

LETTER TO THE EDITOR

A Motivational Interviewing Group to Manage Cardiometabolic Risk on an Inpatient Psychiatry Unit: A Chart Review

To the Editor: People with severe mental illness face an increased risk for disability and death from medical conditions; those with schizophrenia die 25 years earlier than age-matched controls.¹ The leading cause of excess mortality is cardiovascular disease in both schizophrenia and mood disorders.² This increased morbidity and mortality is in part explained by the fact that patients with severe mental illness carry a 1.5–2 times higher prevalence of modifiable risk factors such as dyslipidemia, hypertension, and obesity.¹

Motivational interviewing (MI) is an effective means of improving health behaviors. A meta-analysis of 72 clinical trials concluded that MI promotes improved adherence to diet and exercise programs.³ However, MI for this purpose is not widely available.

Method. A weekly MI group was developed to address patients' ambivalence toward changing their health behaviors at a 230-bed state psychiatric facility with an average length of stay of 7 days and 2,100 admissions per year. Patients were invited on the basis of meeting diagnostic criteria for metabolic syndrome determined by universal lipid and glucose screening, or carrying a medical diagnosis of a coronary artery disease risk equivalent.⁴

A psychologist and a licensed recreational therapist co-lead this group. Each session consists of a brief goal-setting discussion, a review of prior participants' progress on their goals, and an invitation to new members to share thoughts on health behavior change. Ten-point Likert scales help members clarify the importance of the changes and their confidence in making them.

Results. Medical records of patients who attended this group over 14 months were reviewed in July 2009. A total of 48 patients attended, with a mean of 2.2 encounters per patient. The mean age was 47 years; 24 patients were women and 71% (n = 34) were smokers. The most frequent medical diagnosis was diabetes (n = 22), followed by hypertension (n = 20) and hyperlipidemia (n = 18). Mean body mass index (BMI) was 32 (kg/m²). The most common *DSM-IV* diagnoses were schizoaffective disorder and bipolar disorder (n = 15 each), followed by major depression (n = 7). The most frequent goal was to increase exercise (n = 7), followed by improving diet (n = 4) and losing weight (n = 4).

Data from the 10 patients who attended more than 3 groups were analyzed. Six of the 10 patients had a BMI over 30. According to the group leaders' notes, 7 patients advanced at least 1 Prochaska stage⁵ of change over their time in the group. One patient listed smoking as a behavior change goal, and 6 picked a diet or exercise goal.

This MI-based health behavior group for severe mental illness patients in an involuntary psychiatric hospital is feasible and appeared to facilitate movement along the Prochaska stages of change for various health behaviors. Further research is warranted.

REFERENCES

1. Newcomer JW, Hennekens CH. Severe mental illness and risk of cardiovascular disease. *JAMA*. 2007;298(15):1794–1796.
2. Colton CW, Manderscheid RW. Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. *Prev Chronic Dis*. 2006;3(2):A42.
3. Hettema J, Steele J, Miller WR. Motivational interviewing. *Annu Rev Clin Psychol*. 2005;1(1):91–111.
4. Grundy SM, Cleeman JJ, Merz CN, et al. American Heart Association. Implications of recent clinical trials for the National Cholesterol Education Program Adult Treatment Panel III guidelines. *Circulation*. 2004;110(2):227–239.
5. Prochaska JO, Velicer WF. The transtheoretical model of health behavior change. *Am J Health Promot*. 1997;12(1):38–48.

Paul B. Shagoury, PhD

Melinda Currier, CTRS/L

Rebecca Bemis, BA

Jeffrey C. Fetter, MD

Jeffrey.c.fetter@dhhs.state.nh.us

Author affiliations: Department of Psychology (Dr Shagoury), Department of Rehabilitation (Ms Currier), Department of Nursing (Ms Bemis), and Departments of Psychiatry and Internal Medicine (Dr Fetter), New Hampshire Hospital, Dartmouth Medical School, Concord.

Potential conflicts of interest: Dr Fetter is a member of the speakers bureau for Lilly USA. Dr Shagoury and Ms Currier and Bemis report no potential conflicts of interest relevant to the subject of this letter.

Funding/support: None reported.

Published online: December 2, 2010 (doi:10.4088/PCC.10l00975yel).

Prim Care Companion J Clin Psychiatry 2010;12(6):e1

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