

---

# Management of physical health conditions in adults with severe mental disorders

**WHO GUIDELINES**



**World Health  
Organization**



---

# Management of physical health conditions in adults with severe mental disorders

**WHO GUIDELINES**



**World Health  
Organization**

Guidelines for the management of physical health conditions in adults with severe mental disorders

ISBN 978-92-4-155038-3

© **World Health Organization 2018**

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

**Suggested citation.** Guidelines for the management of physical health conditions in adults with severe mental disorders. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

**Cataloguing-in-Publication (CIP) data.** CIP data are available at <http://apps.who.int/iris>.

**Sales, rights and licensing.** To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

**Third-party materials.** If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

**General disclaimers.** The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions expected, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Printed in Switzerland

# Contents

<b>Acknowledgements</b>	2
<b>Acronyms &amp; Abbreviations</b>	3
<b>Executive Summary</b>	4
<b>1. Introduction</b>	10
1.1 Background and rationale	10
1.2 Related WHO guidelines and tools	12
1.3 Target audience	12
1.4 Goal and objective	13
1.5 Guiding principles	13
<b>2. Guideline development process</b>	14
2.1 Guideline development group	14
2.2 Declarations of interest and management of conflicts of interest	14
2.3 Collaboration with external partners	15
2.4 Identifying, appraising and synthesizing available evidence	15
2.5 Decision-making during the guideline development group meeting	16
2.6 Document preparation and peer review	17
<b>3. Evidence and recommendations</b>	18
3.1 Tobacco cessation	19
3.2 Weight management	21
3.3 Substance use disorders	24
3.4 Cardiovascular disease and cardiovascular risk	27
3.5 Diabetes mellitus	31
3.6 HIV/AIDS	34
3.7 Other infectious diseases (Tuberculosis, Hepatitis B/C)	38
<b>4. Implementation considerations</b>	42
<b>5. Publication, dissemination, and evaluation</b>	44
5.1 Publication and dissemination	44
5.2 Monitoring and evaluation	44
5.3 Implications for further research	44
5.4 Future review and update	45
<b>References</b>	46
<b>Annexes</b>	50
Annex 1: Guideline Development Group (GDG) members	50
Annex 2: Assessment of conflict of interest	52
Annex 3: Scoping questions	56
Annex 4: Background question: Association of physical health conditions with SMD	60
Annex 5: Evidence review methodology	66
Drug-drug interactions search strategy	
Annex 6: Drug – drug interactions	77
<b>Glossary</b>	89

# Acknowledgements

## GUIDELINE DEVELOPMENT GROUP

**Chair:** Graham Thornicroft, King's College, London, United Kingdom.

**Members:** Abdullah Al-Khathami, Ministry of Health, Riyadh, Saudia Arabia; Christopher Dowrick, University of Liverpool, Liverpool, United Kingdom; Benjamin Druss, Emory University, Atlanta, USA; Rahib El Chammy, National Mental Health Programme, Beirut, Lebanon; Jacqueline Curtis, University of New South Wales, Sydney, Australia; Gail L. Daumit, Johns Hopkins University School of Medicine, Baltimore, USA; Christopher Dowrick, University of Liverpool, Institute of Psychology, Health and Society; Suhaila Ghuloum, Weill Cornell Medicine, Doha and Hamad Medical Corporation, Qatar; Oye Gureje, University College Hospital, Ibadan, Nigeria; Yueqin Huang, Peking University Institute of Mental Health, Beijing, China; Asma Humayun, Meditrina Healthcare, Islamabad, Pakistan; Mario Maj, University of Naples, Italy; Soontareeporn Meepring, Naresuan University, Bangkok, Thailand; Shanthi Mendis, Colombo, Sri Lanka; Thomas Munk Laursen, Aarhus University, Aarhus, Denmark; Dorairaj Prabhakaran, Public Health Foundation of India, New Delhi, India; Martin Prince, King's College London, London, United Kingdom; Thara Rangaswamy, Schizophrenia Research Foundation, Chennai, India; David Shiers, Psychosis Research Unit, Greater Manchester Mental Health Trust, UK and Division of Psychology and Mental Health, University of Manchester, UK; Ezra Susser, Columbia University, New York, USA; Abebaw Fekadu Wassie, College of Health Sciences, Addis Ababa University, Ethiopia.

### Grade methodologist:

Corrado Barbui, University of Verona, Italy.

**External review group:** Atalay Alem, Department of Psychiatry, Faculty of Medicine, Addis Ababa University, Ethiopia; Zipporah Ali, Kenya Hospices and Palliative Care Association, Kenya; Lydia Chwastiak, University of Washington Medical Centre, USA; Alan Cohen, West London Mental Health Trust, UK; Pim Cuijpers, Vrije University, Amsterdam, The Netherlands; Julian Eaton, London School of Hygiene and Tropical Medicine and CBM, UK; Alberto Minoletti, School of Public Health, Faculty of Medicine, University of Chile; Ayesha Motala, University of KwaZulu-Natal, South Africa; Rajat Ray, National Drug Dependence Treatment Centre, All India Institute of Medical Sciences, New Delhi, India; Sarrafzadegan Nizal, Isfahan University of Medical Sciences in Iran and School of Population and Public Health in the University of British Columbia in Canada; John Saunders, The University of Sydney, Australia; Najma Siddiqi, University of York, UK; Isolde Sommers, Danube University Krems, Austria; Charlene Sunkel, Central Gauteng Mental Health Society, South Africa; Héðinn Unnsteinsson, Prime Minister's Office, Iceland; Pieter Ventevogel, UNHCR, Switzerland Lakshmi Vijaykumar, Voluntary Health

Services, Chennai, India; Inka Weissbecker, International Medical Corps, Washington DC, USA.

## WHO STEERING GROUP

**Overall coordination:** Tarun Dua, Programme Manager, Department of Mental Health and Substance Abuse; Neerja Chowdhary, Technical Officer, Department of Mental Health and Substance Abuse.

**WHO headquarters members:** Bernadette Cappello, Department of Essential Medicines and Health Products; Meg Doherty, Department of HIV/AIDS; Alexandra Fleischmann, Department of Mental Health and Substance Abuse; Dongbo Fu, Department of Prevention of Noncommunicable Diseases; Ernesto Jaramillo, Global TB Programme; Dzmity Krupchanka; Department of Mental Health and Substance Abuse; Shanthi Pal, Department of Essential Medicines and Health Products; Vladimir Poznyak, Department of Mental Health and Substance Abuse; Shekhar Saxena, Department of Mental Health and Substance Abuse; Mark van Ommeren, Department of Mental Health and Substance Abuse; Cherian Varghese, Department of NCDs, Disability, Violence and Injury Prevention. We also acknowledge the contribution of other colleagues: Marco Antonio De Avila Vitoria, Department of HIV/AIDS and Chantal Mignone, Department of HIV/AIDS.

**WHO regional office advisors:** Nazneen Anwar, WHO Regional Office for South-East Asia; Dan Chisholm, WHO Regional Office for Europe; Devora Kestel, WHO Regional Office for the Americas; Sebastiana Da Gama Nkomo, WHO Regional Office for Africa; Khalid Saeed, WHO Regional Office for the Eastern Mediterranean; Martin Vandendyck, WHO Regional Office for the Western Pacific.

### WHO evidence review and synthesis team:

Jayati Das-Munshi, King's College London, London, United Kingdom; Petra Gronholm, King's College London, London, United Kingdom; Kavitha Kolappa, Harvard Medical School, Boston, USA; Maya Semrau, King's College, London and Brighton and Sussex Medical School, UK.

We are grateful to the participants of the Excess Mortality in Severe Mental Disorders meeting, November 2015, for their contribution to the scoping process.

## FUNDING SOURCE

Funds received from the WHO Core Voluntary Contributions Account (CVCA) were used for the development of these guidelines.

Design and layout was provided by Erica Lefstad.

# Acronyms & abbreviation

<b>AE</b>	Adverse effect
<b>ARV</b>	Antiretroviral
<b>CBT</b>	Cognitive behaviour therapy
<b>EMBASE</b>	Excerpta Medica Database
<b>GDG</b>	Guideline Development Group
<b>GRADE</b>	Grading of Recommendations Assessment, Development and Evaluation
<b>HIC</b>	High-income country
<b>LMIC</b>	Low- and middle-income country
<b>MeSH</b>	Medical Subject Headings
<b>MD</b>	Mean difference
<b>MDR-TB</b>	Multi drug resistant tuberculosis
<b>mhGAP</b>	Mental Health Gap Action Programme
<b>NCD</b>	Non-communicable diseases
<b>OR</b>	Odds ratio
<b>PEN</b>	Package of Essential Noncommunicable Disease Interventions
<b>PICO</b>	Population Intervention Comparison Outcome
<b>RCT</b>	Randomized controlled trial
<b>RR</b>	Relative risk
<b>SMD</b>	Severe mental disorders
<b>SMR</b>	Standardized mortality ratio

# Executive summary

## INTRODUCTION

The global burden of disease due to mental disorders continues to rise, especially in low- and middle-income countries (LMIC). In addition to causing a large proportion of morbidity, mental disorders – especially severe mental disorders (SMD) – are linked with poorer health outcomes and increased mortality. SMD are defined as a group of conditions that include moderate to severe depression, bipolar disorder, and schizophrenia and other psychotic disorders. People with SMD have a two to three times higher average mortality compared to the general population, which translates to a 10-20 year reduction in life expectancy. While people with SMD do have higher rates of death due to unnatural causes (accidents, homicide, or suicide) than the general population, the majority of deaths amongst people with SMD are attributable to physical health conditions, both non-communicable and communicable. Furthermore, people with SMD are more likely to engage in lifestyle behaviours that constitute risk factors for non-communicable diseases (NCDs) such as tobacco consumption, physical inactivity and consuming unhealthy diets.

Most studies reporting the excess mortality in people with SMD are from high income countries. The situation may be much worse in LMIC where the resources are inadequate, the institutions are not well managed and access to quality mental health care and physical care is limited.

Equitable access to comprehensive health services remains out of reach for the majority of people with SMD. Unfortunately, people with SMD often lack access to health services or receive poor quality care, including promotion and prevention, screening, and treatment. It is crucial to address the disparities in health care access and provision for people with SMD. Following the principle of non-discrimination and universal health coverage as elaborated in target 3.4 of the United Nations Sustainable Development Goals (“By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote of mental health and well-being”), people with SMD should be offered at least the same level of treatment for physical health conditions and their risk factors as the general population.

The WHO *Comprehensive Mental Health Action Plan (2013-2020)* outlines a vision where people living with mental disorders are able to exercise the full range of human rights and to access high quality, culturally-appropriate health and social care in a timely way to promote recovery. In service of this vision and as part of WHO’s Mental Health Gap Action Programme (mhGAP), these

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_25521](https://www.yunbaogao.cn/report/index/report?reportId=5_25521)

