Developing an intervention to manage cardiovascular disease risk in people with severe mental illnesses: A focus group study (PRIMROSE)

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Introduction to the problem
People with severe mental illnesses (SMI) die early from cardiovascular disease (CVD). They have increased CVD risk factors including abnormal lipids, diabetes, smoking and obesity. They make frequent contact with primary care, yet are less likely to be screened for risk factors or receive appropriate treatments. Little is known about the effectiveness of interventions employed to reduce CVD risk and whether existing treatments are effective in SMI populations.

Study Aim
To identify barriers and enablers for practice nurses working in primary care to deliver CVD risk prevention and management to patients with SMI.

Method and Analysis
Fourteen focus groups with carers, community mental health staff, GPs, practice nurses and service users were conducted in GP practices or community mental health settings in Camden, Northamptonshire, Nottinghamshire and Hampshire. Framework analysis was used to identify key themes. Themes were then mapped to a theoretical domains framework (Michie et al., 2005) to help understand problems and identify appropriate behaviour change techniques to resolve these issues.

FOCUS GROUP COMPOSITION

<table>
<thead>
<tr>
<th>COMPOSITION</th>
<th>NUMBER OF GROUPS</th>
<th>NUMBER OF PARTICIPANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service users</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>Practice nurses</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>GPs</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Mixed group – GP and practice nurse</td>
<td>1</td>
<td>5 GPs, 3 Practice nurses</td>
</tr>
<tr>
<td>Community mental health staff</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Carers</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>TOTAL</td>
<td>14</td>
<td>75</td>
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Key Findings
An intervention in primary care for managing CVD risk in patients with SMI is valued and acceptable for implementation in practice. Six main themes were identified as important to the design and successful implementation of the intervention:
1) Integration with existing CVD risk management arrangements,
2) Acceptability of the intervention to health professionals and service users,
3) Existing barriers to implementation,
4) Strategies to enable implementation,
5) Clarification of health professional roles in delivering the intervention
6) Training and support needs.

Barriers to implementation
1. Negative attitudes towards changing unhealthy behaviours in SMI patients
2. Problems accessing GPs
3. Non-attendance at appointments
4. Difficulties managing a healthy lifestyle due to symptoms and side effects of antipsychotics
5. Gaps in knowledge on the best ways of managing CVD risk in patients with SMI.

Strategies to enable implementation
1. Mental health worker and carer involvement
2. Practical ways of engaging service users (e.g. telephone rather than letters, offering double appointments)
3. Communicating CVD risk messages in a positive and encouraging way
4. Continuity of care – seeing the same health professional
5. Self motivation and self management of CVD risk.

Modelling a primary care based intervention for preventing and managing CVD risk in people with SMI

The findings from this study have been considered alongside existing literature and expert advice to inform the development of an intervention and training programme for delivering CVD risk management in people with SMI in primary care.

The cost effectiveness of the intervention will be assessed with 400 patients from 40 GP practices across the UK in a 12-month clinical trial.

Recruitment to the trial will commence in June 2013.

Primrose
Prediction and management of cardiovascular risk for people with severe mental illnesses

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