

Diabetes Type 2 in People with a Severe Mental Illness

Fact Sheet



What is Severe Mental Illness?

The term “severe mental illness” is a frequently used phrase, but is imprecise in its nature. In the generally accepted form, the term has three elements: Diagnosis, Disability and Duration.

- Diagnosis: a diagnosis of schizophrenia, bipolar disorder, or other psychotic disorder is usually implied
- Disability: The disorder causes significant disability
- Duration: The disorder has lasted for a significant duration, usually at least two years.

What happens in the general population? ¹

- WHO estimates that globally, an estimated 422 million adults were living with diabetes in 2014, compared to 108 million in 1980. The global prevalence (age-standardized) of diabetes has nearly doubled since 1980, rising from 4.7% to 8.5% in the adult population, reflecting an increase in rates of obesity.
- Diabetes prevalence is rising faster in middle- and low-income countries, linked to changing dietary and physical activity patterns and increasing rates of overweight and obesity.
- Diabetes caused 1.5 million deaths in 2012. Higher-than-optimal blood glucose caused an additional 2.2 million deaths, by increasing the risks of cardiovascular and other diseases. Forty-three percent of these 3.7 million deaths occur before the age of 70 years.
- Uncontrolled diabetes can lead to end-stage complications such as renal disease, heart attack, stroke, visual loss and nerve damage. In pregnancy, uncontrolled diabetes contributes to a risk of foetal death, macrosomia, and other complications.

What are the preventive measures?

- Policies and educational practices across populations and in specific locations such as the workplace and schools, emphasizing healthy behaviours – exercise, good nutrition, avoiding tobacco use, controlling blood pressure and lipids.
- People with psychosis or schizophrenia, especially those taking antipsychotics, should be offered a combined healthy eating and physical activity programme by their mental healthcare provider.

What is the prevalence of the disorder in people with severe mental illness? ²

- Estimated prevalence rates for Type 2 diabetes in patients with schizophrenia are between 10 and 15%.

What are the risk factors for people with severe mental illness?

- Prescribed psychotropic medications
- More likely to be overweight
- More likely to be sedentary
- More likely to have poor nutrition
- More likely to have dyslipidaemia
- More likely to lack access to primary and preventive care

What are the effects of anti-psychotic medication? ³

- Second generation anti-psychotic medication is recognised to induce factors that significantly increase the risk of cardiovascular disease
- Studies show that it is the medication that plays a significant role in increasing the factors that increase the risk of cardiovascular disease, rather than the illness for which the medication is prescribed
- All have potential to unmask or cause diabetes type 2
- It is recommended that treatment goals are incorporated into monitoring of diabetes self-care activities in people with diabetes and serious mental illness. ⁴

What is the effect of life style choices and social determinants of health?

- People with severe mental illness access health care services less than others, and therefore do not take up offers of diabetes prevention as frequently as others.
- People with severe mental illness are more likely to be unemployed, and homeless, and therefore less able to afford medication that might be prescribed for the treatment of diabetes

What is the effect of multi-morbidity?

- People with severe mental illness are more likely to suffer from insulin resistance, which includes diabetes. Diabetes is itself a risk factor for cardiovascular disease, and the complications of diabetes, such as renal failure and erectile dysfunction are independent risk factors for cardiovascular disease

What are the recommendations for clinical care? ⁴

- Annually check fasting blood glucose levels of people who are prescribed atypical antipsychotic medications.
- The diagnosis of diabetes should be made using fasting blood glucose levels, using the current WHO definition of diabetes and pre-diabetes. HbA1c should not be used to diagnose diabetes.
- Dyslipidaemia should be assessed annually. The diagnosis and management of dyslipidaemia should be based on national or regional guidelines.

- An HbA1c should be performed quarterly in individuals whose blood sugar control is not optimum. As part of treatment planning, a target HbA1c should be agreed with each person that reflects individual circumstances, and current medical history. The target should be reviewed annually as part of the routine diabetic review.
- Each person with diabetes and severe mental illness should be offered vaccination against influenza and pneumococcal disease as recommended in national or regional guidelines.
- Each person with diabetes and severe mental illness should be offered vaccination against Hepatitis B as recommended in national or regional guidelines.
- Assess each patient's beliefs and preferences, and assess levels of health literacy and barriers to care.
- Use interpreters as appropriate for patients with language barriers.
- Patients should have available self-management support from people who are themselves recovering from severe mental illness.

References and Further Reading:

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