



RACP
CONGRESS
2018
Sydney
14 - 16 May 2018



Premature mortality Nihilism vs. Hope

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Charles Perkins Centre



Collaborative Centre for
Cardiometabolic Health
in Psychosis





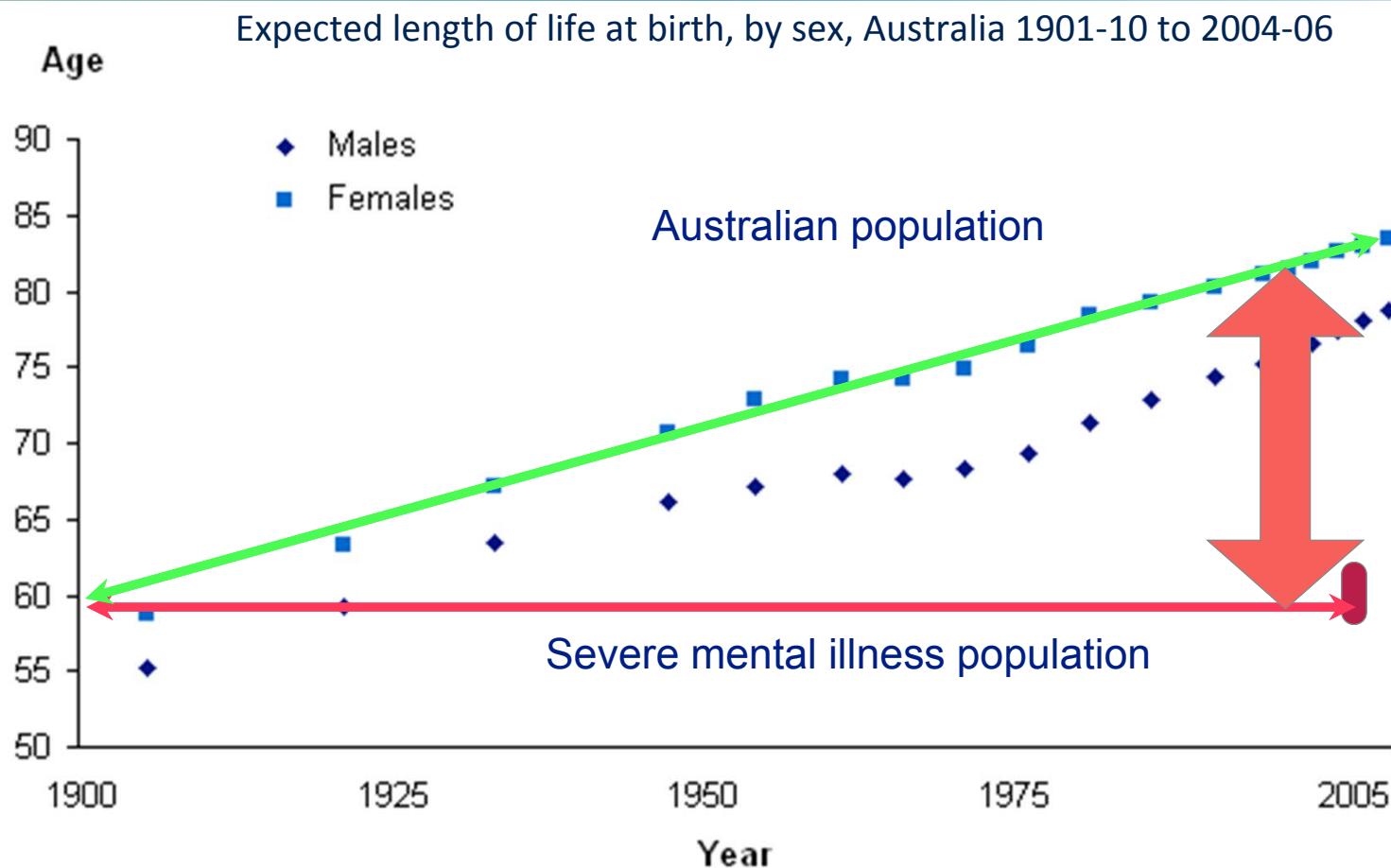
NMHC comments



- The National Mental Health Commission has identified the poor physical health of people with mental illness as one of the major issues for the Australian health care system (1). The reduced life expectancy and poor health of people with the most serious mental illness was considered by the Commission to be “a national disgrace and it should be a major public health concern” and “an injustice that runs contrary to the United Nations Principles for the Protection of Persons with Mental Illness” (page 32 (1)).



Life expectancy - living in the past



Sources: ABS Cat No. 3302.0; ABS Cat. No. 3105.0.65.001 (green line); the age of death in schizophrenia imputed from literature (*ibid*). See also: Saha S, Chant D, McGrath J. A Systematic Review of Mortality in Schizophrenia: the Differential Mortality Gap Worsening Over Time? *Arch Gen Psychiatry*. 2007;64(10):1123-1131



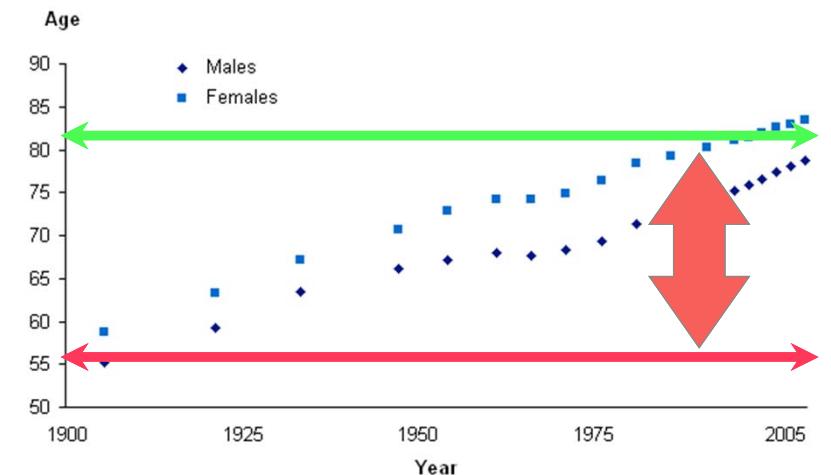
Early death in SMI

Years of life lost - schizophrenia; US states 1997-2000

Year	AZ	MO	OK	RI	TX	UT
1997		5916	5814		5 ; 18	
1998		5 ; 16	5814		5 ; 1;	5 < 16
1999	6515	591;	5916		5 < 16	591<
2000	641;	5 : 1<		571<		

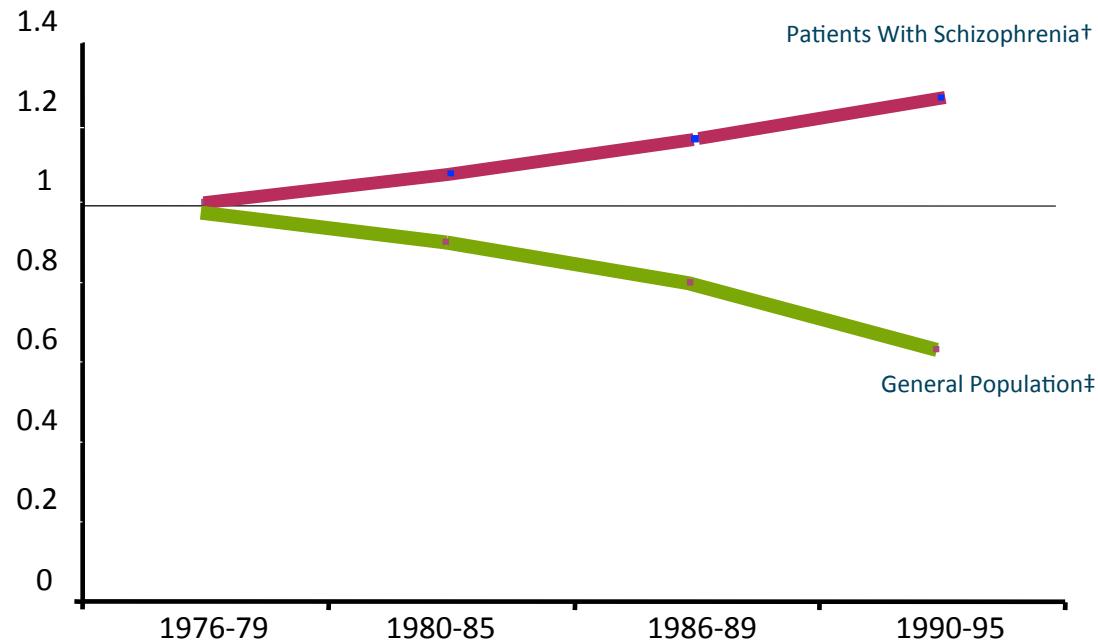
Sydney mortality studies x2
→ parlous outcomes from
preventable CVD.
Death in 40s common

Expected length of life at birth, by sex, Australia, 1901-10 to 2004-06





Bucking trends: ↑Cardiovascular Disease in Schizophrenia



*Period of reference, 1976-1979.

†Controlling for age at first diagnosis & years of follow-up.

‡Standardized by gender & age distribution of the patients.

3. Osby U, Correia N, Brandt L, Ekbom A, Sparén P. Mortality and causes of death in schizophrenia in Stockholm county, Sweden. *Schizophr Res.* 2000;45:21-28; also vide Saha et al op. Cit.;



Social drivers of premature mortality



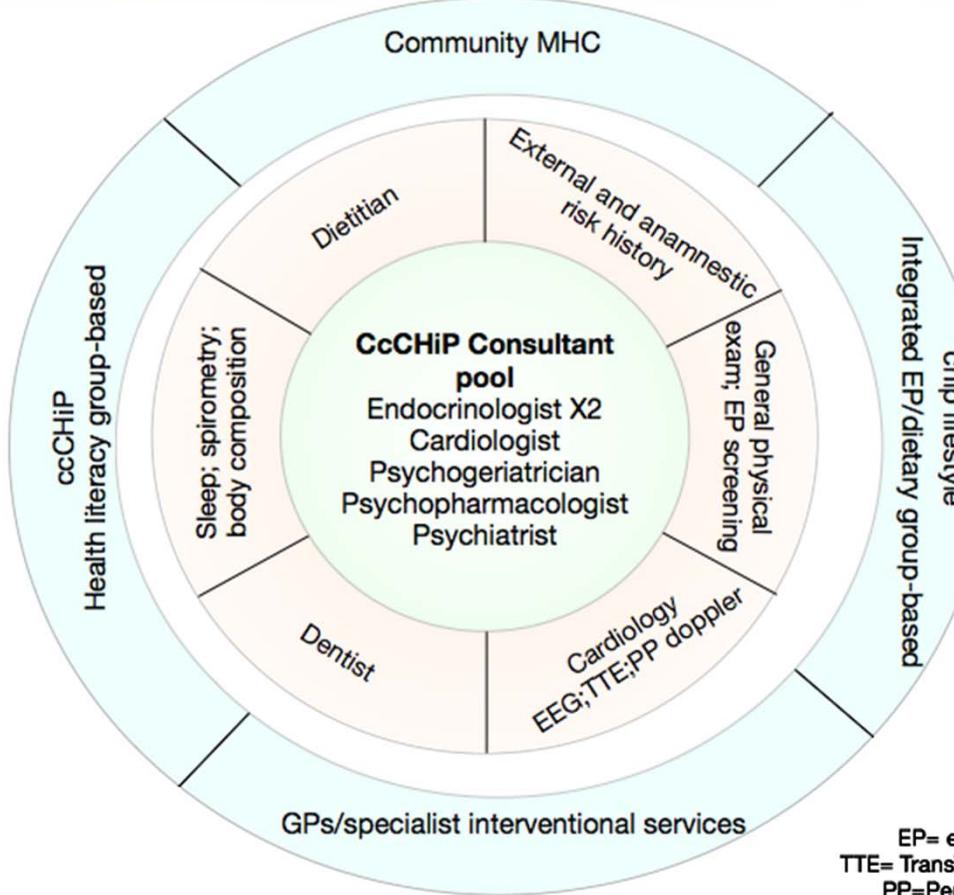
- In terms of how the physical care of those with mental illness is approached...
- Growing out of the societal fear of the ‘other’, social/tribal defences arise that might explain barriers to care (below)...
The N to N phenomenon



Nihilism
→
Neglect

Medieval fear of the mentally ill
(or space aliens, or 50 foot women)

Final multidisciplinary structure

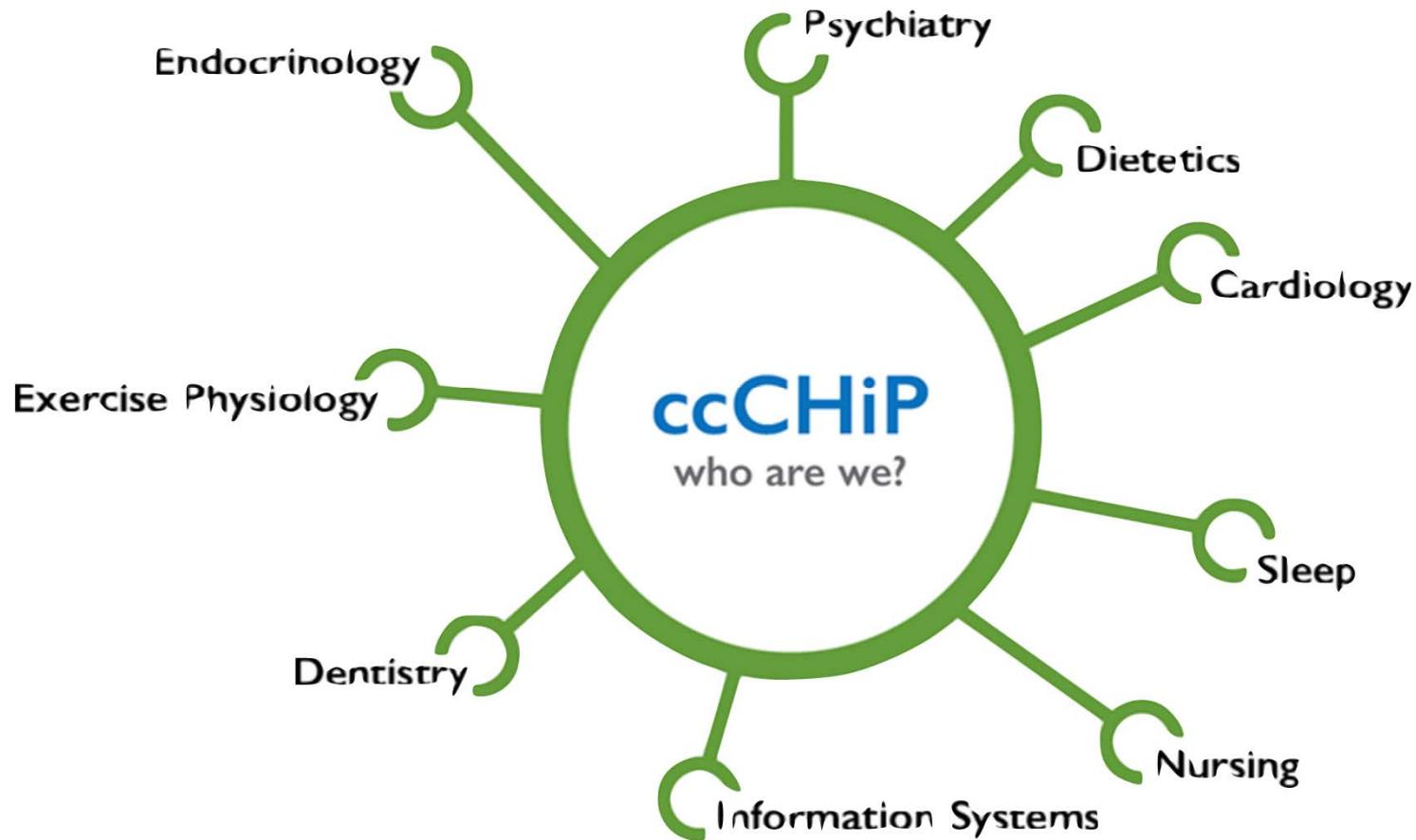


EP= exercise physiologist
TTE= TransThoracic Echocardiogram
PP=Peripheral pulse doppler

Kritharides L, Chow V, Lambert TJ. Cardiovascular disease in patients with schizophrenia.
The Medical journal of Australia. 2017;206:91-95.



Multidisciplinary care in each clinic



This from the web site: <http://www.ccchip.clinic>

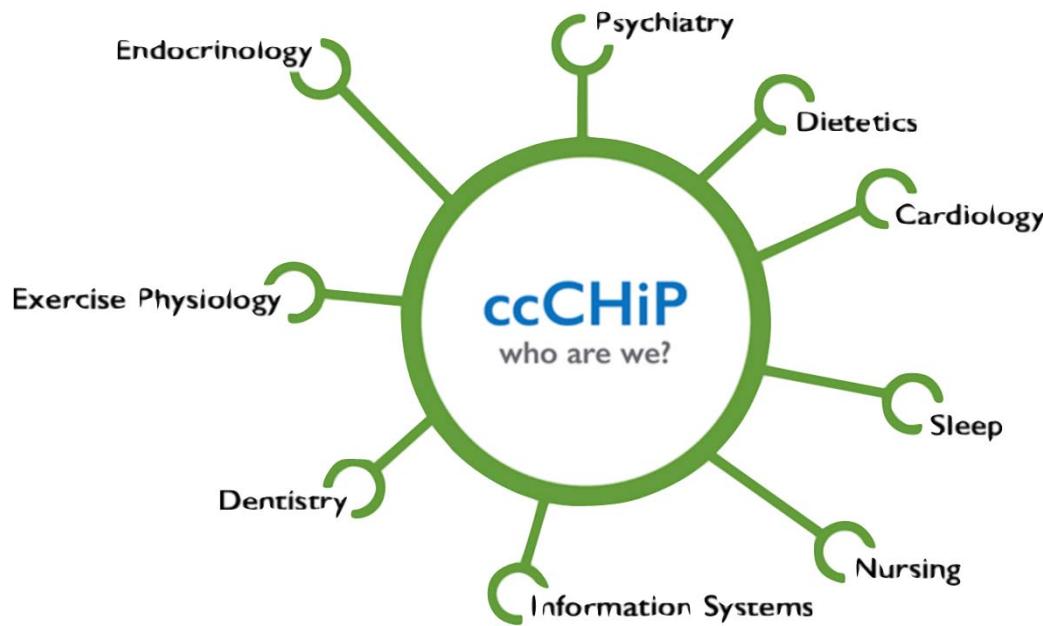
Patient journey



This from the web site: <http://www.ccchip.clinic>

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Post-clinic multidisciplinary synthesis



This from the web site: <http://www.ccchip.clinic>



Barriers to integrated care



Health care systems related

J x lghdphv#ru#P SKF -#duh#shufhlyhg#d#kuhdw#r#lxwrqrp | #duh#grw# hoo
nqrz q#ru#duh#grw#Edg Ifdo| #df fhswhg

Q rqosv| fk ldwlf#grfwru#duh#hw#hqw#ru#wdw#krvh# lk#hulrxv#p hqwd#lojhwv#
ghvs lk#holwlyh#ghif l#q#kh#xddw#r#fduh#ehbj#bmhg#r#qfuhdvhg#
p ruddw

Odfn#r#Frqwbgxw#r#wdw#qj#grfwru#lk#xevhtxhqw#d#bxu#ru#dwhqw#r#
kdyh#k#khu#rqj lk#qdd#l#ru#dydole#

Wuhdw p hq#ndp v#p d | #kdyh#yduirxv#byho#r#Frqvhqvxx#ryhu#kh#fr#ofwlyh#
ur#h#ru#p hwderdf#khdo#vfu#h#qbj

Wkh#p ryh#r#Frp p xql#p hqwd#khdo#s#ofhv#p ru#r#qxv#r#q#r#q#p hg#fd#
fdvh#p dqdj hu#r#surylh#d#dqj h#r#sk | v#fd#khdo#vhuylhv#kh | #p d | #grw#
eh#wdqhg#q

Vshf l#khdo#surp r#r#q#dqg#sxed#khdo#q#huy#hqw#r#qv#duj h#h#q#r#z dugv#
shrsd# lk#vfk} rsksuhq#d#duh#h#qhu#d#qvxii#h#qw

*IMPHC=integrated medical and psychiatric health care



Barriers to integrated care...



Health care systems related...

Shufhswhrq# | #vshf bddww2frp p xqiw# hqwdok#hdp v#kdwsk | v#fd#
khdo#p dwuhuv#krxg#h#h#surylqfh#r#hihu#qj #ru#khut#grfwuv

Dwhqwrq#vrbd#rfxvhg#q#uhvhqw#qj #sv| fkldwlf#suredp v#lk#
vxevhtxhqw#q#ihtxhqw#sk | v#fd# {dp lqdwrq#r#sdwhqw

W#p h#dqg#hvrxfhv#r#sk | v#fd#p hg#fd# {dp lqdwrq#q#r#dydloed#q#
fxuhqw# hqwdok#hdp v#huylh#hwu#qj v

Sk | v#fd#frp s#lqw#luh#hj dughg#v#sv | fkrvrp dw#v| p swrp v

Vhsdudwrq#r#kh#p hg#fd#dqg#p hqwdok#v| v#hp v#r#fd#uh#
+j hrj wdske#lqdqf do#ruj dq#}dwirqd#dqg#Exoxudq#dwkhut#kdq#lqwhj udwhg#
v#huylhv



Barriers to integrated care



Health care systems related

J x lghdjhv#irup SKF -#uh#shufhlyhg#l#kuhdw#r#lxwrqrp | #uh#grw# hoo

Q rqosv|fk bwlf#grfwruv#uh#hwf hqwr#whdw#krvh##
z lk#hulrxv#p hqwd#ohvv#ghvs lh#hawl#ghiflw#q#
wk#txddw#r##duh#ehbj#bnnhg#r#qfuhdvhg#
p ruddw

Wundw#hqw#nrap v#p a|#kayn#yaurxv#onyo#r#rqvnqvxx#rynu#khut#rooiwyn#
ur#h#irup hwderdf#khduk#vuhhqbj

Wkh#p ryh#r#rp p xqlw#p hqwd#khduk#solhv#p ruh#r#qxv#r#q#grq#p hg#fd#
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eh#udbhg#q

Vshf#lif#khduk#surp rw#r#q#b#qg#sxed#khduk#qwhuy#hqw#r#qv#duj#hwg#r#z dugv#
shrs#h#lk#vfk#rskuhq#l#uh#j#hqudo#qvx#ilf#hqw

*IMPHC=integrated medical and psychiatric health care

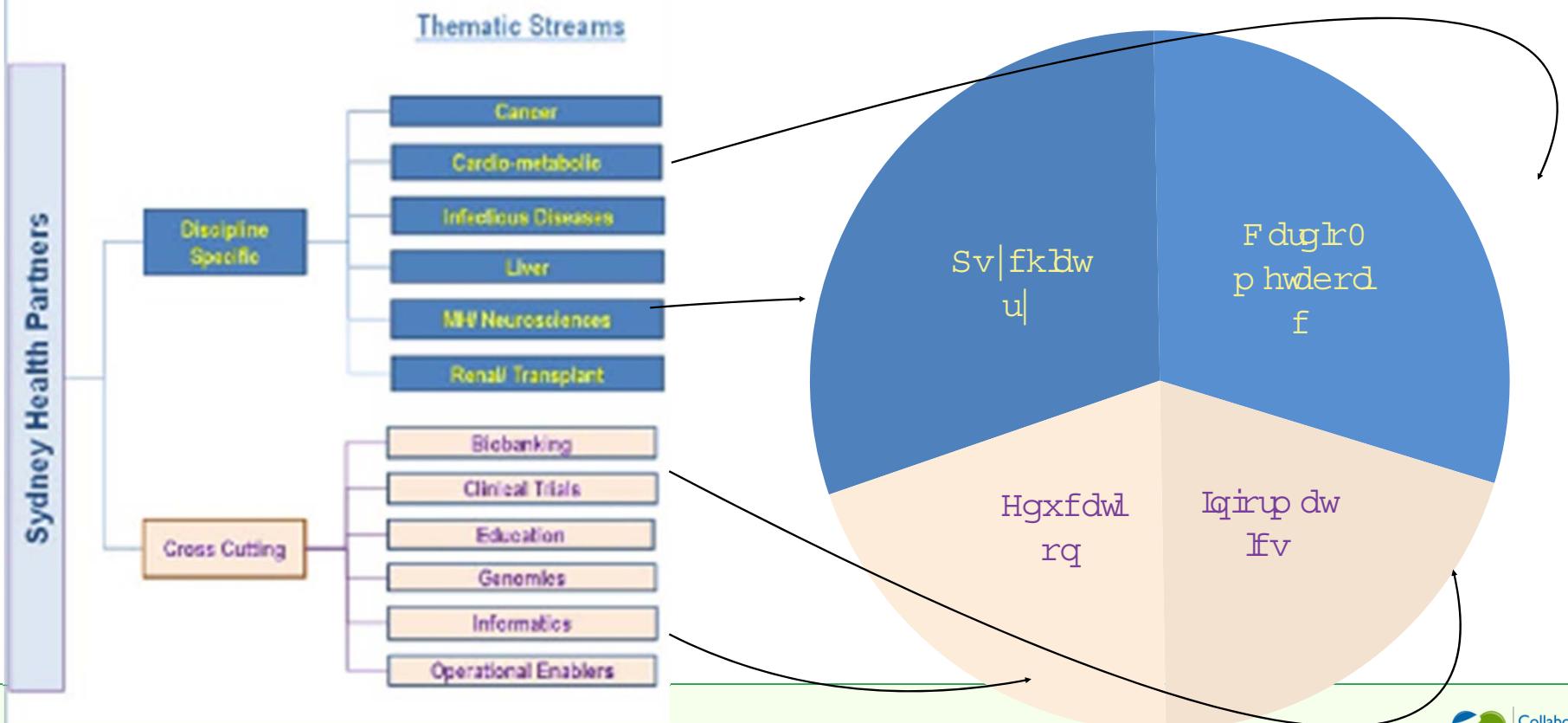


Breaking down silos



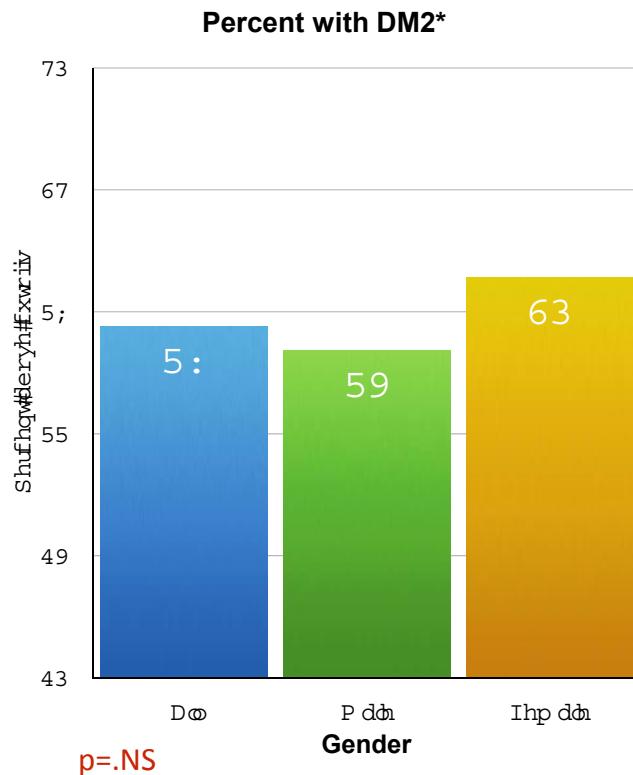
Sydney Health Partners
Advanced Health Research and Translation Centre

ccCHiP
Translational clinical, research, education



Collaborative Centre for
Cardiometabolic Health
in Psychosis

ccCHiP diabetes rates



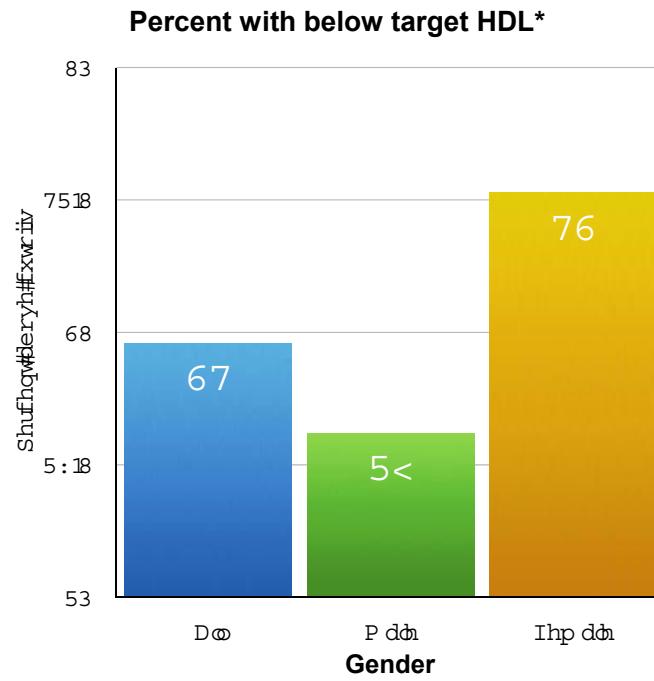
* History of diagnosis or treatment or HbA1c ≥ 6.5% or fasting BSL GE 7 or random BSL GE 11.1 and last 'meal' GE 90 mins

- 2011-12 data indicates 5% of Australians have diabetes¹
 - 3x higher in Indigenous people
 - 2 x higher in lowest SE group
- The NMHS low prevalence rates² were >population
- diabetes and mental illness contribute ≥20% of the total burden of disease in Australia³

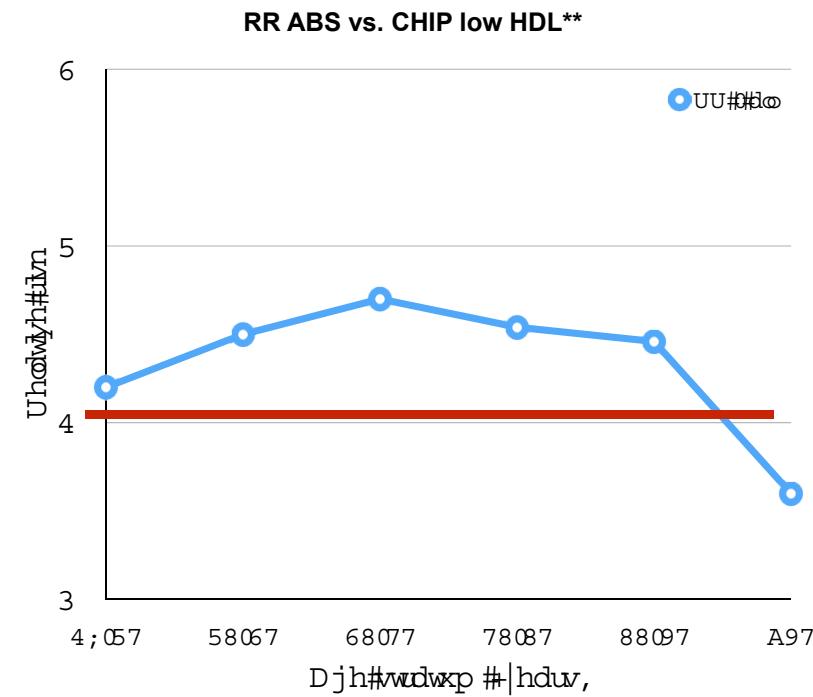
1 <http://www.aihw.gov.au/diabetes/23>
www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737419249



HDL by gender | age



* men < 1.0 mmol/l,
women < 1.3 mmol/l

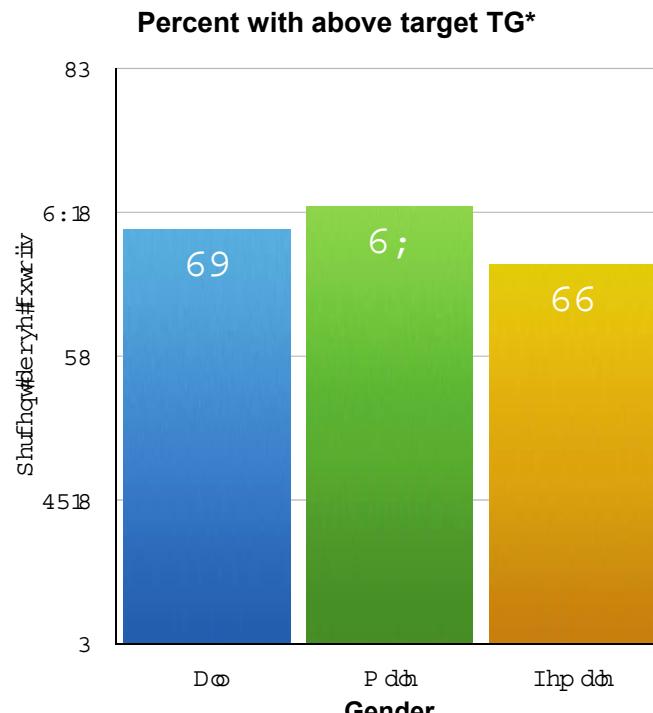


Abnormal HDL (a)	18-24	25-34	35-44	45-54	55-64	>64
ABS (%)	21.0	24.7	24.7	23.4	21.5	22.4
ccCHIP (%)	25.4	37.0	42.6	36.0	31.3	12.8
ccCHIP (n)	16	37	63	71	42	5

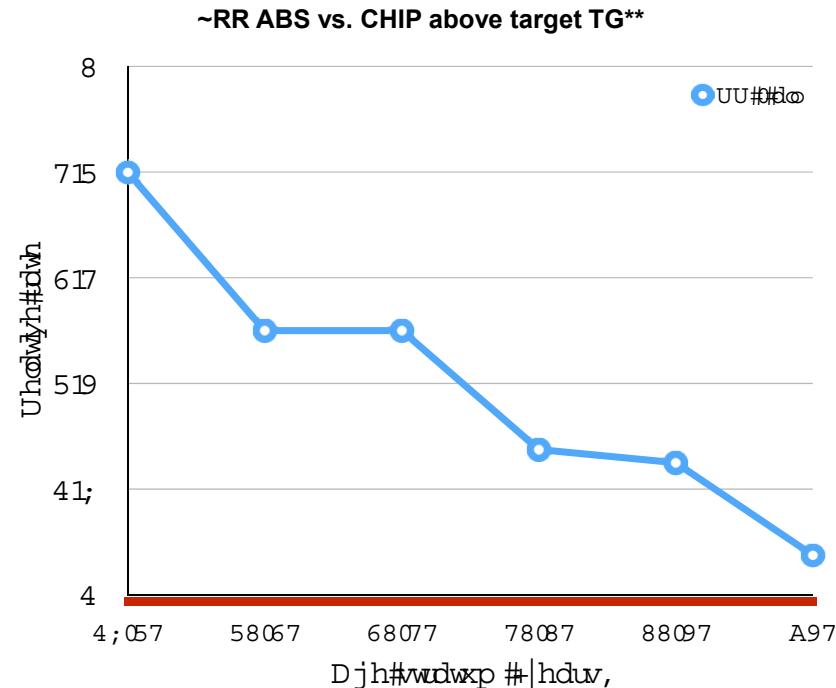
** <1.0 mmol/L for men and <1.3 mmol/L for women



TG by gender | age



* ≥ 2.0 mmol/l



Abnormal TG (a)	18-24	25-34	35-44	45-54	55-64	>64
ABS	4.0	12.0	15.0	18.5	17.0	16.7
ccCHIP (%)	16.7	36.5	45.7	38.9	33.6	22.5
ccCHIP (n)	11	38	75	79	48	9

** ≥ 2.0 mmol/l

Disruptive innovation

- An innovation that creates a *new market* (aka service model) by providing a different set of values, which ultimately (and unexpectedly) overtakes an existing market (or service)
- Not all innovations are disruptive, even if they are revolutionary¹
- The slow uptake of the ccCHiP model (despite support from the top) suggests that the model is a ‘sustaining innovation’ – allowing the existing status quo to continue (ie doing largely nothing)
- Does this allow Nihilism and Neglect to remain a pervasive barrier to care?

¹ https://en.wikipedia.org/wiki/Disruptive_innovation