Physical health and wellbeing handbook for service users and carers

Looking after your physical wellbeing in hospital and at home

Us together
Working together

South London and Maudsley NHS Foundation Trust
At SLaM, we are dedicated to giving you the best possible care and we work to look after your physical and mental health together. Your physical health is very important and can often affect your mental health so we’ll always look after both.

This booklet has been produced by staff and service users at SLaM and is in two parts. The first part is about what physical health tests we can give you while you’re in hospital and why they are important. The second part is about looking after your physical health and wellbeing at home. We’ve included a summary of the tests you can have and there’s also a sheet for you to write down your test results and notes on your progress.
Looking after your physical wellbeing in hospital
Timeline of physical health checks

**First 72-hours of Admission**
- Temperature
- Blood pressure
- Breathing
- Waist size
- Amount of oxygen in your blood
- Blood and urine
- Height and weight
- What & how much you eat/drink
- Physical exam
- Heart rate

**During Your Time in Hospital**
- Temperature
- Blood pressure
- Breathing
- Waist size
- Amount of oxygen in your blood
- Height and weight
- Blood tests
- Heart rate

**Three Months After New Medication**
- Blood tests
- For sugar and cholesterol
- Review of physical checks

**At Home**
- Yearly checks of height and weight
- Blood tests for sugar and cholesterol
- Check smoking, physical activity and alcohol use
- Blood pressure
We do this so we can:

• identify and treat any early signs of physical health problems
• prevent or treat any physical health problems associated with medicines you take for your mental health condition
• continue any care and treatment you may have been getting from your family doctor or another hospital service before you came into hospital
• put you in touch with a GP if you do not already have one
• keep you safe

You, your nursing and medical team need to get a good idea of how healthy you are when you first come into hospital. This is important, as sometimes physical health conditions may be causing or contributing to your mental health symptoms. Assessing your physical health is just as important as assessing your mental health.

Why do I need to have my physical health checked?

Yes, you have a choice whether or not to have these tests. It may seem like we are doing a lot of tests and asking lots of questions. This can sometimes feel overwhelming, particularly when you first come into hospital. If you do not want a check/test at a particular time, then discuss this with a nurse or doctor and we can arrange for it to be carried out at another time.

People are often anxious when they are first admitted to hospital and may be suspicious of staff motives. Every physical health check offered to you is important for your physical and mental wellbeing and you will not be offered any unnecessary tests.

Health checks will take place in your room or in the ward clinic room. Our staff aim to be sensitive and compassionate when carrying out health checks and we will respect your privacy and dignity during this time. We will ask your permission to do the test and give you a clear explanation each time we offer you a check (such as monitoring your temperature or taking blood) and the reason for doing it. If you are not sure why a member of staff is offering you a physical health check then please ask us.

If we see your health getting worse and you refuse any of the tests we offer you, we’ll talk to you to make sure you understand the consequences of refusing.

A ‘best interest meeting’ may be set up with you, your care team, your family or someone else you’d like with you to discuss how best to care for you.

Do I have a choice?
A nurse and doctor will offer you the following checks during the first few days of your stay and regularly until you return home. How often you have these checks depends on your current physical health and the medicines you take.

- Temperature
- Blood pressure
- Pulse
- Breathing rate
- Amount of oxygen in your blood
- Weight and height
- Waist size
- Urine test
- Blood tests for glucose, cholesterol, viruses and to check the health of your heart, liver, kidneys and thyroid
- Staff will also observe what and how much you eat and drink in the first few days of your stay and how well you can care for yourself.

We will also ask you about:

- any existing medical conditions, allergies and any medical treatment you are receiving
- your lifestyle when you are at home, for example:
  - do you smoke, if so how much?
  - do you drink alcohol, if so how much?
  - what is your diet like?
  - how active are you?

It is also helpful for us to know:

- when you last saw your GP
- had your eyes checked by an optician
- when you last visited the dentist
- if you have any concerns about your sexual health
- if you’re using any contraception
- if you have any future appointments arranged

What physical health checks can I expect during my hospital stay?
Physical health checks during your inpatient stay

In this next section, we explain a bit more about the tests we will offer you, why the test is being offered and how it will be carried out.

## Temperature

**Why do we do this?**

Body temperature can be affected if you have an infection, by taking certain medicines, if you are dehydrated and even if you are very emotional. We need to know if your temperature is too low, normal or too high because this can help us plan your care and treatment.

**What happens?**

A nurse will take your temperature at least twice a day in the first few days of your stay. We will check your temperature using an electronic thermometer which is placed in your ear for a few seconds. The nurse will tell you what the result is and write it down on a chart. We will continue to monitor your temperature regularly if you are prescribed certain medicines (such as clozapine) or if you feel or look unwell.

**What do the results mean?**

Normal temperature is around 35-37°C. A high temperature is a normal response to an infection and can be easily treated with fluids and careful monitoring.
Blood Pressure

Why do we do this?
We measure blood pressure so we can see how well this part of your circulatory system is working. A nurse will measure your blood pressure at least twice a day for the first few days and regularly throughout your stay.

What happens?
Blood pressure can be measured either electronically or by hand (manually).

- We will ask you to sit down with your arm supported on a table or armrest. Sometimes we will check your blood pressure lying down and standing up.
- A cuff is wrapped around your upper arm.
- The cuff is inflated and you will feel it tightening.
- The air is then slowly let out of the cuff.

A blood pressure that is too low can lead to things like fainting and falls, whereas a high blood pressure, if untreated for long periods may cause problems such as kidney damage or stroke. We usually cannot tell if our blood pressure is too high as there are no obvious signs and symptoms. The only way we know is by measuring it. Some medicines can cause low or high blood pressure, so before we can give you certain medicines, we need to check if your blood pressure is okay.

What do the results mean?

- Blood pressure is measured in millimetres of mercury (mmHg). Ideally, your blood pressure should be lower than 120/80 mmHg.
- The first number is called the systolic blood pressure. It is the highest level your blood pressure reaches when your heart beats.
- The second number is called the diastolic blood pressure and is the lowest level your blood pressure reaches as your heart relaxes between beats.

- If the nurse is measuring your blood pressure by hand, she will place a stethoscope on your arm just below the cuff and listen to your pulse whilst the air is being let out. If it is measured electronically the machine does this and there is no need to listen through a stethoscope.
- It is best to do this three times to get the most accurate reading.
- The nurse will tell you the result and write it down on a chart.

High blood pressure is diagnosed if readings on a number of separate occasions consistently show your blood pressure is 140/90 mmHg or higher. If this happens, your doctor will discuss treatment options such as having further tests to find out the cause or prescribe a medicine to lower your blood pressure back to a healthy level. Later in the booklet, we discuss some ideas for keeping your blood pressure in a healthy range.

- A blood pressure that is too low can lead to things like fainting and falls, whereas a high blood pressure, if untreted for long periods may cause problems such as kidney damage or stroke. We usually cannot tell if our blood pressure is too high as there are no obvious signs and symptoms. The only way we know is by measuring it. Some medicines can cause low or high blood pressure, so before we can give you certain medicines, we need to check if your blood pressure is okay.

What do the results mean?

- Blood pressure is measured in millimetres of mercury (mmHg). Ideally, your blood pressure should be lower than 120/80 mmHg.
- The first number is called the systolic blood pressure. It is the highest level your blood pressure reaches when your heart beats.
- The second number is called the diastolic blood pressure and is the lowest level your blood pressure reaches as your heart relaxes between beats.

- If the nurse is measuring your blood pressure by hand, she will place a stethoscope on your arm just below the cuff and listen to your pulse whilst the air is being let out. If it is measured electronically the machine does this and there is no need to listen through a stethoscope.
- It is best to do this three times to get the most accurate reading.
- The nurse will tell you the result and write it down on a chart.

High blood pressure is diagnosed if readings on a number of separate occasions consistently show your blood pressure is 140/90 mmHg or higher. If this happens, your doctor will discuss treatment options such as having further tests to find out the cause or prescribe a medicine to lower your blood pressure back to a healthy level. Later in the booklet, we discuss some ideas for keeping your blood pressure in a healthy range.
**The amount of oxygen in your blood**

**Why do we do this?**
The amount of oxygen in our blood is affected by such things as smoking, asthma or dehydration. We need to know if the blood is carrying enough oxygen throughout your body, but particularly to your brain and heart.

**What happens?**
We take an estimate of the amount of oxygen in your blood (also called oxygen saturation) by placing a small device (called a pulse oximeter) on one of your fingers. The device shines a light through one side of your finger and a detector measures the light that comes through the other side. Blood cells that are full of oxygen absorb and reflect light differently than those with not enough oxygen. Anything that absorbs light can give a false reading (such as dark nail varnish). Also, movement can give a false reading so you will be asked to keep your hand still while the oximeter is clipped onto your finger. The nurse will tell you the result and record your results on a chart.

**What do the results mean?**
Normal readings are 94-100%. If your reading is below this, your doctor will discuss treatment options such as having a blood test to check this further or prescribe oxygen therapy.

**Breathing rate**

**Why do we do this?**
Both an increased and decreased breathing (respiration) rate can be a sign that there may be something wrong in the body. Our rate of breathing can increase due to a heart or respiratory condition, fever, infection or dehydration, whereas our breathing can be slowed down by drinking too much alcohol, a head injury or some medicines for pain such as codeine or morphine.

**What happens?**
A nurse will simply observe how many times you breathe in and out in one minute. One full breath in and full breath out counts as one respiration. They may also ask you to breathe into a white plastic tube to see how well your lungs work.

The doctor who admits you will also want to listen to the sound of your lungs using a stethoscope.

**What do the results mean?**
The normal respiration rate for an adult is about 12-18 breaths a minute. If your rate of breathing is lower or higher than this, your doctor will talk with you about treatment options, such as further tests to find out the cause.
Pulse

**Why do we do this?**
We check your pulse to measure your heart rate – how many times your heart beats in a minute. Our heart rate can be affected by things such as too much activity, anxiety, side effects of medication, too much tobacco, caffeine or alcohol, heart disease, dehydration or an overactive thyroid gland.

**What happens?**
A nurse will measure your pulse by placing two fingers on the inside of your wrist. The nurse will tell you the result and record your pulse on a chart. The doctor who admits you will also want to listen to your heart using a stethoscope.

**What do the results mean?**
Most adults have a resting heart rate between 60 and 100 beats a minute. The fitter you are, the lower your heart rate will be. If your heart rate is consistently over 100 beats a minute, your doctor will discuss treatment options with you, such as having further tests to find out the cause or recommend medicines to lower your heart rate.

---

Electrocardiogram

**Why do we do this?**
Another routine test we carry out to check how healthy your heart is, is an electrocardiogram (ECG). This records the rhythm and the electrical activity of your heart. Before some medicines are prescribed it is important to check how healthy your heart is. The doctor and you will decide on how often you need to have this test.

**What happens?**
- The test only takes a few minutes. It is simple, quick and completely painless
- We will ask you to lie down on a bed or couch. To get the best possible reading, relax and lie still.
- A nurse or doctor trained to carry out ECGs will do the test
- A number of sticky patches called electrodes will be stuck onto your arms, legs and chest
- The electrodes are attached to a recording machine by wires
- When your heart beats, it produces electrical signals which are picked up by the electrodes and transmitted to the recording machine
- These signals can be seen on a screen or are traced out on a piece of paper
- The sticky patches are removed and thrown away after the test
- We will tell you the results once the reading has been checked

**What do the results mean?**
The ECG machine prints out a recording of the rhythm of your heart. Your medical team will read, interpret and inform you about the result. They will be able to tell if your heart is healthy or is too fast, slow or irregular. If needed, your doctor will discuss treatment options with you, such as further tests you may need.
Weight and height

Why does this matter?
Being a healthy weight helps to control our blood pressure and blood glucose (sugar) levels, and helps reduce the risk of heart disease and diabetes. We measure your weight at the beginning of your stay so that we know if you are losing weight or gaining weight during your time in hospital. It is not unusual for weight to increase when you first start taking medicines for a mental health problem. We want to try and help prevent weight gain from the very beginning of your treatment.

As well as regular weighing, another way to check if you are a healthy weight for your height is by calculating your body mass index (BMI). This is an estimate of body fat. The higher your BMI is, the higher your risk for certain diseases such as heart disease, high blood pressure and type 2 diabetes.

What happens?
• A nurse will measure your weight (in kilograms) and height (in metres)
• Your BMI is worked out by dividing your weight by your height
• Then dividing the number you get from this by your height again to give you a BMI score
• The nurse will tell you the results and record it on a chart

What do the results mean?

Your BMI score gives you an idea if you need to take action about your weight. There are slightly different guidelines depending on your ethnic group. Most of the research about the health effects of BMI scores has been carried out with people from an Asian background. The World Health Organisation and the Department of Health recommend that people from an Asian background need to take action when their BMI score is slightly lower compared to people from a white European background.

What does the score mean? What action can I take?

<table>
<thead>
<tr>
<th>White European population</th>
<th>Asian population</th>
<th>What does the score mean?</th>
<th>What action can I take?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 18.5</td>
<td>Below 18.5</td>
<td>Underweight</td>
<td>You may need to put on weight</td>
</tr>
<tr>
<td>18.5 to 24.9</td>
<td>18.5 to 23</td>
<td>Normal</td>
<td>This is ideal, you should aim to stay this way</td>
</tr>
<tr>
<td>25.0 to 29.9</td>
<td>23 to 27</td>
<td>Overweight</td>
<td>It would be a good idea to try and stop further weight gain or lose some weight</td>
</tr>
<tr>
<td>30.0 and above</td>
<td>27.5 and above</td>
<td>Obese</td>
<td>Losing weight will improve your health</td>
</tr>
</tbody>
</table>

If you fall into the overweight or obese categories and would like help to reduce your weight and BMI, then we can discuss this as part of your care plan.

What happens?
• A nurse will measure your weight (in kilograms) and height (in metres)
• Your BMI is worked out by dividing your weight by your height
• Then dividing the number you get from this by your height again to give you a BMI score
• The nurse will tell you the results and record it on a chart

Looking after your physical wellbeing in hospital
Why do we do this?
Rather than just measuring overall body size, in recent years experts now think that measuring waist size may be a better way to predict if we are at risk of getting diabetes and cardiovascular disease. This is because fat stored around our middle is unhealthier than overall body fat.

What do the results mean?
These are the guidelines for how big our waist should be. The higher the waist size, the more at risk we are of developing heart disease and diabetes in the future. As we mentioned earlier when we discussed BMI scores, there are different guidelines depending on your gender and ethnicity.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Gender</th>
<th>Take action if your waist size is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>White European</td>
<td>Men</td>
<td>94 cm (37 in) and above</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>80 cm (31.5 in) and above</td>
</tr>
<tr>
<td>Asian</td>
<td>Men</td>
<td>90 cm (35 in) and above</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>80 cm (31.5) and above</td>
</tr>
</tbody>
</table>

What do the results mean?
These are the guidelines for how big our waist should be. The higher the waist size, the more at risk we are of developing heart disease and diabetes in the future. As we mentioned earlier when we discussed BMI scores, there are different guidelines depending on your gender and ethnicity.

Ethnicity  Gender  Take action if your waist size is:
White European Men 94 cm (37 in) and above
Women 80 cm (31.5 in) and above
Asian Men 90 cm (35 in) and above
Asian Women 80 cm (31.5) and above

What happens?
• A nurse will wrap a tape measure around your waist
• To accurately measure this, the tape measure is wrapped around your waist halfway between the top of the hip bone and the lowest rib (it usually crosses your belly button)
• You will be asked to breathe out and hold your breath whilst the nurse takes the measurement
• They will tell you what the results are and record this on a chart

If you fall into the at risk category and would like help to reduce your weight and waist size, then we can talk to you about this as part of your care plan.
Urine tests

Why do we do this?
We can tell lots of helpful things by checking urine, such as if you have an infection, are at risk of diabetes or if you are dehydrated. Sometimes we may ask to test your urine for illegal drugs, such as cannabis. We do this as part of an agreed care plan and we will always ask your permission first.

What happens?
A nurse will give you a small plastic bottle or container to urinate into. We test your urine using a dipstick, a small strip of plastic to test different parts of your urine. This takes about 30 seconds.

What do the results mean?
This can check if you have sugar in your urine, which can tell us if you are at risk of diabetes; if it has protein in it, which can alert you if you have a problem with your kidneys; or if you have bacteria in it, which can be a sign of infection. Sometimes we may want to send off a sample for further testing to help us plan any treatment.

Sugar levels

Why do we do this?
Sugar levels in our body fluctuate depending on what we eat and drink and how active we are. They can also be affected by some medicines and how stressed we feel. High levels of sugar in the blood can happen if we have too much food and there is not enough insulin in the body to balance blood sugar. This can make us feel tired and nauseous. Low blood sugar can happen if we have not eaten enough or there is too much insulin in the body to balance blood sugar and can cause shaking, a fast heartbeat, sweating, tiredness and irritability. Changes in blood sugar may be a sign of diabetes. Over a long period of time high sugar levels can damage blood vessels and can lead to heart disease.

What happens?
• A glucose test strip is inserted into a glucose monitor
• The tip of one of your fingers is cleaned
• Your finger is pricked using a sterile lancet and a drop of blood squeezed onto the test strip
• The glucose monitor reads the test strip
• You are given some cotton wool to clean your finger
• The nurse will tell you the result and record it on a chart

What do the results mean?
There are differing opinions about the ideal blood sugar range, so it is best to discuss this with your nurse or doctor. For the majority of healthy people a normal blood sugar level is around four to six mmol/L. This depends on the time of day the test is done. Blood sugar will usually be lowest in the morning and be higher after meals. If your results are consistently low or high, the doctor will talk to you about treatment options with you, such as further blood tests to find out the cause and changes to your lifestyle.
Why do we do this?
The body needs to balance its fluid intake with fluid loss. Often when our mental health deteriorates, we neglect what we eat and drink. We may eat and drink too much or not enough and can easily become dehydrated and malnourished.

Dehydration happens when the body has less water than it needs to function properly. Signs of dehydration include:

- dry mouth
- feeling thirsty
- headache
- feeling tired
- urine darker than usual
- passing less urine than usual
- feeling dizzy and lightheaded
- feeling confused
- low blood pressure
- fast, weak pulse
- cold hands and feet

What happens?
In the first few days of your stay, we will make a note of what and when you are eating, how much you are drinking and when you go to the toilet. We will also ask you if you have any problems with eating food such as swallowing and chewing.

What do the results mean?
We will be able to tell if you may be dehydrated and help you improve your fluid intake. If you are having any problems with chewing or swallowing food, we can discuss the additional support you may like.

Consequences of ongoing dehydration can cause constipation. It can also lead to problems with the kidneys, muscles, liver and circulation.

Skin care and personal hygiene

Why do we do this?
Looking after the health of our skin is important to our overall wellbeing. Some medical conditions can lead to skin problems, such as dry skin or fungal infections. Having problems moving around may also make it difficult to care for ourselves and affect our skin from too much pressure and reduced blood flow in a particular area.

When our mental health gets worse, it is not unusual to overlook simple things such as washing or bathing and taking care of our hygiene as we normally would. Looking after our hair, nails and teeth can be easily forgotten about. Washing clothes may even become difficult. Alternatively, we may become too preoccupied with our hygiene and wash ourselves too much. Over a period of time, this may lead to problems such as rashes, skin, nail or dental infections. Paying attention to our hygiene not only prevents problems from developing, it also helps us feel good about ourselves.

What happens?
We will ask you if you have any problems with caring for your hygiene. If you raise any concerns or we see any problems, we will ask you what help you would like. We can provide you with toiletries during your stay and assist you with any hygiene needs. We can also help you with washing your clothes. If you are at risk of developing skin problems (e.g. if you have diabetes), we will check your skin, nails and feet during your physical checks. Skin problems may need treatment with creams or dressings and regular check ups.
Blood tests

Why do we do this?
Blood tests are one of the most common types of medical tests and can tell us about the general state of your health, e.g. if you are anaemic or have an infection, and how well your heart, liver and kidneys are working. Blood tests can also help find problems early, when treatments or lifestyle changes may work best.

These are examples of the tests we take blood for:

- **Full blood count (FBC):** This can help identify if you have anaemia and if you have enough white blood cells, which help fight infection.

- **Electrolytes:** We check the levels of some minerals in the blood such as sodium and potassium. Dehydration, vomiting and diarrhoea, or uncontrolled diabetes can affect electrolytes. These results can give us an idea if your heart and kidneys are working well and the effects of some medicines, such as blood pressure tablets.

- **Liver function test (LFT):** We need to check how healthy your liver is as most of the medicines we prescribe for you are broken down by the liver.

- **Glucose test:** This can tell us how much sugar is in the blood. High levels of sugar can be a sign of diabetes. This test is the most accurate if blood is taken about eight hours after eating. If this is too difficult there are similar tests we can do that do not require you to stop eating.

- **Thyroid function test (TFT):** This can tell us if your thyroid gland is working properly. An overactive thyroid can cause nervousness, anxiety and weight loss whereas an underactive thyroid can cause depression, tiredness and weight gain.

- **Cholesterol test:** This checks the fats in your blood to make sure they are in a healthy range. This test is more accurate if you don’t eat anything for about eight hours before your blood is taken.

- **Blood born viruses (hepatitis B and C and HIV):** Hepatitis (inflammation of the liver) and HIV, is more common in south London compared to other parts of the country. Similar to local GPs and A&E departments, SLaM routinely offer blood tests to test for these conditions. If detected early, these conditions respond well to treatment and the earlier you know about these conditions, the more successful treatment will be.

- **What happens?**
  - A tight band (tourniquet) is usually put around your upper arm to temporarily slow down the flow of blood out of the arm to make it easier to take the sample.
  - A sample of blood is taken from the inside of the elbow or wrist, this is where the veins are close to the surface.
  - A needle attached to a syringe or a special blood collecting tube is gently pushed into the vein.
  - You may feel a light pricking sensation as the needle goes in, but it should not be painful.
  - We usually test for a few things at the same time, so more than one tube might be attached to the needle before it’s taken out of your arm.

- **What do the results mean?**
  - Many medical problems cannot be diagnosed with blood tests alone. However, blood tests can help you and your doctor learn more about your health. Your doctor will discuss your results with you.
  - If you do not like needles, tell the person who is taking the sample so they can make you more comfortable.

- **What happens?**
  - When the sample has been taken, the needle will be removed and thrown away.
  - Pressure is applied to the tiny break in the skin for a few minutes using a cotton-wool pad to stop the bleeding.
  - The sample is sent to a different hospital to be tested, so it may take a few days before we know the results.

If you do not wish to have these tests please tell your doctor.

Many medical problems cannot be diagnosed with blood tests alone. However, blood tests can help you and your doctor learn more about your health. Your doctor will discuss your results with you.

If you do not like needles, tell the person who is taking the sample so they can make you more comfortable.
If you are prescribed certain medicines, it is helpful to know how much of the medicine is in your blood. This can guide us about the daily amount of medication that is best for you and make sure you are not getting too much or too little.

Many research studies suggest that clozapine is the most effective medicine for treating psychotic experiences. However, it can cause the levels of white blood cells to drop. The white cells in the blood are made up from lots of different types of cells and are important for the body’s immune system and for fighting any signs of infection. Sometimes clozapine and to a lesser extent all the other types of antipsychotic medicines can cause a reduction in white cells and make people more vulnerable to fighting infections. People who are prescribed clozapine have their blood monitored very closely - weekly when it is first prescribed and eventually monthly. The risk of harming the white cells reduces the longer the medicine is taken. However, the risk never entirely goes away, which is why all the time someone is prescribed clozapine, blood tests will be needed.

Symptoms of a very low white cell count can include fever, chills and infections, such as recurrent bacterial throat or skin infections, and constant body aches and pain. This condition is very rare and constant monitoring is a good way of preventing any serious conditions and means the drug can be altered or stopped.

Blood levels of prescribed medication

What other checks can I expect?

As part of any admission to a hospital, whether it is to a mental health unit or a general hospital ward, a doctor will want to carry out a routine examination. For example:
• They will want to check your abdomen by gently feeling your stomach, liver and kidneys to see if they feel tender or swollen
• They will also check your strength, coordination, reflexes and how you respond to light and touch
• They will examine your joints and muscles to see if there is any stiffness or pain

We also want to know how well you sleep

Physical health as well as mental health problems can get in the way of having a good night’s sleep. During your time in hospital, the staff will monitor how well you sleep. They will take note if you sleep during the day. The night staff also need to monitor how well you sleep at night. They should check on you at least once every hour and make a note of it. They do this to make sure you are safe and also because your doctor and team need to know what your quality of sleep is like as they may need to alter your treatment. As long as everything is fine, they won’t disturb you when you’re asleep.
The care programme approach (CPA) is a way of making sure you get the best support and care for your recovery. It includes an assessment and care plan of both your mental and physical health.

Your care plan is a joint written agreement of the care you can expect. It should include relevant information about what physical health care will help you, the frequency and type of physical health checks available and who is responsible for providing each part of your care. Following your discharge from hospital, at each CPA review, it is helpful to discuss your progress for both your mental and physical health.

How does my physical healthcare fit into the care programme approach?

What else can I do to support my wellbeing whilst in hospital?

There are lots of things you and your mental health team can do to work together to support your physical wellbeing during your inpatient stay. All hospital sites have information available about their range of health and wellbeing activities, such as how to access the hospital gym, swimming or yoga classes. It may also be helpful if you work with other health professionals during your stay such as a dietician, exercise trainer, stop smoking specialist or chiropodist.

Taking control of what we eat, how active we are and stopping smoking have all been linked with better mental health.
Why is smoking restricted whilst I am in hospital?
Since 2008, service users, visitors and staff have not been allowed to smoke in hospital wards.

Many service users who smoke, as well as their carers and clinicians have complained that being prevented from smoking whilst in hospital is an infringement of their rights. Banning smoking certainly poses an ethical and moral dilemma. However, smoking bans are not simply restricted to mental health settings, but apply to all enclosed places where people work and the public and service users have access.

To have special exemptions in place to allow smoking for people who are receiving hospital treatment for a mental health condition does not really support the argument for equality for people with mental health problems. On the one hand, we can’t strive to bring to an end the stigma and discrimination that mental health service users face but then fight for positive discrimination to smoke. Passively accepting the high rates of smoking, physical health problems and premature death experienced by service users with a mental illness as a result of smoking is also an example of stigma and discrimination.

If I am a smoker, what support will I get whilst I am in hospital?
We can support you to temporarily or permanently stop smoking whilst you are in hospital.

- We will look at your smoking behaviour and how dependent you are on nicotine
- We will work with you to understand why you are addicted to cigarettes and how they fit into your life
- We will help with tobacco withdrawal symptoms by providing you with nicotine replacement therapy (NRT) throughout your stay
- We will explain how NRT works and how to get the best out of it
- We will also provide emotional and psychological support to help with the cravings
- We will regularly check the effects of reducing/ stopping smoking on your mental health and medication levels
- When you are discharged, we will link you up with a stop smoking specialist in your local community

There are many positive reasons why stopping smoking is good for your overall wellbeing.

Smoking cigarettes during your hospital stay
When people are recovering, their appetite often improves. Also, some of the medicines we prescribe may make you feel more hungry and thirsty. We will work with you to make sure that you still enjoy food whilst trying to stop you gaining any more weight. For a diet to be considered healthy, we need to balance the amount of food we eat with how active we are, and also eat a range of foods. Men need around 2,500 calories a day to keep their weight stable whereas women need around 2,000. However, people need fewer calories than this if they are not very active and spend most of their day sitting down.

The latest guidelines from the Department of Health suggest we should do at least two hours and 30 minutes of moderately intense activity each week. This means being active enough to get slightly warmer, out of breath but still be able to talk. They also suggest we do some muscle strengthening activities at least twice a week.

Every ward has access to an exercise trainer. These are valuable members of the team who can assess your current level of fitness and work out an individual exercise programme to suit your fitness needs and confidence.

More information on diet and exercise can be found in this booklet. You can also find more information on the ward.

Diet and exercise during your hospital stay

What happens when I am discharged?

We write to your GP and community team explaining the care you’ve had whilst in hospital. We also let them know of the results of your physical health checks, blood tests and your agreed care plan. It may be necessary to let other health professionals know about your physical health, for example if you have been referred for specialist medical care. We will involve you in deciding the type of information we will share with other partners in your care.

We want to support you to get the best out of health services in your local community, such as your GP practice, local NHS stop smoking services and health screening clinics. We can put you in touch with these services before you are discharged.
Looking after your physical health at home
The answer to this is quite simple. People with a mental health condition experience exactly the same physical health problems as everybody else such as heart disease, diabetes, cancer and respiratory diseases. People with a mental health condition often experience some physical health problems more frequently and in some cases more severely.

Most physical health conditions are preventable. Poor physical health is not inevitable. Being fully aware of potential problems gives you a true choice in whether or not to take on board the information and act to change things.

There are a number of things that increase or lower your chances of getting heart disease, diabetes, cancer and respiratory disease. Some risk factors cannot be changed, for example the older you get the more at risk you are and if one of your parents has heart disease you will be more at risk.

However, the good news is there are many things we can take control of, such as:

• stopping smoking
• reducing cholesterol
• maintaining a healthy weight
• controlling blood pressure
• controlling blood sugar
• attending health screening checks
• maintaining good dental health
• avoiding drinking too much alcohol
• avoiding illegal drugs
• practising safe sex
• managing your medication

What physical health problems might I be at risk of?

What positive action can I take to improve my health?

Looking after your physical health at home

What physical health checks can I expect when I am at home?

People with specific mental health and physical health conditions are invited to attend their GP practice every year. During these appointments you are likely to be asked:

• if you smoke and how much: if you are a smoker, you will be offered support to stop
• if you drink and how much: if you drink too much, you will be offered support to cut down
• if you are a woman aged between 25-63 they will check if you have attended for cervical screening in the previous five years

Your GP or practice nurse will also monitor:

• your blood pressure
• body mass index (BMI)
• take blood to check sugar and cholesterol levels

For people without mental health conditions, GP practices have recently introduced ‘NHS checks’ for all their patients aged between 40 and 74. These five yearly checks aim to identify people at risk of preventable conditions such as heart disease, stroke, diabetes, kidney disease and dementia.

If you are invited to attend to see your GP; it will be helpful to your overall wellbeing to attend. You can take along a family member, friend or advocate to support you.
Why does it matter?
• Smoking is the main cause of preventable death and disease in the UK and throughout the world. About half of all smokers will die too soon, losing on average about 10 years of life.

Smokers, carers and mental health clinicians sometimes believe smoking helps them feel less stressed, improves mood and reduces anxiety. The reality is - smoking simply mediates the effects of nicotine withdrawal that occur several times throughout the day. The nicotine from a cigarette does not stay in the body for very long and as nicotine levels start to drop you start to have withdrawal symptoms, such as nicotine craving, irritability, anxiety, restlessness, low mood and poor concentration.

• If you are a smoker, you are not only more likely to have poor physical health but also poorer mental health than someone who does not smoke.
• Adults with mental health problems, including those who misuse alcohol or drugs smoke up to four times more than people who don’t have a mental illness. This is one of the main reasons why people with a mental illness tend to die younger than people who are mentally well.

Smoking and mental health medicines
• People with a mental illness who smoke have more severe mental health symptoms and need higher doses of antipsychotic medication.
• The tar in tobacco smoke speeds up the metabolism of some antipsychotic medication (chlorpromazine, dozapine, olanzapine, fluphenazine, haloperidol and zucopenthixol) and some antidepressants and benzodiazepines (e.g. amitriptyline and diazepam).

The myth of smoking cigarettes to help with stress

• This means that smokers often need higher doses of medicines compared to non-smokers to have a similar clinical effect. This is because these medicines do not stay in the body long enough to work efficiently.
• When people cut down or stop smoking they need to have the dosage of their medication closely monitored and possibly reduced. This is because the tar from the smoke is no longer in your system to speed up the metabolism of the medicines.

To prevent these awful feelings, the easiest and quickest thing to do is have another cigarette.

Research shows that current smokers have the highest levels of stress, anxiety and depression compared to ex-smokers and people who have never smoked. Once people have managed to quit for about four weeks, their stress and anxiety levels actually reduce.
Stopping smoking is one of the best things you can do to improve your overall health. However, many smokers (with or without a mental health problem) struggle to give up, or manage to give up and then go back to smoking. It’s easier to take control of your smoking if you have support. Getting support from an NHS stop smoking service greatly increases the chance of successfully stopping compared with having no support. 

What help is available if I want to stop smoking?

Local NHS Stop Smoking Services

- **Croydon**: Lennard Rd. Freephone: 0800 0198570
- **Lambeth**: Sanscroft St, Kennington. Freephone: 0800 8563409
- **Lewisham**: Waldron Health Centre, Amersham Vale, New Cross. Freephone: 0800 0828388
- **Southwark**: Clinical Treatment Centre, Maudsley Hospital. Freephone: 0800 1696002

What support can I expect from an NHS stop smoking service?

- The service offers free help. It consists of six to 12 sessions of psychological support and free prescription for medicines to help minimise nicotine withdrawal symptoms
- You are given a choice of gradually reducing the number of cigarettes you smoke before quitting or support to abruptly quit
- Half of people who set a quit date with these specialist services manage to stop smoking in the short term
- You can get stop smoking treatment either in a group or one-to-one with a stop smoking advisor

Choice of medicines to help you stop smoking

Nicotine replacement therapy (NRT) is the most commonly used medicine. There are different types of NRT:

- patches / gum / lozenges / inhalator / nasal spray / mouth spray / tablets

NRT works best if you have two types together (e.g. patches and gum) and use it for about three months.

There are two other effective types of medication specifically for stopping smoking in the form of tablets that your GP can prescribe (bupropion or varenicline). They also work best if you take them for three months.
Taking control of cholesterol

Why does it matter?
Cholesterol is a type of fat. The body needs cholesterol to help make certain vitamins and hormones and can make enough cholesterol of its own. We also get extra cholesterol from some of the foods we eat. Too much cholesterol can lead to serious problems like heart disease. A high intake of animal fats such as meat, eggs and cheese are the main cause of excess cholesterol. It’s not just eating too much fat that causes high cholesterol, smoking contributes to it, as does having high blood pressure, diabetes or an underactive thyroid.

If you are on antipsychotic medication, you will need to have a blood test about three months after starting treatment and then at least every year to check your cholesterol levels. This is because some medicines may increase cholesterol levels.

To take control of your cholesterol, you may want to consider...
- Eating a healthy diet
- Regular exercise
- Stopping smoking

There are also medications called statins that can be prescribed by your GP if your cholesterol is not reduced from diet and exercise alone.

It might be helpful to keep a record of your cholesterol levels and when your next test is due in the health check results tracker in the back of this booklet.

Taking control of blood sugar

Why does this matter?
Diabetes is a condition that often goes undiagnosed for many years. This delay can mean you’re more at risk of problems with your eyes and damage to your kidneys and nervous system. The symptoms of diabetes can be influenced by a family history of diabetes, smoking, physical inactivity, poor diet and the effects of some medicines.

To take control of your blood sugar levels, you may want to consider...
That glucose (sugar) monitoring is not only necessary for people with diabetes. If you do have diabetes you will need to monitor your levels at least twice a day using test strips that you can get on prescription from your GP. However, if you are taking an antipsychotic medicine you should have your blood tested three months after you are prescribed the medicine and every six–12 months after that to assess your sugar levels.

It is important that you and your carers watch out for the early signs and symptoms of diabetes. These can include passing urine more often than usual, especially at night, feeling thirstier than usual, extreme tiredness, losing weight without trying, blurred vision, and slow healing of cuts and wounds.

Report any of these symptoms to your GP or care coordinator. Again, as with all areas of health, diet, exercise and stopping smoking will improve glucose control. Every GP practice will have a nurse who specialises in the prevention and management of diabetes. They can be a great source of support and information so make sure you see them if you need to.
Why does it matter?
Being a healthy weight will help control your blood pressure and blood sugar levels, and helps reduce the risk of heart disease and diabetes. It is not unusual for weight to rapidly increase when you first start taking some medicines.

To take control of your weight, you may want to consider...

- That maintaining a healthy weight involves balancing the calories from the food and drink we eat with the amount of calories we burn through being active
- To lose weight in a healthy way we need to use up more calories than we eat, such as by being more active
- Losing weight slowly and steadily is much healthier than going on a crash diet. Skipping meals is not a helpful way to lose weight either – it only makes snacking on cakes, biscuits and sweets more tempting. Planning meals a day or two in advance instead of making decisions on a moment to moment basis gives you more control over what you eat
- Eating healthily: the current recommendation from the Department of Health is that our diet should mostly be made up of fruit, vegetables and starchy foods such as wholegrain rice and pasta or potatoes. The rest should consist of proteins such as meat, fish or beans as well as a small amount of dairy (e.g. milk, eggs and cheese). Foods that contain sugar and fat, such as cakes and biscuits, should only make up a very small amount of our diet
- Sometimes people are not sure where to start with healthy eating and may need a bit of guidance. There will be professionals in your mental health team, such as occupational therapists and dieticians who are a good source of information and practical advice
- Getting enough exercise: A number of studies have demonstrated the positive benefits of exercise on both physical and mental health. To stay healthy or to improve health we need to do two types of physical activity each week: aerobic and muscle strengthening activity for about two hours and 30 minutes
- Aerobic activities improve cardiovascular health and include brisk walking, cycling, jogging, swimming and dancing, anything that gets your heart rate up and gets you out of breath
- Muscle-strengthening exercises improve balance, muscle tone and bone health, increase the rate at which the body burns calories and can be achieved by climbing stairs, carrying shopping, walking uphill, gardening, yoga or t’ai chi
- • We need to be creative about how we can incorporate exercise into our daily routine without much effort or disruption – for example, exercising for two 10-minute slots each day might be initially more achievable than half an hour at a time on five days of the week. Your mental health team and GP practice can often help you get discounted membership rates at your local gym or provide you with information about local exercise/wellbeing classes

Looking after your physical health at home

• To lose weight in a healthy way we need to use up more calories than we eat, such as by being more active
• Losing weight slowly and steadily is much healthier than going on a crash diet. Skipping meals is not a helpful way to lose weight either – it only makes snacking on cakes, biscuits and sweets more tempting. Planning meals a day or two in advance instead of making decisions on a moment to moment basis gives you more control over what you eat
• Eating healthily: the current recommendation from the Department of Health is that our diet should mostly be made up of fruit, vegetables and starchy foods such as wholegrain rice and pasta or potatoes. The rest should consist of proteins such as meat, fish or beans as well as a small amount of dairy (e.g. milk, eggs and cheese). Foods that contain sugar and fat, such as cakes and biscuits, should only make up a very small amount of our diet
• Sometimes people are not sure where to start with healthy eating and may need a bit of guidance. There will be professionals in your mental health team, such as occupational therapists and dieticians who are a good source of information and practical advice
• Getting enough exercise: A number of studies have demonstrated the positive benefits of exercise on both physical and mental health. To stay healthy or to improve health we need to do two types of physical activity each week: aerobic and muscle strengthening activity for about two hours and 30 minutes
• Aerobic activities improve cardiovascular health and include brisk walking, cycling, jogging, swimming and dancing, anything that gets your heart rate up and gets you out of breath
• Muscle-strengthening exercises improve balance, muscle tone and bone health, increase the rate at which the body burns calories and can be achieved by climbing stairs, carrying shopping, walking uphill, gardening, yoga or t’ai chi
• We need to be creative about how we can incorporate exercise into our daily routine without much effort or disruption – for example, exercising for two 10-minute slots each day might be initially more achievable than half an hour at a time on five days of the week. Your mental health team and GP practice can often help you get discounted membership rates at your local gym or provide you with information about local exercise/wellbeing classes
Why does it matter?
When your heart beats, it pumps blood round your body, and as the blood moves, it pushes against the sides of the blood vessels. The strength of this pushing is your blood pressure. If your blood pressure is too high for a long period of time, it puts extra strain on the heart and this may lead to a heart attack and stroke.

To take control of your blood pressure, you may want to consider:
That lifestyle changes will lower your blood pressure:
• eating more fruit and vegetables
• maintaining a healthy weight
• getting physically active
• stopping smoking
• eating less salt

If you are diagnosed with high blood pressure, there is much you can do to lower it. The more you can reduce your blood pressure, the lower your risk of a heart attack or stroke will be. High blood pressure is diagnosed if readings on a number of separate occasions consistently show your blood pressure is 140/90 mmHg or higher.

Medication for high blood pressure
Medication to lower blood pressure is recommended for people who have persistent blood pressure readings over 140/90 mmHg. People with diabetes will be offered treatment if they have persistent blood pressure over 130/80 mmHg. Just as with any other medication, this needs to be taken consistently for as long as it is prescribed, with regular blood pressure check ups.
Machines that can be used at home can be bought at your local pharmacy and are a useful way of keeping a check on your day to day health.
It might be helpful to keep a record of your blood pressure in the health check results tracker in the back of this booklet.

Why does it matter?
We are all at risk of cancer. There are a number of cancer screening programmes which anyone can use. However, the uptake of cancer screening services is generally poor by people with mental health conditions. Early detection of cancer improves our chances of beating it.
You may want to consider:
• Women between the ages of 25 and 64 are eligible for a free cervical screening test every three to five years
• The NHS breast screening programme provides free breast screening every three years for all women aged 50 to 70
• The most recent screening programme to be introduced in the UK is for bowel cancer. This offers screening every two years to all men and women aged 60 to 69

When you become eligible for any cancer screening, your GP will automatically send you a letter inviting you to attend the GP practice or local hospital. It is very important not to ignore these letters. If you are uncertain or reluctant to attend, speak to your GP or mental health team, who will be able to give you some information and help in finding someone to come with you to the appointment.

You can also keep a check on your own health by self-examination. You can pick up a leaflet from your GP surgery or check online about breast and testicular self-examination. These resources provide simple instructions about what to feel and look for and what to discuss with your GP.
Why does it matter?
People with a serious mental illness have higher rates of tooth decay and tooth loss compared to mentally healthy people. Poor dental health is linked to diseases such as heart disease and stroke. Bacteria from our mouths can enter the bloodstream from bleeding gums; once bacteria gets into the bloodstream, it can lead to clotting inside blood vessels, increasing the risk of heart attacks and stroke.

Why does it matter?
People who have a mental illness and drink alcohol excessively or use illicit drugs face a greater challenge in maintaining their physical health. Alcohol often interferes with prescribed medication. Short-term alcohol use can make existing conditions such as heart disease or depression worse. Long term alcohol use can result in heart and liver disease, as well as immune and gastrointestinal disorders. Drinking too much over a long period of time can also increase the risk of cancers of the mouth, throat, oesophagus, colon and breast.

Illegal drugs such as cannabis, cocaine and amphetamines make mental health problems worse. They also cause many physical health problems. Regularly smoking cannabis (or any drug) affects the lungs and can lead to lung disease. Many people smoke tobacco and cannabis together, which may well increase the risk of developing respiratory symptoms even further. Stimulants such as cocaine increase the heart rate and blood pressure, which in turn increases the oxygen demand on the heart. This can lead to a heart attack and breathing problems.

To take control of substance use, you may want to consider...
That mental health services have access to specialist professionals whom they can put you in touch with if you would like further support. There are also specialist addiction services throughout SLaM that can be a great source of support in helping you to cut down your drinking. There are a number of things you can do yourself to take control of your drinking. Simply monitoring how many units of alcohol you drink over the course of a week can help you decide if you need to take further action.

The NHS recommends that men should drink no more than three to four units a day and women two to three units a day. On the next page, there is a tool to help you work out if your drinking may be a potential problem.
The scores can help you work out if you need to speak to a health professional about your drinking. They are just a rough guide; you also need to consider your medical history as well as your current symptoms.

**Audit score**  What might this mean?

0-7 This is okay, though it might be helpful to read up on alcohol and the possible effects.

8-15 You may just need simple advice from your GP or health professional about how to avoid increasing your alcohol use.

11-19 You might benefit from simple advice, as well as brief counselling and monitoring from your GP or health professional.

20 and above Referral to a service who specialises in alcohol counselling will be helpful for further assessment and treatment.

Other simple things you might want to try if you’re thinking about cutting down your drinking...

- alternating an alcohol drink with a glass of water so you stay hydrated
- drink a soft drink to quench your thirst, rather than alcohol
- swap to a lower strength beer or wine
- only take a fixed amount of money out with you to buy alcohol or other substances
- educate yourself about the impact of substances on your mind and body
- know what emotions and situations trigger you to use substances

As well as services within SLaM, there are a number of local voluntary and independent services for people who would like support with substance use.

It is important to get help before suddenly stopping or cutting down on drinking or using drugs and get advice from an appropriate health professional.

**What do the scores mean on the AUDIT tool?**

Looking after your physical health at home...
Taking control of sexual health

Why does it matter?
There are many medicines (e.g. antipsychotics, antidepressants and treatment for high blood pressure) that can make you feel like not having sex or reduce the pleasure you might get from sex. A small number of medicines can also cause problems such as painful, swollen breasts in both men and women and affect women’s periods.

Taking control of your sexual health, you may want to consider:
that telling someone about your concerns will help your care team to change your medication or help you get the best support. People can feel a bit embarrassed talking about their sexual health needs and end up never raising the issue. They are then left wondering whether some of the issues they are experiencing are normal or are a cause for concern. Don’t let embarrassment get in the way of this important aspect of your health.

You can find advice on sexual health in a variety of places, such as your GP, sexual health clinics, family planning or contraception clinics. There is a huge amount of information you can access online that clearly and simply explains all aspects of sexual health.

Considering contraception and safe sex
There are many different methods of contraception and every GP practice will have a doctor or nurse who has special training in this area who can discuss your particular needs or refer you to another professional. They can also advise about the prevention of sexually transmitted diseases and provide access to free condoms. Sexual health clinics are a valuable source of support and can also provide advice about any worries you may have about any part of your sex life.

Taking control of medication and physical wellbeing

Why does it matter?
Taking medication is only one part of staying well, but it is an important part. Medicines for mental health conditions are usually part of a long term treatment plan and work best if taken consistently. However, sometimes the side effects of medication can get in the way of taking them. All medicines have unwanted side effects which may affect your physical health, whether they are prescribed for the treatment of high blood pressure, for an infection or for a mental health condition.

Sometimes it can be a delicate balance between getting relief from distressing symptoms and avoiding side effects. Prevention, identifying side effects early, and knowing how to manage them can improve the experience of taking medication.

What causes unwanted side effects?
Medicines for the treatment of mental health conditions work by increasing or reducing the effects of natural chemicals (neurotransmitters) in the brain. These natural chemicals control various aspects of behaviour, including mood and emotions, sleeping, alertness, eating and interest in sex. Changing the amount of a natural chemical, (e.g. dopamine or serotonin) can be useful because it can help reduce distressing experiences. However, although there have been advances in the design of new medicines in the last 20 years, medicines for any health condition are still not that sophisticated and also alter some of the natural chemicals we do not want to change and this leads to unwanted side effects.

Other reasons for side effects include…
- The dose may be too high or too often
- The health of your stomach, liver and kidneys, e.g. if you are in poor physical health, a drug may stay in the body longer than usual before it is excreted
- Taking two or more medicines at the same time

Your prescriber or care coordinator should regularly review your medication to follow how well it is working for you and check if you have any side effects. On the next couple of pages we have provided a quick summary of everyday medicines for mental health conditions and their common side effects. The summary is adapted from the Maudsley prescribing guidelines, written by leading medicines experts. We have also provided some suggestions about how to deal with side effects.

Everyone is different and some people may be sensitive to a particular medicine and have a side effect that is uncommon for a particular drug, whereas other people will be more resilient and might avoid experiencing a common side effect associated with a particular drug.
These are a few suggestions you may want to think about for dealing with unwanted side effects

**Physical health side effects and antipsychotic medicines**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Tremor/stiffness</th>
<th>Weight gain</th>
<th>Constipation</th>
<th>Low blood pressure</th>
<th>Diabetes</th>
<th>Sexual problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amisulpride</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Aripiprazole</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Clozapine</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Haloperidol</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Olanzapine</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Quetiapine</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Paliperidone</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Risperidone</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>


**Taking control of side effects**

These types of side effects are best treated by reducing the dose or switching to a different medication. You can have an additional type of medication to treat any shakiness or stiffness but this is not recommended in the long term. You should also have to tolerate this type of side effect as there are plenty of other choices of medicines available that cause little or no movement problems.

**Nausea/sickness**

Take with food, unless told otherwise. Eat smaller, more frequent meals. Sip water.

**Movement problems such as shakiness or stiffness**

It is helpful for you and your care team to take a proactive approach to prevent weight gain. You should weigh yourself regularly and measure your waist size. Take into account your appetite may be much stronger and you might crave foods that relieve hunger quickly such as chocolate, sweets, fizzy drinks and fast food. Try and plan ahead, learn how to read food labels and how to make healthy snacks and meals. Speak to your team about getting support to increase your activity. If you are unhappy with the effects of your medicine on your weight, speak to your prescriber and ask for an alternative medicine.

**Weight gain**

Take with food, unless told otherwise. Eat smaller, more frequent meals. Sip water.

These types of side effects are best treated by reducing the dose or switching to a different medication. You can have an additional type of medication to treat any shakiness or stiffness but this is not recommended in the long term. No one should have to tolerate this type of side effect as there are plenty of other choices of medicines available that cause little or no movement problems.

**Dry mouth, constipation**

A high fibre diet that includes plenty of fruit and vegetables is helpful. Water rather than fizzy drinks and sugar free gum for a dry mouth might help. It is important to look after your oral hygiene, it is helpful to brush your teeth twice a day and have regular dental check ups as a dry mouth can lead to tooth pain and loss.

**Low blood pressure**

Have your blood pressure taken regularly, make sure you are not dehydrated, avoid alcohol, heavy meals, long periods of lying down, long periods of standing still and a very hot bath or shower. If it persists, discuss the possibility of switching to a drug that does not cause low blood pressure with your prescriber.

Just like with weight gain, a proactive approach is needed to prevent changes in blood sugar and the onset of diabetes. The level of sugar in your blood should be tested before a medicine is prescribed, then every three months and then every six months when stable. A healthy lifestyle – a good diet, keeping active and not smoking all help to maintain stable blood sugar levels. Report symptoms such as frequently passing water, increased thirst, and abdominal pain to your care coordinator.

**Sexual side effects**

Report any changes in your interest, performance and satisfaction with sex, as well as the side effects, leaking breasts (men and women) and erratic periods (women). Discuss with your prescriber about either reducing the dose or switching to a drug that does not cause these side effects. Make sure you follow health promotion advice e.g. breast self-examination and contraceptive advice.
<table>
<thead>
<tr>
<th>Check</th>
<th>Range</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMI</td>
<td>18.5 – 24.9 (Ideal)</td>
<td>25.0 – 29.9 (Borderline)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waist size</td>
<td>Waist: less than 94cm (Ideal)</td>
<td>Olivia &gt; 94 cm (Borderline)</td>
<td>Olivia &lt; 81 cm (Ideal)</td>
<td>Olivia &gt; 81 cm (Borderline)</td>
<td>Olivia &gt; 81 cm (Borderline)</td>
<td>Olivia &gt; 81 cm (Borderline)</td>
<td></td>
</tr>
<tr>
<td>Blood pressure</td>
<td>120/80 (normal)</td>
<td>140/90 (borderline)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulse</td>
<td>60 – 100/min (normal)</td>
<td>More than 100 (Borderline)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breathing</td>
<td>12 – 18 breaths/minute (Normal)</td>
<td>16 – 20 (Borderline)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following lifestyle choices are the main causes of heart disease, respiratory problems and diabetes. Poor physical health is not inevitable. There are lots of small things you can do to take control and improve your general wellbeing. Sometimes it is helpful just to focus on trying to change one thing at a time. Once you have achieved your goal this is likely to help you continue to try and change something else.

### Taking Control of My Smoking

- **Goal:** Using fewer cigarettes
- **Action:** Cut down by one a day

### Taking Control of My Drinking

- **Goal:** Using fewer alcohol
- **Action:** Cut down by one a day

### Taking Control of My Weight

- **Goal:** Using fewer calories
- **Action:** Cut down by one a day

### Last Done     | Next due
---|---
Annual health check | Duckworth check | Eye check | Flu immunisation

### My Health Check Results

<table>
<thead>
<tr>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood tests</td>
<td>Cholesterol</td>
<td>Glucose</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Taking Control of My Physical Health

- **Goal:** Using fewer calories
- **Action:** Cut down by one a day

### My Progress

- **T**aking **C**ontrol of **M**y **P**hysical **H**ealth
- **Goal:** Using fewer calories
- **Action:** Cut down by one a day

### My Health Check Results

- **Last Done:** Duckworth check
- **Next due:** Eye check
- **Next due:** Flu immunisation

### Taking Control of My Smoking

- **Goal:** Using fewer cigarettes
- **Action:** Cut down by one a day
### Useful resources

There are lots of local and national resources where you can find additional information to support your wellbeing. Local information is available through your mental health team. Below are some examples of national organisations that you may find helpful.

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Contact details</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Choices</td>
<td><a href="http://www.nhs.uk">www.nhs.uk</a></td>
<td>This is the UK’s leading website for health information. The site draws together knowledge and expert advice about wellbeing, health conditions, treatment and local services. It is accessible in over 50 languages and has leaflets, videos, interactive tools and mobile apps to use</td>
</tr>
<tr>
<td>British Heart Foundation</td>
<td><a href="http://www.bhf.org.uk">www.bhf.org.uk</a></td>
<td>The British Heart Foundation (BHF) is the UK’s leading heart charity. It funds research and pioneering treatment in heart disease. They provide free resources to download or order such as booklets and DVDs on prevention, education and treatment, advice on healthy eating, exercise and smoking</td>
</tr>
<tr>
<td>Diabetes UK</td>
<td><a href="http://www.diabetes.org.uk">www.diabetes.org.uk</a></td>
<td>The leading diabetes charity in the UK provides information and education about the prevention of diabetes as well as care and support for people with type 1 and 2 diabetes</td>
</tr>
<tr>
<td>British Lung Foundation</td>
<td><a href="http://www.blf.org.uk">www.blf.org.uk</a></td>
<td>The UK’s leading charity for lung diseases. It provides information and education about lung conditions, a helpline and support groups</td>
</tr>
<tr>
<td>Cancer Research UK</td>
<td><a href="http://www.cancerresearchuk.org">www.cancerresearchuk.org</a></td>
<td>The UK’s leading cancer charity provides information and education about the prevention and treatment of all types of cancer</td>
</tr>
<tr>
<td>Smokefree England</td>
<td><a href="http://www.smokefree.nhs.uk">www.smokefree.nhs.uk</a></td>
<td>NHS support for help with stopping smoking. Provides information, education and support to quit, DVDs, interactive tools and mobile apps</td>
</tr>
<tr>
<td>Rethink Mental</td>
<td><a href="http://www.rethink.org">www.rethink.org</a></td>
<td>One of the UK’s leading mental health charities, which has resources, checklists and information on improving physical health and wellbeing for people with a mental health condition</td>
</tr>
<tr>
<td>Mental Health Foundation</td>
<td><a href="http://www.mentalhealth.org.uk">www.mentalhealth.org.uk</a></td>
<td>One of the UK’s leading mental health charities, which has resources and information on improving physical health and wellbeing for people with a mental health condition</td>
</tr>
<tr>
<td>MIND</td>
<td><a href="http://www.mind.org.uk">www.mind.org.uk</a></td>
<td>Another of the UK’s leading mental health charities, which has resources and information on improving physical health and wellbeing for people with a mental health condition</td>
</tr>
</tbody>
</table>
Acknowledgements

This booklet is the result of a collaboration between service users and staff at SLaM and The Institute of Psychiatry, King’s College London. We would like to thank the following for their contribution: Debbie Robson, Alex Harwood, Annie Jordan, Jaqueline Best-Vassell, Natalie Warman, Fay Guest, Anne Middleton, Roslyn Byfield and the artists.

Art credits


© All content is the copyright of SLaM

Design: Bigfrankmedia.com
Published: January 2014
Review date: January 2016