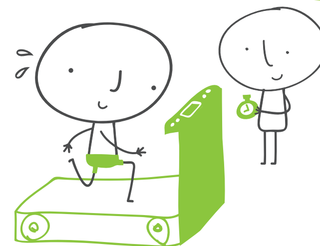
SHAPE PHYSICAL HEALTH ASSESSMENT TOOL



Assessor Name | Date | Service

Client Name | D.O.B | NHS no.

Diagnosis Mental Health

Medication prescribed

Diagnosis Physical Health

Medication prescribed

Other (OTC)

Do you experience any side effects? Y N Further information given? Y N

1. Are you a smoker? Y N How many a day? 1-10 10-20 20-40

Would you like any assistance with reducing or stopping smoking? Y N

Referral made Y N

2. Do you use alcohol? Y N

How many alcoholic units a week do you consume?

Alcohol – are you aware of recommended units? Y N

Do you use illicit substances? Y N

What substances do you use?

Would you like any assistance reducing your drug and/or alcohol intake? Y N

3. Do you perform exercise regularly * Y N

On average over the past month how many days a week do you engage in strenuous exercise (e.g like a brisk walk) 0-1 1-3 3-5

Do you have any goals to increase activity? Y N

Information given on access to support or intervention Y N

4. Do you think you have a good diet? (use eat well plate) Y ☐ N ☐

Do you eat 5 portions of fruit and vegetables a day? Y ☐ N ☐

Would you like any support regarding nutritional needs? Y ☐ N ☐

5. Is there a family history of cancer? Y ☐ N ☐

F When was your last cervical smear?

M When was your last prostate check?

6. Have you visited the: Dentist ☐ Opticians ☐ in the last 12 months?

Are you using contraceptives? Y ☐ N ☐

F LMP – Any risk you could be pregnant? Y ☐ N ☐

7. Is there a family history of high cholesterol? Y ☐ N ☐

Is there a family history of diabetes? Y ☐ N ☐

Initial blood tests completed? Y ☐ N ☐ Follow up: Y ☐ N ☐ Refused: Y ☐ N ☐

FBC, U&E, LFT, TFT, Prolactin, fasting lipids, HBA1C, fasting glucose, (other as treatment indicates)

8. Blood Pressure: Pulse/HR:

(Is patient on Clozapine? OR medication that effects HR) Y ☐ N ☐

Do you suffer from blurred vision, fainting, dizziness or headaches? Y ☐ N ☐

9. Weight Height Waist Size (cm) BMI

BMI: Within normal limits ☐ Overweight ☐ Obese ☐ Morbidly obese ☐

Any changes in weight in the last three months? Y ☐ N ☐

10. Do you have any other physical health concerns you would like to discuss

Actions

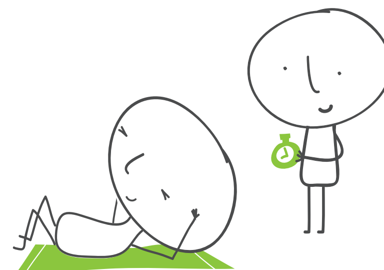
Refer to GP ☐ Specialist Service ☐ ECG ☐ MRI ☐ Other

Refer for Lifestyle Advice (nutritionist, smoking cessation, sexual health, dentist, opticians, other)

Signed Asessor Date Follow up

Signed Patient Date

RESOURCES AND FACTS FOR STAFF, PATIENTS AND CARERS



1. Smoking

www.nhs.uk/smokefree – Smoke free-effects of smoking on the body

- If you smoke your risk of lung cancer increases by 15 times
- 15% of people successfully stop smoking with Nicotine Replacement Therapy
- Smokers die on average 10 years earlier than non-smokers

2. Alcohol and Drugs

www.alcohollearningcentre.org.uk – AUDIT alcohol identification tool

www.drugabuse.gov – Screening and assessment tools for illicit and recreational drug use

- Heavy drinkers are 13 times more likely to suffer from liver cirrhosis and 2-5 times more likely to suffer from mouth cancer
- The use of drugs is linked to anxiety, depression and psychosis

3. Physical Activity

www.exerciseasmedicine.org – Information on how to assess activity levels

www.nice.org.uk – States the NICE quality standard 6 and 7 assessing physical health and wellbeing

- Regular exercise can reduced risk of developing diabetes by 50%
- Exercise will reduce risk of becoming obese by 50%
- Exercising 5 times a week for 30 minutes can reduce risk of heart disease and stroke
- 150 minutes a week of moderate activity including: Brisk Walk, Dancing, Gardening, Housework
- Vigorous activities including Fast Running, Cycling, Aerobics, Competitive Sport, Exercise and Strength Training

4. Fruit and Vegetables

www.food.gov.uk – The eat well guide

- Reduces risk of heart disease, cancer and stroke by 20%
- Eating just 1 portion of fruit and vegetables per day reduces your risk of a stroke by 6%
- Eating fruit and vegetables reduces symptoms of asthma

5. Prevention Action Plan

www.nhs.uk – Preventing cancer

- Breast screening has reduced deaths from breast cancer by 64%
- Cervical smear screenings prevent 6000 women dying of cervical cancer each year
- Bowel screening can prevent up to 25% of all colon cancer deaths

6. Dentist, Opticians and Sexual Health

www.nhs.uk/Conditions/Pages/hub.aspx – Health A-Z

- A dental check allows your dentist to see if you have any dental health problems and helps keep your mouth healthy.
- Eye examinations will check the quality of your vision as well as any abnormalities that can occur.
- Chlamydia rates are rising and 1% of females between the age of 16 and 19 are thought to have the infections – practicing safe sex is important

7. Blood Screening

www.rcpsych.ac.uk – Positive cardio metabolic health resource enables staff to make an assessment of cardiac and metabolic health screening

- Too much cholesterol can cause blockages of the arteries leading to heart attacks and stroke
- Statins (cholesterol lowering drugs) have been shown to reduce heart disease by 11% in the first year, 24% in the second year and 33% in the third year
- In most people, cholesterol level should be less than 5 (mmol/l) - in patients with heart disease, stroke or diabetes the usual target is 4 or below

8. Blood Pressure

www.bloodpressure.org.uk – Blood Pressure Check

- Overweight people with high blood pressure can reduce this with diet and exercise adjustments alone
- Keeping blood pressure low will reduce your risk of heart attack and stroke
- To keep your blood pressure low you must ensure that you do not have too much salt in your diet
- Target <120/80

9. Weight (BMI)

www.nhs.uk/tools/pages/healthyweightcalculator.aspx – BMI healthy weight calculator

- Being overweight increases your risk of diabetes, breast and colon cancer and stroke and heart disease
- If you are overweight, reducing your weight by 10kg will reduce your risk of diabetes by 50% and reduces blood pressure
- Eating less fatty food, less sugar and less carbohydrates (such as bread and potatoes) is important

10. Action Plan

www.nhs.uk/tools – NHS choices provides information and interactive tools apps and podcasts on wide variety of topics

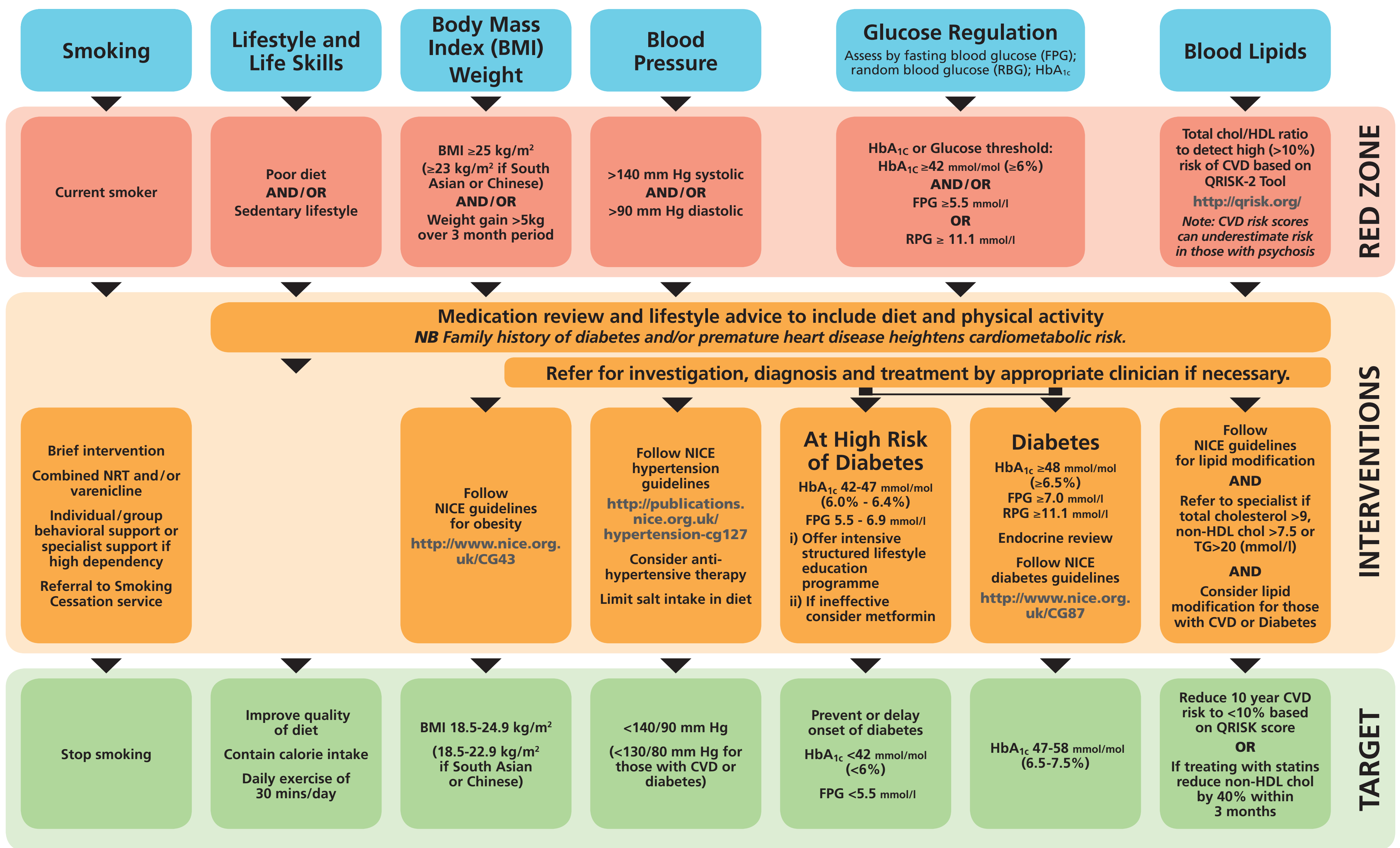
www.rcpsych.ac.uk – Positive Cardiometabolic Health Resource enables staff to make assessment for cardiac and metabolic health screening

www.rethink.org – Fact sheets and assessment tools to ensure patients, carers and staff are informed and provide up to date information on physical and mental health

Lester UK Adaptation | 2014 update

Positive Cardiometabolic Health Resource

An **intervention framework** for people experiencing **psychosis** and **schizophrenia**



FPG = Fasting Plasma Glucose | RPG = Random Plasma Glucose | BMI = Body Mass Index | Total Chol = Total Cholesterol | HDL = High Density Lipoprotein | TRIG = Triglycerides

History and examination following initiation or change of antipsychotic medication

Frequency: Normally supervised by the psychiatrist. As a minimum review those prescribed a new antipsychotic at baseline and at least once after 3 months.

Weight should be assessed weekly in the first six weeks of taking a new antipsychotic, as rapid early weight gain may predict severe weight gain in the longer term.

Subsequent reviews should take place annually unless an abnormality of physical health emerges. In these cases, appropriate action should be taken and/or the situation should be reviewed at least every 3 months.

At review

History: Seek history of substantial weight gain (e.g. 5kg), especially where this has been rapid (e.g. within 3 months). Also review smoking, exercise and diet. Ask about family history (diabetes, obesity, CVD in first degree <55 yrs male relatives and <65 yrs female relatives) and gestational diabetes. Note ethnicity.

Examination: Weight, BMI, BP, pulse.

Investigations: Fasting estimates of plasma glucose (FPG), HbA1c, and lipids (total cholesterol, non-HDL, HDL, triglycerides). If fasting samples are impractical then non-fasting samples are satisfactory for most measurements except for triglycerides.

ECG: Include if history of CVD, family history of CVD; where examination reveals irregular pulse (if ECG confirms atrial fibrillation, follow NICE recommendations **http://guidance.nice.org.uk/CG36**); or if patient taking certain antipsychotics (See SPC) or other drugs known to cause ECG abnormalities (eg erythromycin, tricyclic anti-depressants, anti-arrhythmics – see British National Formulary for further information).

Chronic Kidney Disease*: Screen those with co-existing diabetes, hypertension, CVD, family history of chronic kidney disease, structural renal disease (e.g. renal stones) routinely:

1. Monitor renal function: a) urea & electrolytes
   b) estimated glomerular filtration rate (eGFR)
2. Test urine: a) for proteinuria (dip-stick),
   b) albumin creatinine ratio (laboratory analysis)

*Presence of chronic kidney disease additionally increases risk of CVD: follow appropriate NICE guidelines on chronic kidney disease.

Monitoring: How often and what to do

Applies to patients prescribed antipsychotics and mood stabilizers.

	Baseline	Weekly first 6 weeks	12 weeks	Annually
Personal/FHx	■			■
Lifestyle Review[1]	■		■	■
Weight	■	■	■	■
Waist circumference	■			■
BP	■		■	■
FPG/HbA_{1C}	■		■	■
Lipid Profile[2]	■		■	■

[1]Smoking, diet, and physical activity [2]If fasting lipid profile cannot be obtained, a non-fasting sample is satisfactory

Monitoring table derived from consensus guidelines 2004, j clin. psych 65:2. APA/ADA consensus conference of 2004 published jointly in Diabetes Care and Journal of Clinical Psychiatry with permission from the Ontario Metabolic Task Force.

Specific lifestyle and pharmacological interventions

Specific lifestyle interventions should be discussed in a collaborative, supportive and encouraging way, taking into account the person's preferences:

- **Nutritional counselling:** reduce take-away and "junk" food, reduce energy intake to prevent weight gain, avoid soft and caffeinated drinks and juices, and increase fibre intake.
- **Physical activity:** structured education-lifestyle intervention. **Advise physical activity such as a minimum of 150 minutes of 'moderate-intensity' physical activity per week (http://bit.ly/Oe7DeS).** For example suggest 30 minutes of physical activity on 5 days a week.

If the patient has not successfully reached their targets after 3 months, consider specific pharmacological interventions:

Anti-hypertensive therapy: Normally GP supervised. Follow NICE recommendations **http://publications.nice.org.uk/hypertension-cg127**.

Lipid lowering therapy: Normally GP supervised. (If total cholesterol >9, non-HDL chol >7.5 or TG>20 (mmol/l), refer to metabolic specialist.) Follow NICE recommendations **http://www.nice.org.uk/nicemedia/pdf/CG67NICEguideline.pdf**.

Treatment of diabetes: Normally GP supervised. Follow NICE recommendations **http://www.nice.org.uk/CG87**.

Treatment of those at high risk of diabetes: FPG 5.5-6.9 mmol/l; HbA_{1c} 42-47 mmol/mol (6.0-6.4%)

Follow NICE guideline PH 38 Preventing type 2 diabetes: risk identification and interventions for individuals at high risk (recommendation 19) – **http://guidance.nice.org.uk/PH38**.

- Where intensive lifestyle intervention has failed **consider a metformin trial** (normally be GP supervised).
- Please be advised that **off-label** use requires documented informed consent as described in the GMC guidelines, **http://www.gmc-uk.org/guidance/ethical_guidance/14327.asp**.
  These GMC guidelines are recommended by the MPS and MDU, and the use of metformin in this context has been agreed as a relevant example by the Defence Unions.
- Adhere to British National Formulary guidance on safe use (in particular ensure renal function is adequate).
- Start with a low dose e.g 500mg once daily and build up, as tolerated, to 1500–2000mg daily.

Review of antipsychotic and mood stabiliser medication:

Discussions about medication should involve the patient, the general practitioner and the psychiatrist. Should be a priority if there is:

- Rapid weight gain (e.g. 5kg <3 months) following antipsychotic initiation.
- Rapid development (<3 months) of abnormal lipids, BP, or glucose.

The psychiatrist should consider whether the antipsychotic drug regimen has played a causative role in these abnormalities and, if so, whether an alternative regimen could be expected to offer less adverse effects:

- As a first step prescribed dosages should follow BNF recommendations; rationalise any polypharmacy.
- Changing antipsychotic medication requires careful clinical judgment to weigh any benefits against the risk of relapse of the psychosis.
- An effective trial of medication is considered to be the patient taking the medication, at an optimum dosage, for a period of 4-6 weeks.
- If clinical judgment and patient preference support continuing with the same treatment, then ensure appropriate further monitoring and clinical considerations are carried out regularly.

It is advised that all side effects to antipsychotic medication are regularly monitored, especially when commencing a new antipsychotic medication **(GASS questionnaire http://mentalhealthpartnerships.com/resource/glasgow-antipsychotic-side-effect-scale/)**, and that any side effects, as well as the rationale for continuing, changing or stopping medication is clearly recorded and communicated with the patient.

The Psychiatrist should maintain responsibility for monitoring the patient's physical health and the effects of anti-psychotic medication for at least the first 12 months or until the person's condition has stabilised, whichever is longer. Thereafter, the responsibility for this monitoring may be transferred to primary care under shared care arrangements.

Discuss any non-prescribed therapies the patient wishes to use (including complementary therapies) with the patient, and carer if appropriate. Discuss the safety and efficacy of the therapies, and possible interference with the therapeutic effects of prescribed medication and psychological treatments.