


Letter

2-year follow-up: Still keeping the body in mind

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To the Editor

Weight gain prevention is a key focus in the fight for parity for young people commencing antipsychotic medication. We previously reported the results of the 12-week *Keeping the Body in Mind* (KBIM) lifestyle and life skills intervention, delivered by dedicated nursing and dietetic and exercise physiology clinicians, embedded within a First Episode Psychosis (FEP) program (Curtis et al., 2016). At the conclusion of the 12-week program, 16 young participants in the program experienced a mean weight gain of 1.8 (95% confidence interval [CI]: -0.4 to 2.8) kg and a mean increase in waist circumference of 0.1 (95% CI: -2.1 to 2.2) cm. A comparison group, receiving usual care without added lifestyle intervention, gained a mean 7.8 (95%

CI: 4.8 to 10.7) kg and had a mean increase in waist circumference of 7.1 (95% CI: 4.8 to 9.4) cm in the same period. Here, we present the 2-year follow-up of the KBIM intervention participants. Following the intensive 12-week intervention, participants were offered a step-down program with continued access to the onsite gym, cooking group and individual nutrition and exercise consultations, but without the same intensity of follow-up from clinicians as with the initial 12 weeks. The 2-year follow-up data were obtained from 12 participants from the original cohort. Reasons for attrition were as follows: transferred to another health service ($n=2$), full-time employment ($n=1$) and non-contactable ($n=1$). For the 12 participants who were followed up at 2 years, mean weight gain was 1.3 (95% CI: -4.0 to 6.6) kg ($t(11)=0.5$, $p=0.6$, not significant [NS]). Waist circumference increased by 0.1 (-4.9 to 5.1) cm ($t(10)=0.0$, $p=0.9$, NS). Mean number of contacts for the dietetics and exercise components during the step-down program was 17.3 (range: 1–43) and 40.1 (range: 6–116), respectively. Nine participants (75%) did not experience clinically significant weight gain ($>7\%$ baseline weight) 2 years after commencing antipsychotic medication. In a Last-Observation-Carried-Forward analysis, mean changes for the 16 original participants were not statistically significant; mean weight change was 2.1 (95% CI: -2.0 to 6.1) kg ($t(15)=1.1$, $p=0.29$), and mean waist circumference change was 1.2 (95% CI: -3.1 to 5.6) cm ($t(15)=0.6$, $p=0.56$). In comparison, long-term observational data

suggest that mean weight gain without intervention over 2 years of exposure to antipsychotic medications in FEP is 8.9 kg for risperidone and 15.4 kg for olanzapine (Álvarez-Jiménez et al., 2008). This is the first study to demonstrate that target five of the Healthy Active Lives (HeAL) declaration (www.iphys.org) is realistic and achievable (Shiers and Curtis, 2014). The next step is to replicate these findings in larger cohorts to see whether weight neutrality can become reality in young people receiving treatment for psychosis.

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