertension if there are complicating variables such as diabetes or kidney disease. The goal of reducing hypertension is to prevent damage to "end organs" such as the brain (stroke), kidneys (failure), heart (MI) or eyes (retinol damage). The best time to measure a blood pressure is in the morning, when rested and not hungry. Also more than half of strokes and heart attacks occur in the first two hours of the morning. Do not check blood pressures immediately after ingesting caffeine, as false elevations can occur.

Diabetes

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This disease comes in two versions. Type I (Insulin Dependent) that begins usually in childhood or Type II (Adult Onset Non-Insulin Dependent). The later is becoming epidemic and comprises 90% of diabetics (due to obesity). Type I usually presents with classic systems of excessive thirst or appetite, frequent urination, blurred vision, fatigue or weight loss. Type II usually is associated with lack of exercise and weight gain that renders one insulin resistant (due to fat cells not responding well to insulin).Type II is asymptomatic early in one third of cases with elevated insulin levels as the main warning sign. The only way to know is to check your fasting blood sugar – which should be done every three years after 45 years old. Normal is <100 mg/dl, Prediabetics is 100 – 125 mg/dl. A provisional diagnosis is made if >126. Glucose tolerance tests act as a stress test of the pancreas and can demonstrate diabetic risk even before fasting glucose tests become abnormal The glycemic index is a measure of how much insulin a particular food type requires for proper digestion. Eating excessive amounts of high glycemic index foods such as white potatoes, white rice, pasta and white bread can prematurely exhaust the pancreatic production of insulin. Exercise can make the body more sensitive to insulin and decrease resistance.

Cholesterol

There are three measures of cholesterol – total, HDL, and LDL. The total should be <200mg/dl, but the HDL/LDL issue is more relevant. HDL is the "healthy" cholesterol that cleans out our vessels. LDL is the "lethal" cholesterol and leads to clogging of arteries. HDL should be 40-60mg/dl (you want this one). LDL should be <130mg/dl (or <100 if more than two other risk factors for heart disease exist e.g. smoking, family history, obesity, etc. Every 30mg.dl increase in LDL increases health risk by 30 percent. Exercise can increase HDL and dietary interventions can reduce LDL.

Diet, Exercise, Smoking

As a group, psychiatric patients smoke too much and eat poorly. Smoking increases cardiovascular disease risk but complete cessation for one to two years can reverse this. Obesity is becoming a major issue in America. Body Mass Index is the best index of medical morbidity. A score of 30 is a problem. Below 25 is desirable. My score is 27 – which leaves some work to be done. The nature of the weight gain is important also. Gaining weight around the abdomen and waistline (visceral fat) is the worst for promoting insulin resistance and cardiovascular disease. I encourage my patients (and myself) to avoid fast foods, drink water as their primary beverage, eat more non-fried chicken/fish/turkey and avoid high glycemic index foods (white bread, pasta, flour). Exercising for 45 min. three times a week is ideal. Mixing resistance training with aerobic exercise is especially helpful for weight loss, reducing cardiovascular risks and health maintenance.