



Final newsletter for the CARDIOPHITNESS study

CARDIOPHITNESS: **C**ardio metabolic health and **Ph**armacists in Severe Mental Illness

A message from the research team:

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This is the final newsletter for this study. In this newsletter we will aim to

- Summarise the key messages from the study
- Provide practical tips for providing information about medicines and physical health checks with patients
- Provide suggestions for further research in this area
- Provide information about next steps. This will include how we are sharing the findings and recommendations of this research. Also, how the findings are going to be used by other research projects taking place at Aston University.

This newsletter allows us to communicate directly with you—the research participants and supporters of CARDIOPHITNESS—and this way we can keep everyone informed about

Thank you to all those who participated and supported this study, without you it would not have been possible

We have made incredible strides together, completing enrolment in this first ever study looking at the role of pharmacy in supporting cardiometabolic health such as weight gain, smoking, diabetes and heart disease for those who have severe mental illness (SMI). This is also the first study which has gathered information from individuals with SMI and cardiometabolic health problems and their carers. You are part of this landmark study and for this we are so grateful to all of those who were willing to take part. willingness to help us.

Links to all the previous newsletters and related publications can be found at our webpage <https://www.leicspart.nhs.uk/about/research-and-development/cardiophitness-research-study/>

If you would like any further information about the study you can also contact the lead researcher: Dolly Sud at dolly.sud2@nhs.net

Key messages

Pharmacists need to spend more time undertaking patient facing roles to improve outcomes and experience of care of weight gain, overweight, obesity, diabetes, heart disease, smoking and related diseases in patients with SMI

Relationships with patients, informal carers and other care professionals will need to be formed and maintained for these roles to be effective.

This will require changes to pharmacy practice such as having more pharmacists as part of the mental health team on the ward and greater availability of pharmacists.

Practical tips about providing medicines information and information about physical health checks with patients

- It is important to find the appropriate time to discuss these things with patients.
- Conversations should ideally be scheduled to take place at the earliest appropriate opportunity to minimise the impact of side effects of medication and implement any relevant interventions. If left too late then side effects may already be having their impact
- Manufacturers' patient information leaflets might not be particularly useful to patients partly due to the difficulty that patients have in understanding them.
- Patients want information exchange, in other words, the opportunity to consider, discuss and question, often personalised information. Information provision and drug choice should be tailored to the needs of each patient.
- A medicines information leaflet can form part of this information exchange but should not be the sole source or wholly relied upon.
- Some patients do not want to have conversations or be informed about the side-effects of medication. Patients must be asked what their desires are prior to such conversations taking place.

Suggestions for further research in this area

- Develop and test specific models of how pharmacy can provide support care of weight gain, overweight, obesity, diabetes, heart disease, smoking and related diseases in patients with SMI. Such models need to focus on improving patients' outcomes.
- Research exploring how to support informal carers of patients with SMI and these physical health conditions. Also, patients and their informal carers together as a unit.

How the results of the study are being shared

- Two articles have been published in scientific journals which can be accessed on the internet. Links to these can be found on the study webpage (see link above)
- The lead researcher, Dr Dolly Sud, is currently undertaking lots of activities to share the findings with patients, informal carers, care professionals, charities and other organisations so that the findings may have a direct impact on the way the care is currently being delivered.

Other research projects taking place at Aston University that will be informed by the findings of the CARDIOPHITNESS study

MEDIATE: MEDication optimisATIion in severE mental illness

- Antipsychotics can have debilitating side effects. As a result, a person with SMI may decide to stop taking their medication to improve their quality of life. MEDIATE is a one year project which explores how a person-centred approach to medication optimisation between those with SMI and their care professionals can hold promise for improving medication adherence; thus, leading to an improvement in quality of life.

RESOLVE: REalist Synthesis Of non-pharmacological interVENTions for antipsychotic-induced weight gain (RESOLVE) in people living with SMI

- Antipsychotics can cause significant weight gain of up to 33.4kg. RESOLVE is a 2-year project which aims to understand how and why different non-pharmacological interventions work (or don't) for certain individuals under certain circumstances to manage this weight gain associated with antipsychotic use.

Both projects use realist methodology. Realist methods help to further our understanding of complex interventions by exploring how and why you achieve certain outcomes in certain circumstances. If you are interested in getting involved in our work or want to know more or receive our newsletter, please contact Hafsah Habib on habibh2@aston.ac.uk. You can also follow us on Twitter [@PharMed_](https://twitter.com/PharMed_) for regular updates!

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