People with Serious Mental Illness May Be at Risk for Obesity and Diabetes

Serious mental illnesses (SMI) are conditions like schizophrenia, depression, or bipolar disorder. In past studies, people with SMI have reported more physical health problems than people without SMI. In particular, they may have a higher risk of becoming overweight or obese, as well as a higher risk of diabetes. According to some researchers, these problems may be caused by side effects of medications taken to treat SMI, but they could also be due to high-fat/low-fiber diets or a lack of exercise. As a result, obesity and diabetes may occur together, making diabetes harder to manage and increasing the risk of complications. In a recent NIDILRR-funded study, researchers looked at the prevalence of obesity and diabetes in a group of adults with SMI. They wanted to see how commonly people with SMI develop obesity, diabetes, or both compared with the general adult population. The researchers also wanted to find out who is most likely to develop both obesity and diabetes among people with SMI.

Researchers at the Rehabilitation Research and Training Center for Self-Directed Recovery and Integrated Health Care conducted health screenings with 457 adults over 17 years old with SMI. The participants lived in four U.S. states (Georgia, Illinois, Maryland, and New Jersey) and all were enrolled in community mental health programs. At the health screenings, the researchers measured the participants' height and weight and calculated their body mass index (BMI). The participants were considered “obese” if they had a BMI higher than 30 (weighing more than 200 pounds for a 5’ 9” adult). The researchers also measured the participants' blood sugar to test for diabetes. Finally, the researchers interviewed the participants to ask about their age and race/ethnicity, whether or not they had been diagnosed with diabetes before participating in the study, whether or not they were current smokers, and how they would rate their overall physical health. The participants were classified as having diabetes if either their blood sugar tested high, or they said they had been diagnosed with diabetes.

The researchers compared the obesity and diabetes rates of the adults with SMI in the study’s sample with those of the general adult population. They found that the participants with SMI had more than double the obesity rate than that of the general population (59% vs. 24%). The participants also had four times the diabetes rate of the general population (25% vs. 6%). Further, the researchers found that diabetes and obesity tended to occur together more frequently in the SMI sample: 78% of the study participants with diabetes were obese or morbidly obese, compared to just 31% of adults with diabetes in the general population.

When the researchers looked at the participants with both obesity and diabetes, they found that the African American participants had rates of this combination about
three times higher than the non-African American participants. Older participants and those with lower self-rated health also had higher rates of obesity and diabetes.

In this study, nonsmokers had a higher rate of combined diabetes and obesity than smokers. According to the authors, this may have occurred if the nonsmokers in the sample were ex-smokers who gained weight after they quit smoking. The researchers did not ask the participants about their previous smoking status, so it is unclear how many of the nonsmokers were previously smokers, or if other factors might explain this link. Future research may be useful in developing smoking cessation programs for people with SMI that include strategies to prevent weight gain.

The authors noted that findings from this study are in line with findings from previous studies that people with SMI tended to have higher rates of combined obesity and diabetes than their counterparts without SMI. Mental health providers may want to develop programs that target weight management, nutrition, and exercise habits in order to prevent diabetes, as well as weight management programs for people who already have diabetes. Culturally sensitive programs may be especially helpful for African Americans, who had a higher risk of combined diabetes and obesity in this study. Wellness programs for people with SMI may improve their quality of life and reduce their need for healthcare services.

To Learn More

The Rehabilitation Research and Training Center for Self-Directed Recovery and Integrated Health Care offers a suite of tools to help people with SMI manage their health such as:

- An Online Diabetes Education Toolkit developed following the American Diabetes Association standards.
- A Wellness Activities Manual with lessons focused on helping individuals learn new behaviors and habits that can improve their health.
- Nutrition and Exercise for Wellness and Recovery (NEW-R), an 8-week curriculum teaching strategies for healthy eating and physical activity based on mindfulness.
  - We highlighted results from this program in a previous issue of Research In Focus.


This project is also supported by the Substance Abuse and Mental Health Services Administration (SAMHSA).
To Learn More About this Study

Research In Focus is a publication of the National Rehabilitation Information Center (NARIC), a library and information center focusing on disability and rehabilitation research, with a special focus on the research funded by NIDILRR. NARIC provides information, referral, and document delivery on a wide range of disability and rehabilitation topics. To learn more about this study and the work of the greater NIDILRR grantee community, visit NARIC at www.naric.com or call 800/346-2742 to speak to an information specialist.

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