

Patients with mental illness less likely to receive diet, exercise advice

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More than half of patients with symptoms of mental illness - and nearly one-third of those who also had diabetes - said their health care providers had never told them to exercise or reduce their intake of dietary fat, according to a new study published in *Diabetes Educator*.

The American Diabetes Association recommends that [health care providers](#) counsel all patients with [diabetes](#) or at high risk of diabetes about physical activity and healthy dietary choices.

However, providers may be missing opportunities to advise patients who have [mental illnesses](#) about making changes that could improve their quality of life, prevent debilitating health problems and extend their longevity, said researcher Xiaoling Xiang of the University of Illinois.

"It is important that providers counsel people in this population as early as possible about exercise and nutritional changes that reduce the risks associated with diabetes - before risk factors such as hypertension and high cholesterol manifest," said Xiang, a doctoral candidate in social work.

People with mental illness have significantly higher rates of health problems such as cardiovascular disease, diabetes, hypertension and [high cholesterol](#) that could be prevented or alleviated with lifestyle modifications. They are also at increased risk of premature death, according to the study.

Participants in the study ranged from 18 to 70 years old. The prevalence of diabetes was 15.6 percent among people in the data sample who had symptoms of serious psychological distress, compared with 7.9 percent of their peers.

Rates for all of the clinical conditions that predispose patients to diabetes were significantly higher among participants with symptoms of mental illness than among their counterparts. More than 70 percent of those with mental illness had body mass indexes above 25, compared with 64.3 percent of their peers. They also had significantly higher rates of hypertension (42.1 percent, compared with 25.6 percent), hyperlipidemia (42 percent, versus 30.6 percent), and cardiovascular disease (29.7 percent, versus 14.7 percent).

People with symptoms of psychological distress who had not been diagnosed with diabetes at the time of the study had an average of more than three diabetes risk factors, compared with their counterparts, who averaged 2.4 risk factors.

The likelihood of patients receiving lifestyle counseling increased in accordance with their number of risk factors, however. While only 10.4 percent of patients who had no diabetes risk factors said they had received dietary advice from their health care providers, more than 65 percent of people with five or more risk factors had received dietary counseling.

"Given the elevated risk for diabetes among individuals with symptoms of psychological distress, even greater numbers of clinicians in the study sample should have been providing lifestyle counseling," Xiang said. "However, the increase in the rates of diabetes and diabetes risk factors seems to have outpaced the increase in the rates of provider advice for this population."

Because people with mental illness tend to utilize outpatient, inpatient and emergency services at much higher rates than the general population, clinicians have increased opportunities to educate patients about the benefits of a healthy diet and physical activity, Xiang said.

Data for the study came from the U.S. Dept. of Health and Human Services' Medical Expenditure Panel Survey, which interviewed a nationally representative sample of participants multiple times over a two-year period about their health and use of medical services.

Subjects in the data sample who had symptoms of mental illness had scored 13 or higher on the six-item Kessler Psychological Distress Scale, also called the K6, a screening tool that has been shown to be strongly predictive of serious mental illness.

Provided by University of Illinois at Urbana-Champaign

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