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DEVELOPMENT OF A TOOL TO IMPROVE SCREENING RATES FOR CARDIOMETABOLIC RISK FACTORS ASSOCIATED WITH MENTAL ILLNESS

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Major mental illness is associated with premature mortality, primarily from cardiovascular disease. Modifiable risk factors include obesity, smoking, hyperglycemia, dyslipidemia and hypertension, all prevalent in this population, and commonly underrecognized and undertreated. Public health guidelines for screening and interventions to lower risk have reduced cardiovascular mortality in the general population, but these improvements have not extended to mentally ill populations. Recent recommendations to screen in this population have come from psychiatric professional groups, and in relation to regulatory warnings on potential adverse drug effects. However, recent studies suggest low levels of monitoring, both pre- and post-guidelines and warnings.

Public health interest is now directed at improving screening in this population. One of the barriers to increasing screening is limited awareness among mental health professionals of the details of existing public health guidelines that define specific risk thresholds, diagnostic values and treatment targets for adiposity, blood pressure, plasma glucose and plasma lipids levels. Quality assurance/quality improvement (QA/QI) tools to facilitate screening include data collection forms that educate about risk parameters and organize patient data in a manner that helps to track risk over time.

This presentation will describe a specific QA/QI tool for screening and monitoring cardiometabolic risk in the mentally ill, based on published guidelines from the European Association for the Study of Diabetes (EASD) and the European Society for Cardiology (ESC). Cardiometabolic screening, along with treatment approaches and interventions to reduce risk, offers an established public health approach to lower morbidity and mortality in vulnerable populations.