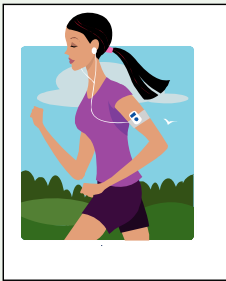


## Taking Action Against Obesity

Obesity is a serious medical problem that disproportionately affects people with severe mental illness. Obesity is a condition of excess body fat with negative consequences that can include diabetes, hypertension, heart disease, strokes, increased risk of certain cancers, osteoarthritis, and possibly shortened life expectancy.

### Patients with severe mental illness have an increased rate of obesity due to:

- Sedentary lifestyle and lack of exercise
- Inadequate knowledge of health maintenance issues
- Lack of availability of healthy food options because of low income
- Adverse effects of antipsychotic medications (weight gain, insulin resistance, elevated triglycerides—a chemical form of fat in the blood)



### Results of the CMHC study

There was a significant weight loss of 6.4 lbs. at the end of the 16 week intervention and a mean weight loss of 10.41 lbs. at 6 months without booster sessions. There was also a significant reduction in blood sugar levels and a trend toward significant reduction of triglycerides in patients who completed the intervention.

### What are the implications for our DMHAS population?

Simple, well designed behavioral programs can produce lasting weight loss for people with serious mental illness and obesity, and can decrease medical risk factors and improve quality of life.

### What can be done about the problem?

Researchers at the DMHAS Connecticut Mental Health Center (CMHC) conducted a weight management program for 18 obese outpatients with serious mental illness. The interventions were as follows:



- 16 weekly meetings with a nutritionist from Yale-New Haven Hospital
- Nutrition education on food choices, portion control, healthy cooking, reading food labels, healthy snacks
- Behavioral modification strategies for permanent lifestyle changes: goal setting, daily food diary, weekly review of diary with dietician
- A novel incentive program: patients reimbursed up to \$25 each week for items purchased from a list of allowed healthy foods
- Grocery store tours led by the dietician
- Exercise encouragement: step counters were provided to track level of activity and outdoor group walks were conducted.

Average weight at baseline, week 16, and 6-month follow-up

