

# Utilising Personal Trainers and Peer-Support to Improve Physical Health and Promote Recovery Among EIP Clients

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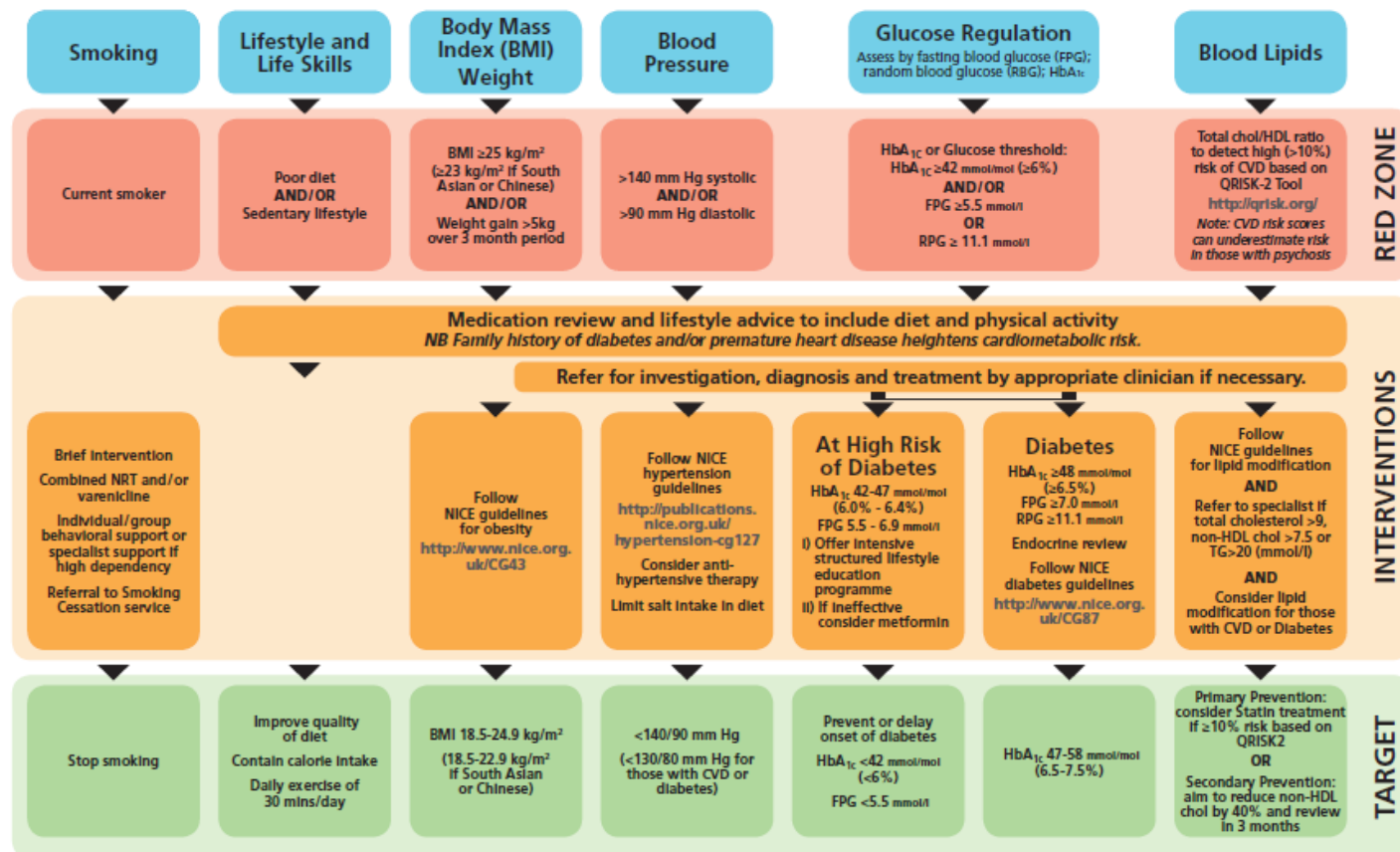
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# Improve physical health through early identification and intervention

Lester UK Adaptation | 2014 update

## Positive Cardiometabolic Health Resource

An intervention framework for people experiencing psychosis and schizophrenia



# Within our own service we identified a significant unmet need....

## Local public health initiatives are often unsuitable due to:

- Require a BMI >35 to meet inclusion criteria into weight management programmes
- Clients may not be comfortable attending due to low motivation and/or fear of stigma
- Negative symptoms often require increased support to facilitate attendance
- Weight management often only focuses on diet and not improving physical activity

Baselines obtained for: HBA1C/glucose, lipid profiles, BP, RHR, BMI, PANSS, QPR

Wellness plan (risk management)  
3-way face-to-face induction meeting

Month 1

Twice weekly 1:1 with personal trainer

Check point

Month 2

Once weekly 1:1 and once weekly group PT-led session

Month 3

Twice weekly group PT-led sessions (EiP only)

On-going communication

**Livefit app and Facebook group:**

- Daily commitment score
- Stimulate communication between clients e.g. photos of food, motivational messages to complete physical activity

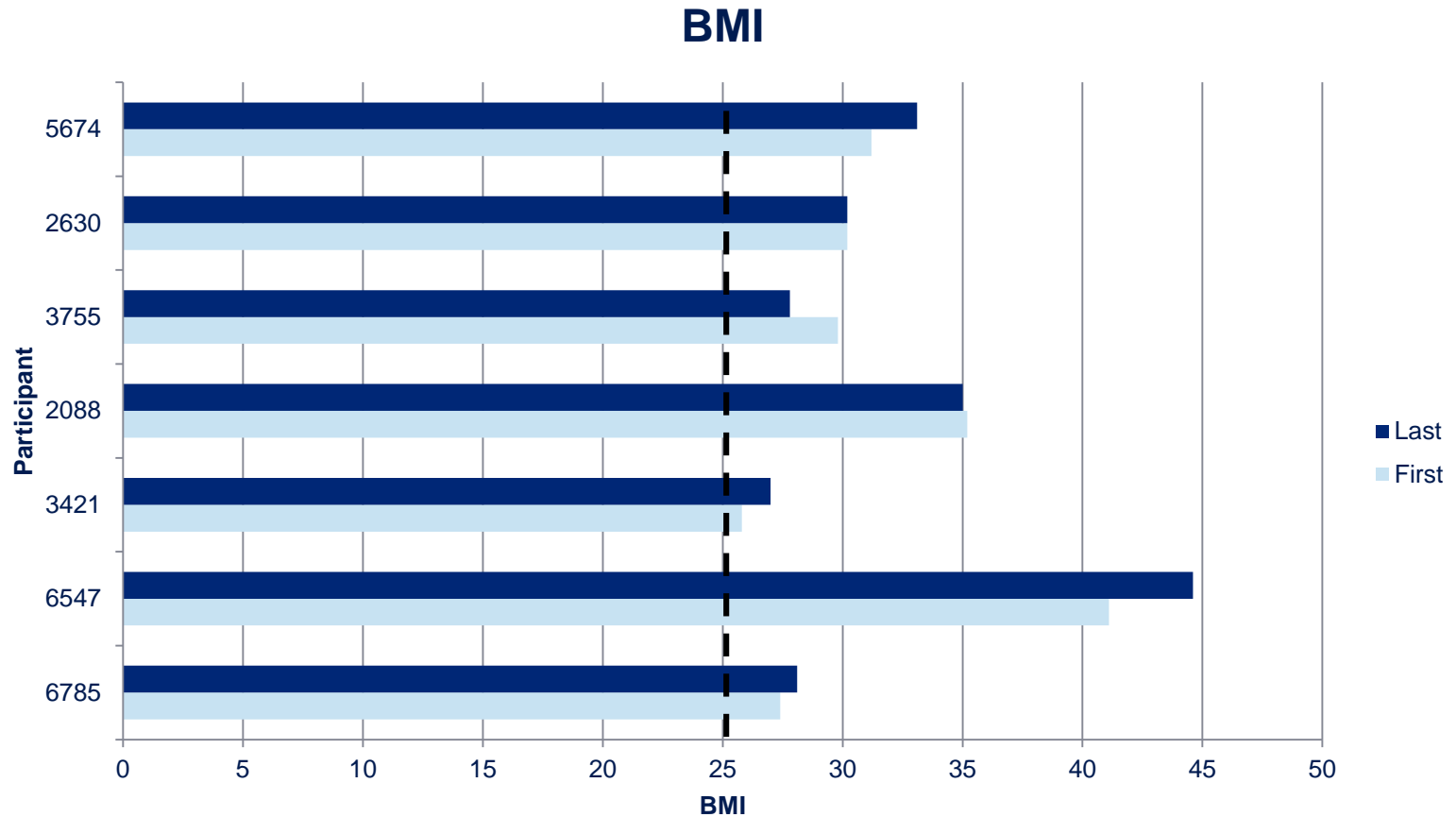
**Data collected:**

- Commitment score
- Engagement data
- Physical stats

Re-check: HBA1C/glucose, lipid profiles, BP, RHR, BMI, PANSS, QPR

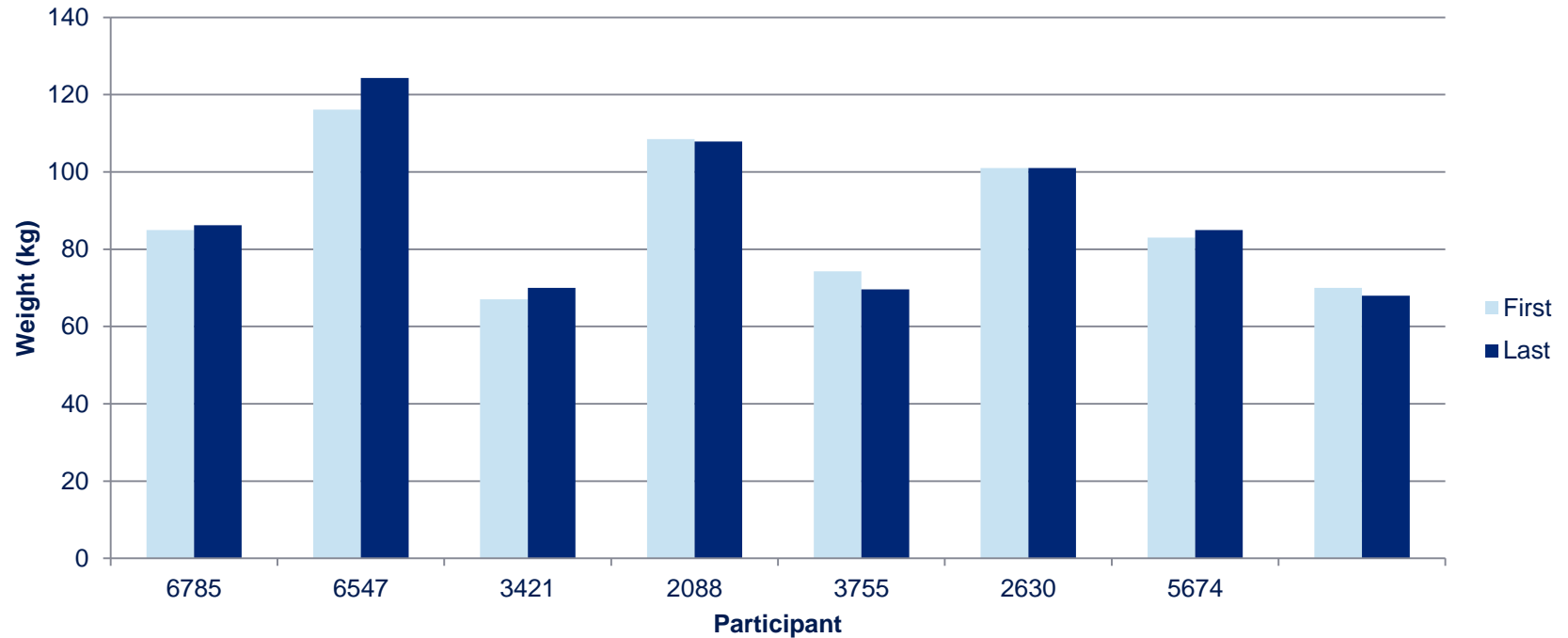
# Demographics of participants

- All had a BMI within the intervention zone of the Lester tool (>25)
- As determined by NICE guidance waist circumference risk:
  - 1 = low risk
  - 2 = high risk
  - 5 = very high risk
- 1 had BP within intervention zone (> 140mmHg systolic and/or 90mmHg diastolic)
- No participants required intervention for blood sugars or lipid profiles
- 1 participant started clozapine and another started lithium during the pilot



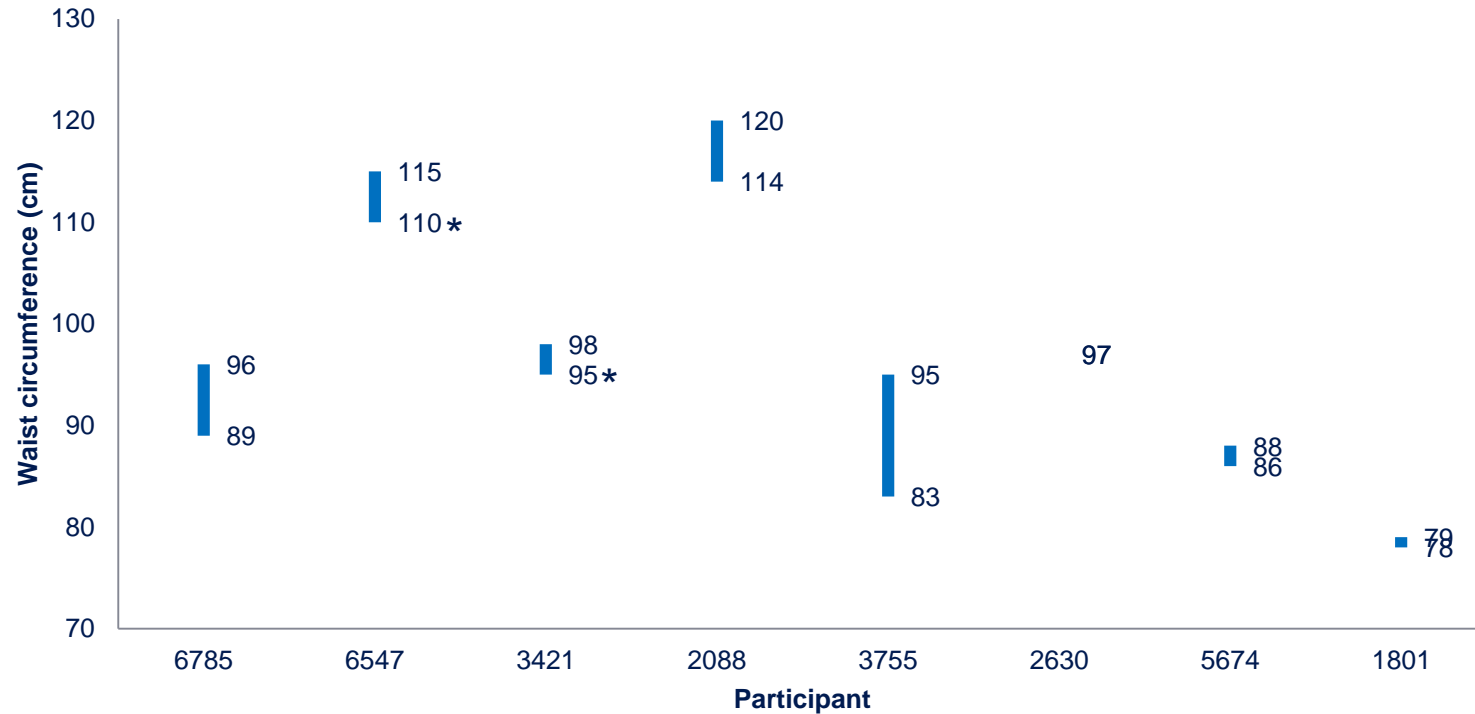
- Mixed response with regard to a shift of BMI towards <25
- Largest reduction in BMI was 2

## Weight



- Greatest weight loss was 4.7 kg
- Client who was initiated on clozapine had gained 3kg by Wk 8, however lost this by Wk 12
- Effect on weight appears to be delayed and had greatest change in the second half of the pilot

## Waist circumference

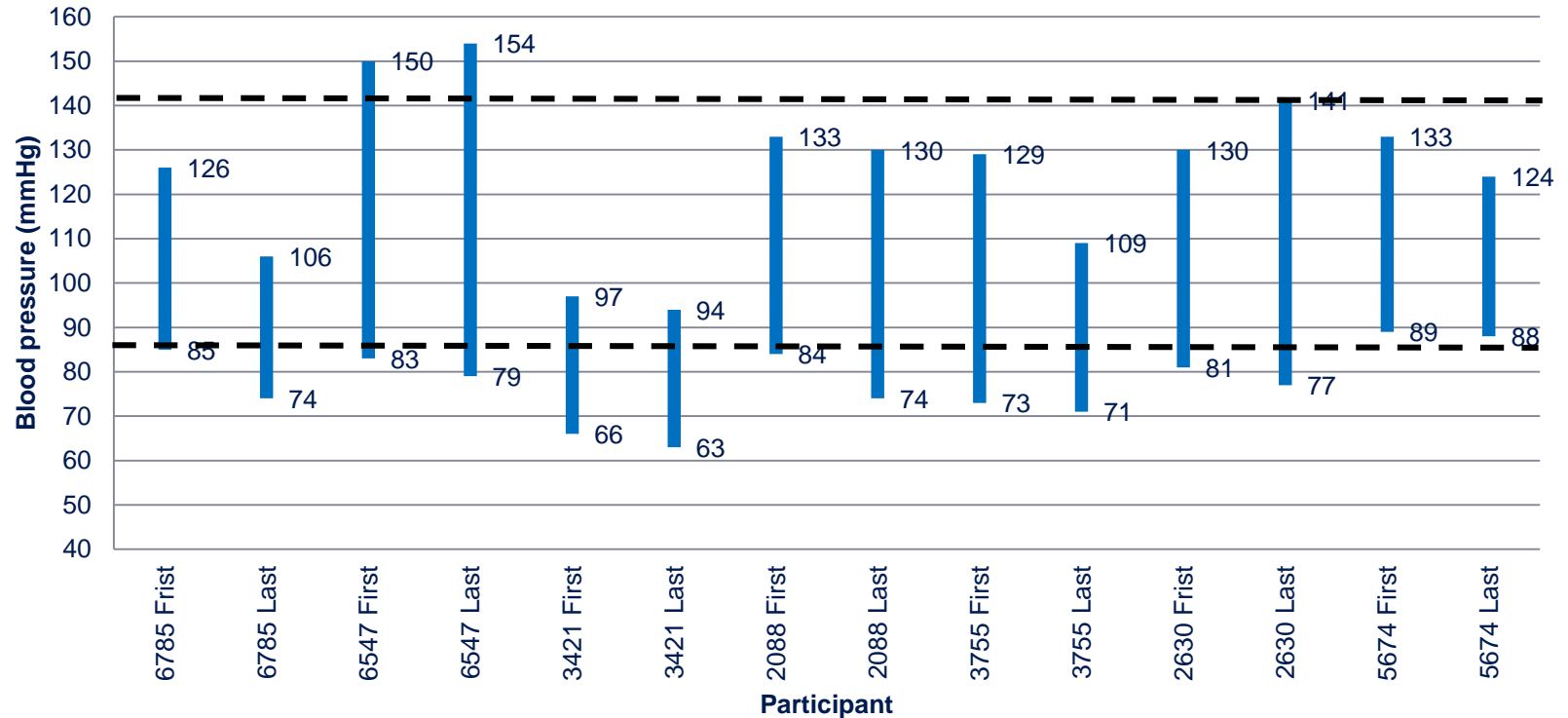


- Largest reduction was 12 cm
- 2 clients saw an increase (\*)
- 1 client had started clozapine, however only saw a 3 cm increase at Wk 8 however lost this by Wk 12
- No one changed their health risks associated with being overweight and obese in adults on BMI and waist circumference as per NICE guidance

Healthcare from the heart of your community  
 PT's noticed reduction in body fat (reflected in reduction in waist circumferences) however this is not positively reflected in weight changes due to muscle weighing more than fat

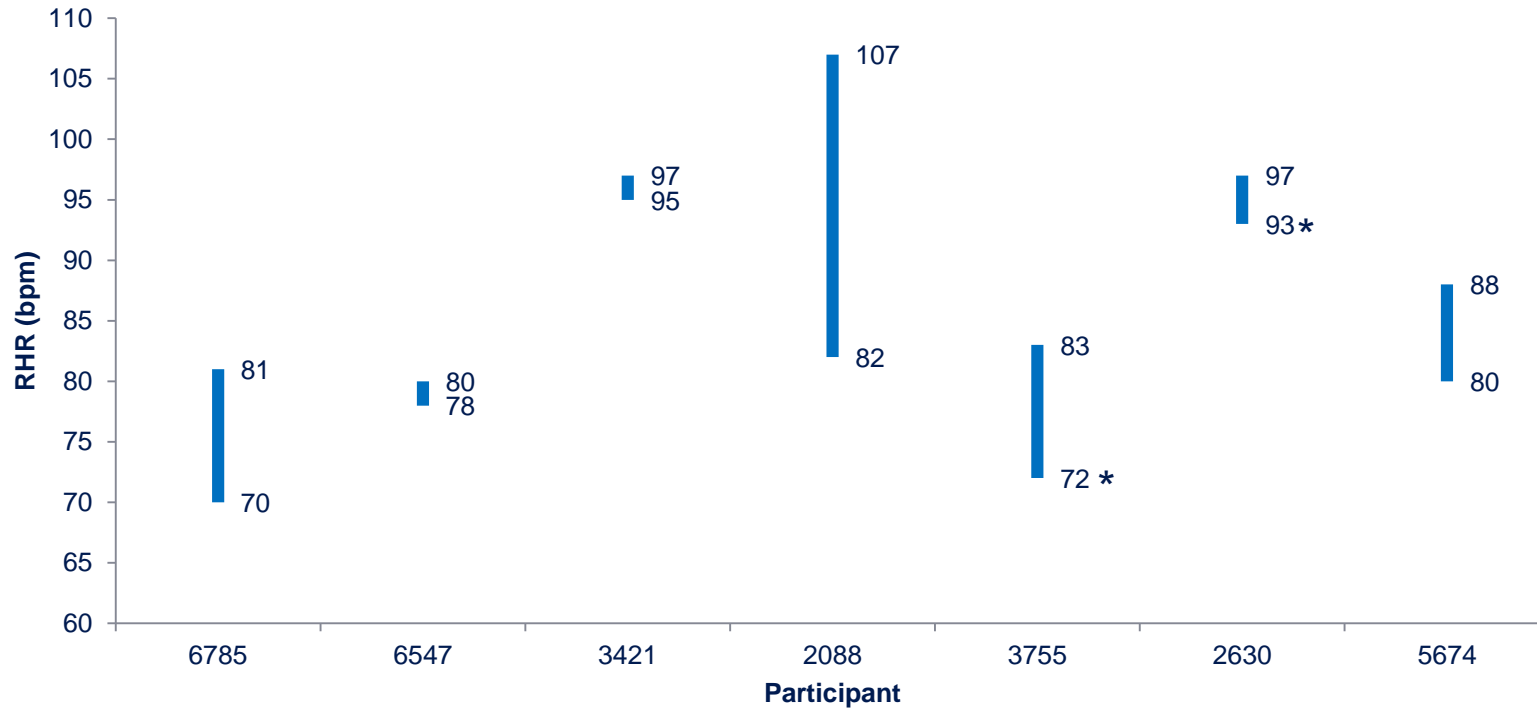


## Blood Pressure



- Greatest change was 20/11 (mean decrease in SBP/DBP at end of 1 year was 15/8 mmHg with antihypertensive in Cochrane review<sup>1</sup>)
- All but 2 participants saw an improvement in their BP
  - 1 participant started clozapine which attributed to a worsening of BP

## Resting Heart Rate (RHR)



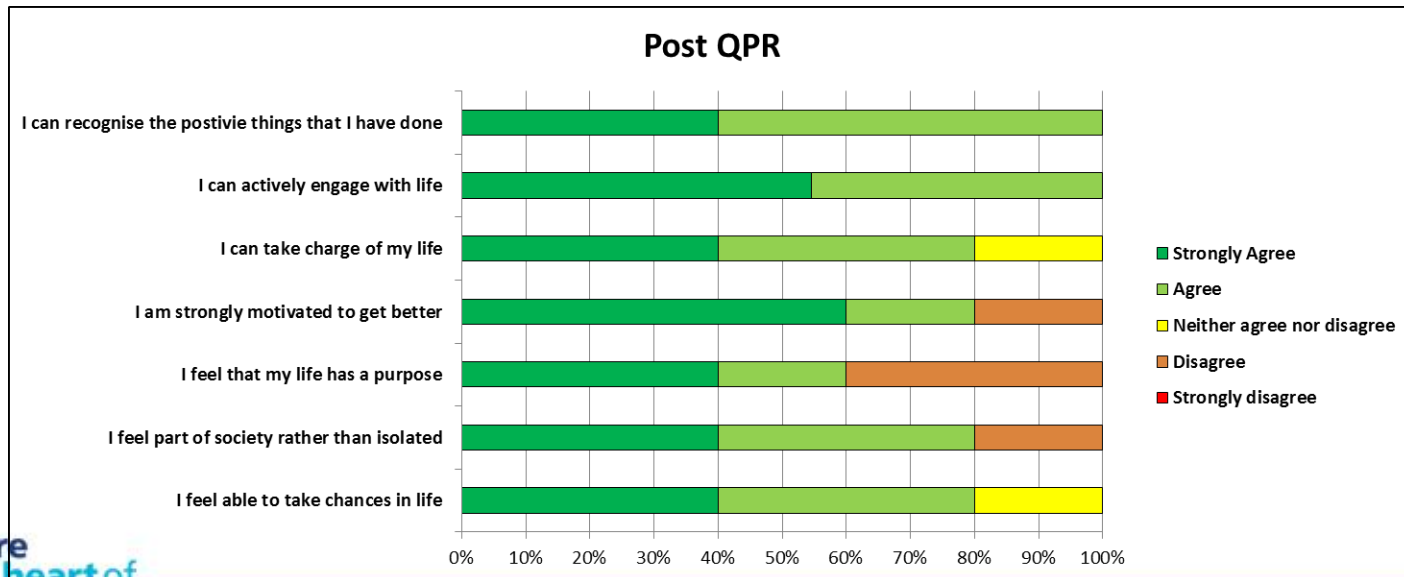
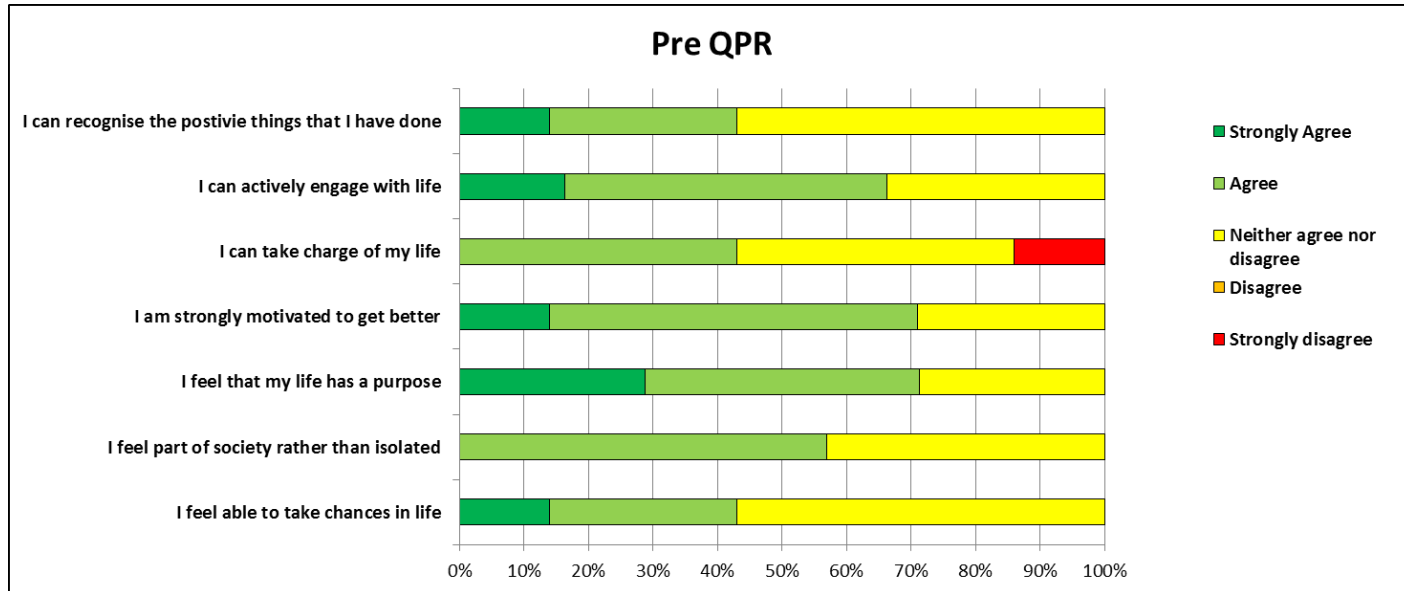
- Greatest change was a drop in RHR by 25 bpm
- All but 2 patients had a drop in RHR (\*)
  - 1 patient had started clozapine however only had an increase in RHR of 4 bpm

# Attendance, app use and commitment scores

Reading		
Week 1-4	Week 5-8	Week 9-12
66%	49%	79%

Slough		
Week 1-4	Week 5-8	Week 9-12
65%	70%	69%

- Greater app engagement was associated with higher commitment scores
- Engagement with the app between sessions consolidated and maintained progress
- Commitment scores generally improved over the course of the pilot
- Mean attendance greater than 'Health Body, Health Mind' Brisbane Pilot



# Top 5 tips

1. Group sessions: increased efficacy, provide better value for money and enable peer support
2. Livefit app and Facebook group: support building motivation, collection of data and participation
3. Accurately identify level of motivation and place in stages of change model: support engagement and outcomes
4. Test, build and sustain motivation: pre-intervention activities (food diary, group chat and home workouts)
5. Long-term funding: create a charity through NHS trust to be eligible to apply for charitable funds