

Primary care management of cardiovascular risk for people with severe mental illnesses: the Primrose research programme including cluster RCT

David Osborn,^{1,2*} Alexandra Burton,¹ Kate Walters,³ Lou Atkins,⁴ Thomas Barnes,⁵ Ruth Blackburn,¹ Thomas Craig,⁶ Hazel Gilbert,³ Ben Gray,⁷ Sarah Hardoon,³ Samira Heinkel,¹ Richard Holt,⁸ Rachael Hunter,³ Claire Johnston,⁹ Michael King,^{1,2} Judy Leibowitz,² Louise Marston,³ Susan Michie,^{2,4} Richard Morris,³ Steve Morris,¹⁰ Irwin Nazareth,³ Rumana Omar,¹¹ Irene Petersen,³ Robert Peveler,⁸ Vanessa Pinfold,⁷ Fiona Stevenson³ and Ella Zomer³

¹Division of Psychiatry, Faculty of Brain Sciences, University College London, London, UK

²Camden and Islington NHS Foundation Trust, St Pancras Hospital, London, UK

³Department of Primary Care and Population Health, University College London, London, UK

⁴Centre for Behaviour Change, Department of Clinical, Educational and Health Psychology, Division of Psychology and Language Sciences, Faculty of Brain Sciences, University College London, London, UK

⁵Faculty of Medicine, Department of Medicine, Imperial College London, London, UK

⁶Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, UK

⁷The McPin Foundation, London, UK

⁸Human Development and Health Academic Unit, Faculty of Medicine, University of Southampton, Southampton, UK

⁹School of Health and Education, Faculty of Professional and Social Sciences, Middlesex University, London, UK

¹⁰Department of Allied Health Research, University College London, London, UK

¹¹Department of Statistical Science, University College London, London, UK

*Corresponding author d.osborn@ucl.ac.uk

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Plain English summary

Primrose research programme including cluster RCT

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Plain English summary

People with severe mental illnesses (SMI), including schizophrenia and bipolar disorder, die earlier from heart attacks and strokes. This programme of work explored how to best prevent heart attacks or stroke in people with SMI.

First, a new computerised tool for general practitioner (GP) practices was developed to predict heart attacks for people with SMI. This was then compared with existing computerised tools and it was found that this new tool was better. Second, staff and patients were asked for their views on what a service for reducing the risk of heart attacks should look like. Existing research was reviewed and national data were used to look at statin prescribing (a medication for lowering levels of cholesterol) for people with SMI. It was found that statins decreased levels of cholesterol, that physical activity and diet lowered weight, and that accessing Stop Smoking Services and medications reduced smoking.

This evidence was used to develop a new service to lower levels of cholesterol in people with SMI. Patient experts were involved in decisions of what to include in the service and in training nurses to review medication, diet, physical activity, smoking, blood pressure or diabetes mellitus in 8–12 appointments at GP practices.

Third, whether or not patients had lower levels of cholesterol after receiving the new service at their GP practice when compared with patients receiving GP usual care was assessed. The first large trial was delivered to improve physical health in SMI in general practices. A total of 327 patients took part in 76 general practices: 38 practices had the new service and 38 did not. The service was delivered well and people attended. Levels of cholesterol went down for both those who did and those who did not receive the new service. There was no difference between the groups in terms of levels of cholesterol or other physical measures. The care provided by the general practices that did not receive the new Primrose service may have been better than normal general practice care. These general practices still had to identify people with raised CVD risk factors to take part in the study who might not have been identified if the general practice had not taken part in the study. This may explain why no differences were found. People who received the new service had fewer inpatient mental health admissions over the year.

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