

## Lifestyle interventions to reduce premature mortality in schizophrenia

Galletly's commentary<sup>1</sup> on new data describing years of potential life lost for people with schizophrenia broadens discussion beyond excessive rates of obesity and premature metabolic syndrome, highlights social concomitants of living with a severe mental illness, and outlines how poverty and social disadvantage contribute to poor medical care in these patients. We agree that addressing socioeconomic disparities, improving access to medical care, and changing prescribing practices are priorities in improving physical health outcomes in people with schizophrenia.

There is no silver bullet to reducing these physical health disparities and a multi-faceted, committed response is needed. However, we dispute the statement that lifestyle interventions show little evidence of reducing cardiovascular risk, especially since such interventions are broadly as effective as pharmacological interventions.<sup>2</sup> The evidence shows that appropriately designed behavioural interventions that provide sufficient support to patients to increase their autonomy substantially reduce cardiometabolic risk factors in the short to medium term.<sup>3</sup> If maintained over the long term, we can expect physical health outcomes and life expectancy to

improve, as has been documented in non-patient populations.<sup>4</sup>

Galletly<sup>1</sup> asserts that "It is time to look beyond trying to coerce patients with schizophrenia to improve their lifestyles". We contend that patients are interested in achieving lifestyle change,<sup>5</sup> and targeted interventions have a major role to play in a holistic approach to addressing the major health inequalities in this vulnerable population. Ingrained inequality is one key reason why lifestyle interventions are an essential part of integrated best practice care. Adequate sleep, regular exercise, and a healthy diet should be key contributors to well-being and a healthy life for everyone in society, but these are sadly absent for most people living with schizophrenia.

There is a crucial need for more research to address the challenges of implementing behaviour change in a cost-effective fashion as part of routine care. Behavioural interventions beginning at the same time as antipsychotic treatment is one promising approach that requires further research, to determine whether early intervention for physical health in people with schizophrenia is a feasible and effective method for reducing risk.

We believe it is important that therapeutic nihilism does not limit access to the benefits of lifestyle interventions for people living with schizophrenia. Rather, the growing evidence base will enable clearer understanding as to how and when to implement lifestyle interventions as part of multi-faceted strategies to

reduce premature death in people with schizophrenia.

We declare no competing interests.

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- 2 Taylor J, Stubbs B, Hewitt C, et al. The effectiveness of pharmacological and non-pharmacological interventions for improving glycaemic control in adults with severe mental illness: a systematic review and meta-analysis. *PLoS One* 2017; **12**: e0168549.
- 3 McGinty EE, Baller J, Azrin ST, Juliano-Bult D, Daumit GL. Interventions to address medical conditions and health-risk behaviors among persons with serious mental illness: a comprehensive review. *Schiz Bull* 2016; **42**: 96-124.
- 4 Paffenbarger Jr RS, Hyde RT, Wing AL, et al. The association of changes in physical-activity level and other lifestyle characteristics with mortality among men. *New Engl J Med* 1993; **328**: 538-45.
- 5 Archie SM, Goldberg JO, Akhtar-Danesh N, et al. Psychotic disorders, eating habits, and physical activity: who is ready for lifestyle changes? *Psychiatr Serv* 2007; **58**: 233-39.