



Effective Health Care

Mental Health Treatment Approaches to Avoid Early Morbidity and Mortality

Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Mental health treatment approaches to avoid early morbidity and mortality will go forward for refinement as a systematic review. The scope of this topic, including populations, interventions, comparators, and outcomes, will be further developed in the refinement phase.
- When key questions have been drafted, they will be posted on the AHRQ Web site and open for public comment. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to <http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list/>.

Topic Description

Nominators: A health care professional association and a public policy maker

Nomination Summary: The nominators are interested in the effectiveness of treatment approaches that avoid early morbidity and mortality in persons with serious mental illness (SMI). The morbidity and early mortality may be due to psychiatric manifestations, including suicide, as well as the result of earlier onset or greater likelihood of general medical conditions (e.g., diabetes, obesity, cardiac disease, sleep apnea, HIV and other infectious diseases).

Staff-Generated PICO:

Population(s): Adults with SMI, defined as persons 18 years of age and older, who currently have, or at any time during the past year had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV or their ICD-9-CM equivalent and who also have functional impairment that substantially interferes with or limits one or more major life activities. This topic would focus on those diagnosed with (1) schizophrenia or other psychotic disorders, (2) bipolar disorder, or (3) chronic or treatment-resistant depression. It may also include people with a dual diagnosis or individuals with no specified diagnosis, but classified as having severe and persistent mental illness or SMI.

Intervention(s): The nomination focuses on three main interventions: 1) Interventions targeting treatment of chronic medical conditions that contribute to early morbidity and mortality for people with SMI, such as diabetes, cardiac disease, obesity, hypercholesterolemia, and obstructive sleep apnea; 2) Lifestyle interventions and those targeting modifiable risk factors (e.g., general medical health, physical exercise, nutrition, tobacco cessation strategies) including psychosocial (e.g., self-care, family support, assertive community treatment [ACT], ACT-Personal Assistance in Community

Existence (PACE), psychotherapy, cognitive behavioral therapy [CBT] and technology-based (e.g., telemedicine, therapeutic interactive voice response systems); and 3) Monitoring for general/physical health (e.g., monitoring for weight gain in patients on atypical antipsychotics, routine dental care).

Comparator(s): Comparisons of the above treatments with one another, with usual care, or with placebo.

Outcome(s): Reduction in morbidity or mortality from general medical causes (i.e., not from the psychiatric disorder) (e.g., from diabetes, hypertension, cardiac disease, obesity, poor symptom course, sleep apnea); quality of life/patient satisfaction; improved symptom course; improved physical health; and tobacco, drug, or alcohol cessation.

**Key Questions
from Nominator:**

For adults with SMI:

1. What is the effectiveness of physical health monitoring in preventing deterioration of physical health and maintaining quality of life?
2. What is the comparative effectiveness of interventions targeting tobacco cessation?
3. What is the comparative effectiveness of interventions targeting modifiable risk factors and general medical conditions (e.g., diabetes, hypertension, and obesity)?
4. What is the comparative effectiveness of different versions of Assertive Community Treatment (ACT), including the client created alternative ACT-PACE from the National Empowerment Center?
5. What is the comparative effectiveness of different treatment approaches including integrating mental health care and primary care, improving consumer self-care, or a combination of integration and self-care?
6. What is the comparative effectiveness of pharmacologic versus pharmacologic treatment bundled with psychosocial treatment?
7. What is the comparative effectiveness of older versus newer psychotropic medications on long term outcomes?
8. What is the comparative effectiveness of bundled programs of antipsychotic medications with various bundled psychosocial interventions?
9. What are the best methods to enhance diffusion of interventions into standard community based treatment settings?

Considerations

- The topic meets all EHC Program selection criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- SMI represents a significant disease burden in the US, resulting in substantial personal, economic, and societal consequences. Individuals with SMI are at much higher risk for suicide and may not seek health care for treatable comorbid conditions. As a result, American adults living with SMI die about 25 years earlier than other adults.
- Comparative effectiveness research into modifiable risk factors and treatment approaches for psychiatric and comorbid conditions specific for this population could lead to better health care decision making for clinicians, improved outcomes for patients, and lower health care costs for all.

- Several areas of interest and importance were identified within this nomination for patients with SMI that could move forward as a systematic review or series of reviews including:
 - Interventions for targeting treatment of chronic medical conditions (e.g., diabetes, cardiac disease, obesity) which contribute to early morbidity and mortality. Issues on care delivery and coordination could also be addressed.
 - Lifestyle interventions and targeting modifiable risk factors, which would look at the efficacy and comparative effectiveness of preventive interventions.
 - The issues of chronic mental illness and suicidality.
 - Medication management and anticipatory care in patients with SMI and comorbid conditions.