

NAMI Ask the Expert: Physical Health is Mental Health

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Featuring: Gail Daumit, MD, MDS, FACP

Dan Gillison:

Thank you Teri, and good afternoon and good midday to our folks on the West Coast, I really appreciate you being here with us today. And on behalf of our board, our board president, our staff, and our field leaders and our volunteers, we really appreciate you investing your time with our us for this topic. It's a very important topic, and appreciate you being with us. And with that, I'd like to hand it off to chief medical officer Dr. Ken Duckworth. Ken?

Ken Duckworth:

Thanks, Dan. Hello everybody, it's great to have Dr. Gail Daumit back. Gail is the first winner of the NAMI Research Award who does not live in the mental health space. Gail is a full professor of internal medicine at John's Hopkins and has done a lot of work on the reduction of cardiovascular risk for people who live with mental health conditions. This presentation is also to announce some of the developments in our rebooted Hearts and Mind program, which debut today in Spanish. I'll talk about that at the end of the talk, physical health is mental health and the converse. Dr. Daumit, this is your third presentation for NAMI, friend of the family, and thanks for everything you do. Take it away.

Gail Daumit:

Great, thank you so much. I want to say I am extremely honored to be here, NAMI is a true partner and supporter of me. And I really wouldn't be here without the support of NAMI over the years and their willingness to guide me and encourage me and help direct my research, so I just want to say thank you very much. And seeing that we have 425 participants right now is really energizing. Okay, sorry, hold on. Let me see, I can't... Oh, okay. Thank you. Okay, so what are we going to do this afternoon?

Physical and health mental health is such a large topic, a lot of my work focuses on heart disease risk and how to prevent it in person's living with mental illness, so I'm going to give you an over review about that today. I'm going to talk then some about the evidence using examples from my work and what we know works. And I am going to be focusing on diet and physical activity and weight as really important topics, and those are really kind of lining up and matching with the Hearts and Mind program, make your diet work for you and getting physical.

So again, I'm going to talk with you about my work, and then I'm going to talk with you both about the clinical trials we've done, but also how we're working to then scale up and disseminate these evidence-based practices in the community. And then I'm going to hopefully spend a good amount of the time talking about what we can do together, both family members, people that are living with mental illness, peers, clinicians, people in our community to really work on eating healthy and moving more and what we can do. And then I'll wrap it up at the end, so that's what we're going to talk about.

Oops. Okay, I don't know. Sorry, I might need... We practice this, but... Oh, okay. All right, so as a quick background, which I know really many or all of we know that there's a mortality gap in people living with mental illness or serious mental illness, and it's large compared to those without. We know that it's about two to three times higher than the overall population, and this is across time and across many different countries around the world.

Gail Daumit:

And while we know that accidental death like suicide is an important contributor to this mortality gap, that if we look at the main causes of death, they are really elevated in the more "physical" health areas, heart disease, cancer, HIV, diabetes, stroke, chronic lung disease. So really heart disease is the top cause of death, just as it is for people living without mental illness.

So why do we have this increased heart disease risk? Well actually, if we look at some people living with mental illness, they may face a lot of the same kind of what we call environmental risks for heart disease as other underserved or at risk populations, such as racial minorities. They may have socioeconomic factors that are contributing. There may be discrimination. There may be cultural factors. And then those factors lead to different stressors, environmental stressors, they make it harder for people to have good health behaviors. There can be issues with self-efficacy, people not feel and confident that they can live it healthy. There's obviously psychological stress, and this all interacts with people's medical care and can lead to heart disease risk factors. So again, a lot of the same issues around income and poverty issues with employment and housing really affect many in this population.

And as we know, all of the heart disease risk factors are really elevated in people living with serious mental illness. So unhealthy diet, physical inactivity, leading to overweight and obesity, we know about tobacco smoking. So those are the health risk behaviors. The health risk factors are diabetes or high blood sugar, hyper tension or high blood pressure and high cholesterol or hyperlipidemia. So these all are elevated, and we know that... So I talked about some of the kind of environmental stresses, we also know that medications do play a role. We know that some of the kind of initial second-generation antipsychotics, for example, Olanzapine, especially play a role. However, many psychotropic medications, such as mood stabilizers, certain antidepressants, also can cause weight gain.

So we have a lot of different reasons why we're looking at these increased risks, but then the question is, what can we do about it? And that's really what I have been spending most of my time doing the past 20 years. So let's now that we kind of have this sort of frame, which is kind of turned to a positive side and say, what works? What do we know works? So this is a little bit of a medical review or kind of a public health review about heart disease risk and weight. So I'll just do a little primer for us. So we know that being overweight or having obesity is a risk factor for the high blood pressure, diabetes, issues with cholesterol and overall heart disease. Okay, we get that, that you all probably know.

However, what is also really true, which I don't think a lot of people know, and it's really, really important to know is that actually only a few pounds of weight loss, so modest weight loss, we're talking four to eight pounds can really improve people's health profile. So it decreases your risk for diabetes. It decreases your systolic blood pressure, the number on top of your blood pressure reading. It decreases mortality from stroke, coronary heart disease mortality, and your risk of developing hypertension. A lot of times when people think about losing weight, they're like, "Oh yeah, I want to lose 30 pounds." Well, that's great, but you don't have to lose that much weight for your health to be positively affected.

The other thing that's really important to know is that what you eat, changing what you eat, so dietary modification, is effective to lose weight. And increase in exercise helps, increase in physical activity helps for weight loss. It's not the primary driver of weight loss, but no matter what weight you are, if you're obese, morbidly obese, overweight, normal weight, your health improves if your physical activity or exercise improves. At any weight that you are, your risk of having heart disease decreases if you exercise, which is also really interesting and important. So the other thing to note, is I guess... So when I came into this area, there really were not any studies, any good studies or large enough studies to show impact for people living with mental illness. All the large trials funded by the Heart, Lung, and Blood Association, The Diabetes National Institute for Diabetes.

Gail Daumit:

and... Oops, hold on. Did I do that? Let me go back. I didn't mean to do that. Are you doing that, is someone... Okay. Can you help me, Jordan? I don't know who's controlling this, but we need to go back. Ah, I'm going the wrong direction here. Okay, let's see. Sorry. Here we go. Maybe that was the cue that I had to speed up.

Okay. All of these studies excluded people, like if they were taking an antidepressant or they had a psychiatric hospitalization. So that was really a problem because we didn't know what would work with people living with mental illness. So that's how I came upon this work. And I think one kind of thing that I think about is that really believing in health behavior change success, for everybody, people without mental illness, people living with mental illness, people with other disabilities, other vulnerable groups, it's like we have to believe that we can make this change. And this is how I've kind of tried to structure what I do, kind of frame what I do.

Okay, [inaudible 00:11:51]. Okay, this slide is slightly out of order, but I did a weight loss study that we're going to talk about in a minute, but we also, after that study was published, I did a review for the National Institute of Mental Health. It was really looking at what works, what it was known to work. And there was enough evidence from my study, the ACHIEVE Trial, which I'm going to talk to you about, and a couple of other large studies that came afterwards, that behavioral weight loss interventions do work for people living with mental illness.

So let me describe the ACHIEVE Trial, for those of you who have heard me talk before you may have heard about this. But this was a study that we did in Maryland in 10 psychiatric rehabilitation programs, where we had individual and group weight management sessions, and we had group exercise sessions, and we showed that simple dietary change, simple change, and I'm going to explain that what that means to you in a moment, and moderate intensity physical activity, people lost seven pounds. Which again, might not seem like a lot, but it actually was because that is enough to start changing your cardiovascular health and other large weight loss trials that had people without mental illness also have only shown about that same amount. So we got the same of effect as the other large NIH trials with a intervention that was tailored to the group that we were working with. So let me explain why the ACHIEVE intervention worked.

This is my research team doing one of the NAMI walks, virtually of course. Okay, so why did the ACHIEVE project work? Well, it worked, the intervention worked because it was tailored for the population that that was meant working with, which were people who were attending psychiatric rehabilitation, so they had some kind of function needs and rehabilitation needs related to their mental illness, and so it was very tailored. We had very simple messaging, repetition of messaging, and we used very basic, basic principles, which I'm going to introduce here, and then I'll go over later when we talk about how you can work with people that either you or people that you love or care for to help them lose weight. It was exercise, so that could just be walking, drink water, don't eat junk food, fruits and vegetables you want to eat, look at portion sizes and choose smart snacks, which it's like the opposite of junk food, kind of.

That is really what we worked on. We did not give calorie counts. We did not do a lot of detail food groups or anything like that, very basic messaging. And we worked with goal setting and accountability. Okay, so that was the ACHIEVE program. We finished that program, the psychiatric rehabilitation programs, we're like, "Oh my gosh, that's really great. But also, our clients smoke and they have diabetes and they have high blood pressure, so what are you going to do about that? We need help with those risk factors too."

Gail Daumit:

Gail Daumit:

So we did another study funded by the NIH that was called the IDEAL trial, which was also based in psychiatric rehabilitation programs, but we changed it so that it was really working one on one with participants. So we did this behavior counseling on weight that was similar to what we did in the ACHIEVE Trial, but it was not for group. And then we added in a piece where we had a nurse that would work with primary care physicians to help people get on better medications or to even get on medications if they weren't for their diabetes and high blood pressure, and smoking. So it was kind of a combination of behavioral counseling, like we did in ACHIEVE, but with more of a care coordination component.

And what we showed actually, we used a composite score called the Framingham Score for cardiovascular risk. And what we showed is that we had a significant and clinically relevant decrease in the cardiovascular risk estimate of whether someone would have a heart attack or a stroke within 10 years, so that was great.

And then something that I want to show you about that project is that we had a really interesting way to look at the eating choices and physical activity choices that people were making, so that we kind of operationalized these kind of healthy achieved behaviors and we used a diagram to help clients choose what they wanted to work on. So for example, if they had high blood pressure, we might guide them to choose kind of first working on the goal of decreasing salt in their diet. But if they had diabetes, we might first work on sweets, getting rid of sweets, things like that, or getting rid of sugar drinks, for example.

So this tool worked well for us. This is just more about the study. Okay, so but the bottom line is, I do these trials, I've done other trials too, and it's lovely and we love working in the community centers. And with the IDEAL Trial, we had some of the staff hired by the mental health program, and we paid their salary and we trained them and stuff, so it was more embedded than the ACHIEVE program. But in reality, these are still research studies. Which is great, we need them, but we really need these kinds of evidence-based practices that are tailored to people living with mental illness and that we know actually work, don't just make people happier or feel better, but actually work to lose weight. We need them to be widely implemented and scaled up in the community so that they can be delivered and used, just really like the Hearts and Mind program too.

So let's talk about this next part, which is, well, what am I doing to help scale up and disseminate these evidence-based practices? I'll just make a note that I did participate in a World Health Organization workshop guideline development group three years ago, actually that really was, I think the first of its kind that was worldwide acknowledging the need for priorities, for clinical practice policy and a research agenda for people living with mental illness and managing and preventing development of physical health conditions. And they were able to use some of the data from my studies to say that this is a really, really important area that needs attention.

So after that, I received funding from the National Institute of Mental Health to do a different kind of research project than I did before. It's a center grant, it's called... NIMH has different ALACRITY centers that they're supposed to be kind of testing out ways to scale up evidence-based interventions in the community, across a range of mental illness conditions. So there's one that focuses on youth, one that focuses on suicide prevention, et cetera. But ours is the only one that focuses on physical health and reducing premature mortality.

Gail Daumit:

And so I'm going to tell you a little bit about what we do so that you can see a couple of the projects that are related. Well, one project in particular that's related to it that's on obesity. So what we're trying to do is basically develop some implementation strategies to support training community mental health program staff and peers, to deliver and support these evidence-based practices to improve physical health and to build community and research practice partnerships so that we can get these interventions into the community. So there are actually three projects in this center, but one is, we are calling it ACHIEVE-D for disseminating, D for disseminate the ACHIEVE Program, where we've adapted the 18 month ACHIEVE program that was so successful to make it shorter and basically ready to deliver by community mental health program staff.

So what we're doing is we're working again in psychiatric rehabilitation programs in Maryland, and we're training their staff, a couple at each site to deliver ACHIEVE-D, and we've changed it to be six months. And we essentially took the same principles from the original ACHIEVE intervention, but we made it more accessible in the sense that we have very, very detailed leaders guides, and we have a peer specialist here, pictured in the picture, that we work with. And we made videos with him and some other peer actors, and videos help guide the sessions so that the community mental health program staff who's trained as a health coach obviously delivers the group, but doesn't have to have this very long detailed script, the video guides him or her to deliver the group.

And we had to adjust this during COVID because everything went remote. So we kind of have a hybrid model where some of the sites we're working with are delivering remotely, some in person and some both. And we also have a peer specialist at each program that we're working with who is also working as a health coach to deliver this. So I'm really, really excited about this project, and it'll be great to see where it ends up. We include both exercise and weight management in the program.

So now we're going to move to really talking about kind of more directed towards you or the people that you love and/or support, living with mental illness to what can we do? What can we all do in our lives to eat healthy and move more? And be more healthy and move towards a healthy weight, and just, how can we do that?

Okay. And again, it's very consistent with the Hearts and Minds, make your diet work for you. And that weight loss can improve your physical health and also your mental health. We all feel better. We do feel better when we're eating healthier. We know that if we do eat something, sometimes we have this emotional eating, I definitely have it myself, but in the long term we do feel better mentally if we're eating more healthy.

So again, as we talked about before, a small percentage weight loss is clinically significant and can improve health. And this slide actually says 5%, but really five pounds can improve your health. And focus on the first five pounds, I think that often many of us are like, "Oh, I need to get off 50 pounds. I need to get off 25 pounds immediately for this wedding I have coming up, or I have this or I have that." And it's better to think of it as going slowly with change and not making a lot of changes all at once. A lot of times, people that do "diets", sometimes those can be too restrictive and they're not sustainable long term. Sometimes people will use it to get weight off kind of just to get going, and I do understand that, there's obviously nothing wrong with that, but I think the key is that it's followed up with more sustainable, realistic lifestyle change.

So, I mean, these three concepts I think are really good, which is just in general, eat less. This is assuming someone doesn't have an eating disorder of any type, I'm just saying for those who do not have an eating to disorder, eat less, eat healthy and move more. So the move more is the physical activity.

Gail Daumit:

So how do we do the eat less for weight loss? Okay, so this is a little bit of basic math, but you're going to lose weight when you eat less calories than your body needs to function at whatever level it's functioning. So these are just ballpark numbers and you need to take into account someone's baseline weight and how active they are. But in general, the average woman could lose weight at, if she's eating 1,500 calories a day, whereas a man could lose weight at 2,000 calories a day. And it's hard, it's really hard to eat less. And I, myself, literally gained, I mean, I want to say 15 pounds during COVID, I'm sure many of us did, because I was at home, even though I exercised, I was definitely eating all the time.

And I think that ways to do this are, choose a smaller portion that you would normally eat, especially of high calorie foods. Try to make your portion smaller, except if it's a vegetable, a green vegetable or something without calories. And then try to look at the food you're eating and really the serving size is generally generous. So if says one serving is whatever and 230 calories, yeah, you might not even want to have a whole serving of that.

And then another principle is really kind of thinking about believing that you can fuel your body and your mind with good nutrition. So sugar drinks, the high-calorie energy drinks, regular sodas, lots of fruit juices are very caloric. They're more caloric than you think. And I mean, look, I like to keep some Coca-Cola in the house if I have a stomach virus or something where I really am going to need to have some kind of quick sugar or calories, but in general just don't drink the sugar drinks and really watch the junk food. It can give you like a short-term feeling good, but oftentimes people crash afterwards from eating too many carbs, and really, it's not fueling your body.

Vegetables are your friend, there's so many different kinds. Try to make them different ways. Low-calorie salad dressing, vegetables are your friends. So I think more vegetables are good, especially the green vegetables that have less sugar. I don't consider a potato a vegetable, a potato is really a carbohydrate. Again, so that sugar drinks are, like I said, soda, energy drinks, juices, sweet teas. Oh, and I forgot, high calorie coffee drinks, where they're adding a lot of stuff in that. Junk food in general, as you know, is candies, cookies or things like French fries, chips that are salty, greasy, really try to eat foods with high nutritional value and drink a lot of water.

Okay, I'm transitioning for a moment to talk about moving more, or getting physical, for the NAMI Hearts and Mind program. So really when we think about having physical activity, you don't have to do an absolute ton. I think that really thinking about moving at a moderate intensity, which means you can still talk to someone, it's a brisk walk, you shouldn't be breathless. Think about doing that at 10 minutes every time walking around the block, depending on how big your block is. Moderate intensity exercise or aerobic exercise, we think of moving large muscle groups, our legs, swinging our arms. Your heart rate will go up a little, your breathing rate will go up a little, but it should still feel comfortable. So things like this I said, brisk walking, bicycling, or a low-impact exercise video.

And we want this kind of exercise. The weight training is really great too. It's great to do weight training, there's no reason not to do the strength training. But aerobic exercise, moderate intensity physical activity has the largest impact on reducing heart disease risk. It has the largest impact on weight, and in on improving your mood. So you could definitely combine it with the strengthening and that's a good thing, right? But we still want the aerobic exercise. And you don't have to do it every day, just do it as much as you can.

What are some different strategies? Walking farther, if you're taking public transportation, climbing some stairs at work or at the store parking farther across the parking lot from a store entrance, getting up to change the TV channel. It often helps to have some social support, doing something that you like with a friend, maybe to music.

Gail Daumit:

Trying to think of was there an activity you liked to do when you were in school, but you didn't have time now to do it, maybe going back to that. Usually people feel good enough when they are doing something they like, but... So anyway, the goal is that it becomes habit forming.

The other thing is that, just in general, kind of the opposite of physical activity is sedentary time. So just think about, I mean, I don't know how many of you all are on Zooms all day like I am, but take, if you're on Zoom for two hours in a row, try to see if you could take 15 minutes to get up and like walk around outside or outside your office or wherever, and then just come back. Try to move more whenever you can.

So what are some of the benefits of physical activity? On the left side, we can see improved heart health, it has been shown to reduce risk of different cancers. It does contribute to weight control. We know that weight loss is still primarily driven by dietary decisions, but physical activity helps. Physical activity can help prevent diabetes or control diabetes. Often people that are more physically active or increase their physical activity, feel that they just feel they can do more stuff, they have more energy and that they sleep better. I think on the mental health side, physical activity has definitely been linked to decrease in depressive symptoms, decrease in anxiety. We know that for everybody it improves self-esteem, how you feel about yourself, a sense of accomplishment, increased energy and overall just increased mood. So there's really not much bad about it, except we don't want people to injure themselves if they try to do really vigorous activity too quickly without building up to it.

Okay, so I've said all this stuff and that's nice, but the real key is, well, how do we actually do this, right? I have really struggled with this myself and seen family members and patients struggle with this, because changing your lifestyle doesn't just happen. And I think it's really important that people identify short-term dietary eating and exercise goals that are really specific and that they think that they could do. So maybe you're not going to give up like all fast food immediately, right? But maybe you're going to say, "Okay, I'm really going to try to like cut out dessert at dinner." Or, "I'm going to eat McDonald's, but I'm not going to eat the bun, and I'm only going to have half the fries." Or whatever it is, I'm going to not get a Coke. And just make them very specific and things that you think you can do. And really starting small, Rome was not built in a day and start small and make your success on something small first and then move to the next thing.

The other thing I was mentioning before having social support. So if you kind of tell someone your goal that you think can support you, that will help increase accountability. So this isn't about guilt or shame, but it's just about having people support you with what you're trying to do. So let's go back to talking about a dietary goal. I kind of alluded to this when I was talking about McDonald's. Identify a high-calorie food or drink that you are eating or drinking on a regular basis, and we all have them. And if you're not ready to totally give it up, work on how much you're eating. So maybe you're decreasing the portion, maybe you're not having it every day, you're only having it once a week. And it's really okay to stick with... Make sure you've got that goal down and you're successful with that goal before you add on a lot of other different goals, because you want to be able to stick with it and feel the success.

Okay, let's go to the way weight loss, and just think about what can we do to lose weight? So calculate what your five pound weight loss goal is, pick a food or drink that you eat or drink on a regular basis, how could you eat less? How could you replace it with a lower calorie option? Thinking about ways to incorporate physical activity in your day. Tracking progress, however you want to do that, on an app, or a piece of paper, a spreadsheet, and then stick with your goal. And be kind to yourself, behavior or change takes time. And these things that I'm telling you are really based on... I mean, they're based on current knowledge for everyone.

Gail Daumit:

They're also based on the programs that we've tested in people living with mental illness. And they're really appropriate for everyone, so they're appropriate to talk about with your friends and family. If you're a peer specialist, if you're a clinician, if you are someone living with mental illness, just they're appropriate for you and for you to help others. And the slides will be available so that you can use them.

Something I talked about before was this tracking, and I think it does help. We don't want to be super stressing out, checking our weight all the time. But weighing weekly to look at trends could be helpful, and tracking high impact goals that I talked about, you can see, maybe it really worked to get rid of those fries. Maybe you could try to get rid of all of them, that would help even more. Or maybe a goal you thought would be really good, really, maybe it's it didn't impact weight that much.

The other thing you can do is you can do a food log, so writing down what you eat and drink. It can be complex to do that, but you can do that. And you can also write down the amount of time you spend exercising. Again, there are apps for this kind of thing, but you don't need an electronic way to monitor it, you can monitor it just by yourself too. And this can help increase self-awareness and identify patterns in eating and exercise. Like, "Oh, I really am spending a lot of time eating after dinner, and then I'm not moving after dinner and that might not be the best thing." For example.

And then just a nod to some of the other cardiovascular risk factors. I'm not to talk about smoking right now, but in terms of blood pressure and diabetes and cholesterol, and some of this is covered in different parts of the Hearts and Mind, in terms of like medical self advocacy. I think just in general it's important to learn what the guidelines are for treating these conditions. And maybe, Dr. Duckworth, maybe I'll get invited back for that. Speak with your doctor, ask questions. If you need support speaking with your doctor, get a support to help you. And ask your doctors to communicate with each other. So if they're changing a psychotropic medication, it could have effects on your physical health and your medications for other conditions.

Know about blood sugar control and what hemoglobin A1C means and what your goal is for blood pressure. The guidelines have changed recently within the last few years, and the new kind of normal blood pressure is less than 130 over 80, it was one 140 over 90 before. And then for cholesterol, really understanding, should I be on a statin medication or not? It's not just based on your actual cholesterol level anymore, it's based on whether you smoke, whether you have diabetes and other risk factors, so you want to find out those things. And these websites, which are the American Heart Association, the American Diabetes Association are great references for that.

Whoops. Okay, so now let's move and just talk about, what do we need as kind of a society to move forward with all of this? And I think that, from my perspective, in terms of looking at the many, many, many people living with mental illness here in the US and around the world, we really need a multi-level plan or we need to address this from multiple perspectives in terms of heart disease risk, and making sure people live longer and healthier lives. There are policies, reimbursement policies, let's say for mental health clinicians to help deliver physical healthcare or counseling for weight, policies that support better coordination between mental health and physical health clinicians, which many times don't exist, and clinicians are not in don't have the right incentives in place. They are organizational things that can be done at a clinic or, I guess, health system level. There are clinician and provider issues in terms of having mental health professionals trained and know how to address physical health issues. Particularly today we talked about weight and physical activity, so that they know how to help their patients.

Gail Daumit:

Gail Daumit:

We talked a lot about how you and whoever you are on this call, whether you're a family member, some are providing support, a peer and/or someone living with mental illness, how you can do some tangible things yourself for your own health and for the health of those that you love. And then I think that there are kind of these themes that I talked to about kind of for the clinician organizational policy level, around training reimbursement, accountability, which clinicians are responsible for what, and really creating a culture of wellness and health and not focusing on the separation, but focusing on just really that the wellness and that we all have a part in this together. So I guess to summarize, we talked about the public health issue with heart disease risks, and historically having early mortality in persons living with mental illness, which I am very confident that we can reverse. This is what I've dedicated, and I'm continuing to dedicate my career to.

And that the evidence, we know that lifestyle behavior change can help people living with mental illness lose weight. We know that dietary choices of physical activity can improve health. And really just believing that you and others can make health behavior change is very important. And small gradual changes are often what lead to long-term success. And as I showed you a little bit with what we're doing in our ALACRITY Center with the ACHIEVED D project, we really need to provide tools that are easy to use, curricula to scale up and disseminate these evidence-based practices, this is really key. And we need to, as I showed in the previous slide, address issues at multiple levels and empower people living with mental illness and the people supporting them so that people really feel they can do this. And the NAMI Hearts and Mind program is a really important piece of that. This is some contact information, these are some photos pre-COVID of course, of our ALACRITY Center. And I think, Dr. Duckworth, that brings us to... I mean, I'm done so.

Ken Duckworth:

Great talk Gail, thank you. Comprehensive and relatable, just under 500 people on the call. So let's start with some questions. Second generation antipsychotics, do they increase consumption of calories or do they seem to create weight by reducing the effect of feeling full? So a couple of questions on second generation antipsychotics that are commonly prescribed. Yeah.

Gail Daumit:

Okay. I am a little under the weather today, so I want to make sure, hopefully I'm not going to be quoted in the international news for all these responses. So some second generations antipsychotics work, and they work through the serotonin system and people, they want to eat more, they're more hungry. And so, I don't know if that's... Okay, I'm looking to see if that's answering the question. Okay, I'm not going to look at these questions. So people-

Ken Duckworth:

Yeah, there's dozens and dozens of questions. I'm just going synthesize.

Gail Daumit:

It's kind of the same thing, I don't want to say it's the same thing, but you don't feel full and you're... I don't know, it's two parts of the same... It's kind of the same in a way, if I'm understanding the question. The weight gain is through people consuming more calories, in part because they feel hungry, they don't feel full.

Ken Duckworth:

Got it, okay. That's helpful.

Gail Daumit:

Yeah, and there's also direct effects with some of them on glucose, so that the glucose in your body is not metabolized in the right way, and so is what can lead to more predisposition for diabetes. And when your insulin gets out of whack, then that can also change your weight profile as well, and that can have people gain weight too. Okay.

Ken Duckworth:

Do you have a best reference for eating healthy on a budget?

Gail Daumit:

That's really good.

Ken Duckworth:

We have some resources in Hearths and Minds that I'll be mentioning yet for this Q&A-

Gail Daumit:

Okay, that's good. I was going to say-

Ken Duckworth:

... but I just wanted to ask if you had a favorite.

Gail Daumit:

Okay, then that's fine. I'm going to see what you have in Hearts and Minds, the National Institute for Diabetes, Digestive Diseases and Kidney Disease, the NIDDK, I think that they probably have some good resources, but I don't have it right this minute. But let me look at what you have Ken, and then I can try to add to it.

Ken Duckworth:

Sure.

Gail Daumit:

I mean, I think the issue is really key though, whoever raised it, because I showed that other slide about economic and socioeconomic and environmental stressors, and so if you're living in a food desert, I mean... And the best thing-

Ken Duckworth:

Yep, that was the question, food deserts was the question.

Gail Daumit:

... you're going to go get the chips and the McDonald's because that's what there is. So it can be really hard with kind of the fresh vegetables and stuff like that, it can be very hard. It's like, I don't like to go to Whole Foods or something because it's ridiculously overpriced, so I think that there's more of a societal issue around kind of healthy food security or insecurity, it's bigger than this conversation. But I think that there are some tips and I need to just be able to provide you some of that, Ken, so that you could distribute.

Ken Duckworth:

Great, so our team will integrate that into Hearts and Minds. A couple questions on nutrition, and this may be beyond what you feel comfortable talking about.

Gail Daumit:

That's okay, no problem.

Ken Duckworth:

One is a question on, do you know research on plant-based diets? And the related question is, do you have any literature on intermittent fasting?

Gail Daumit:

Oh yeah, intermittent fasting, yeah. So I mean, we know that the healthiest diets are lean proteins, low-fat dairy, high vegetables, kind of like healthy oils, an example would be the Mediterranean Diet. It's fish and vegetables and healthy oils. Now plant-based diets, I mean, I think they're generally thought of as healthier because you're eliminating... I mean, it depends what we call healthier, right? You're eliminating the red meat and a lot of the fat, you're eliminating a lot of... I mean, it depends if we're talking vegan or vegetarian, but, I mean, we know that dairy and has a lot of fat. So I think that no matter what dietary category you fit into, whether you eat red meat, whether you don't, whether you eat fish only, or whether you're vegetarian or whether you're vegan, there's still choices to be made. I mean, there's a lot of vegetarian food that is kind of very high calorie that may have a lot of carbs and that you might need to eat a lot of fat, like for example, nuts, to get in your protein that you need. So I think that it's important to just, no matter what you choose, kind of in that category choose wisely, if that makes sense. But in general, plant-based diets are considered to be more healthy, but I guess not if you eat 4,000 calories of that every day. And sorry, what was the second question? Oh, intermittent fasting, yeah.

Ken Duckworth:

Intermittent fasting, how does it relate to weight loss for this population?

Gail Daumit:

Yeah, I'm definitely not an expert in intermittent fasting, although I do work some with some colleagues in John Hopkins who are. I mean, I think that it can be a useful tool, I guess I'll just say that. I mean, there have been studies that have shown that it works. I think that, again, it's sort of part of a package, I don't think it means eating Ben & Jerry's two cartons and then fasting for how ever many hours. I think it can be part of a healthy diet plan, and has been shown over the past few years that it can play a role.

Gail Daumit:

I think you've got to be willing to do it, right? I mean, you got to be willing to have that intermittent fasting. I don't think I could do it, but yeah.

Ken Duckworth:

What's a relationship between time of exercise and sleep? If you exercise in the evening, a person's asking the question about sleep problems. Should they exercise in the morning? Is there a relationship? Or is that something you just haven't studied?

Gail Daumit:

I think that it's kind of like... I don't want to say it depends on the person.

Ken Duckworth:

You're allowed to say that if that's the best answer.

Gail Daumit:

Yeah, I think that sometimes people get activated by exercise, so it's like they're all awake when they're done exercising, then it might be hard for them to sleep. I think sometimes people exercise and they kind of get the stress out at the end of a long day and then they're better able to sleep, if that makes sense. I mean, I think the important thing is that exercise overall improves sleep quality. So I think that question really is individual, I don't think that there's great evidence on timing, yeah.

Ken Duckworth:

Do you have an opinion on apps or programs like Weight Watchers or Noom? Do you have a take on that?

Gail Daumit:

Yeah. I mean, look, I want to say whatever works for you. I think that there are free apps and there are apps that you pay for. So there's some free ones, like, I'm not thinking of them off the top of my head, but I think it's really more like, what do you like and what you can stick with. I mean, Noom can be very nice because it has these motivational interviewing aspects to it to kind of encourage you through an app, but you have to pay for it. And Weight Watchers can also be great, and Weight Watchers is great with food logs too. So I think, I don't want to say try it for a month and see if you like it, but I think it's going to have to be like what you can stick with. I have Noom, but I don't use it, so that's not helping me, for example. Got it. So I think you got to-

Ken Duckworth:

Got it. Where's the research going in this field? What are the next frontier?

Gail Daumit:

So, I don't know if the person means for people living with mental illness or just for [crosstalk 00:55:15]-

Ken Duckworth:

Let's assume that, given that-

Gail Daumit:

Okay, I mean I'm-

Ken Duckworth:

... this is a NAMI webinar.

Gail Daumit:

A NAMI [crosstalk 00:55:18], okay.

Ken Duckworth:

Let's just assume that, yeah.

Gail Daumit:

Right, so what I believe where it needs to go, where I think it is going is really what I was saying about how do we take practices, evidence-based practices curricula that we know work, my study is one example, and have people use them so that more people can use them? And I mean, we could use Hearts and Minds as an example, we could use my program, there are other programs that have worked, a couple of others. So how do we have people use them and really just make it part of the culture of the organization or the place where people are? I think that that's kind of common sense and you wouldn't think we need to research that, but I think implementation science, and then working with communities is where the research is right now. I think we know enough about weight... Yeah there's going to be weight loss research about bariatric surgery and intermittent fasting and all this stuff that's happening out there in the world, but I think that we really just need to get these tools into the hands of people so that they can use them.

Ken Duckworth:

If I'm overweight and a smoker, what should I focus on first?

Gail Daumit:

Really, really great question. So the truth is, depending on your-

Ken Duckworth:

Where's the truth? Give us the truth.

Gail Daumit:

The truth is that if you're willing to focus on smoking first that will cut your heart disease risk quicker. However, there's a way that you can focus on both, really. They're not mutually exclusive, even though when people quit if they aren't attentive to some of the principles I was talking with you all about, people can gain some weight. But if they are attentive to the principles I was talking about with watching what they eat and stepping up their physical activity, it's possible to do both.

Ken Duckworth:

Okay. Let's do a question, overrated or underrated, walking?

Gail Daumit:

I think walking is extremely underrated. Walking is an incredible way to exercise. You need a safe place to do it, and it's incredibly underrated. Because you can have incredible moderate aerobic activity, physical activity, just walking and nothing else. You can gradually increase your pace. You can gradually increase your distance. It's free. You could invest in a Fitbit or something, or if people have an Apple watch or whatever, to kind of measure your distance and all that stuff, it's incredibly underrated. It can be very social. You could do it with a neighbor, an office worker, whoever. It's underrated, and we should be all doing it more.

Ken Duckworth:

Great. Well, I just want to thank you for this comprehensive talk and for doing your third Ask the Expert in a year, we're so grateful for you. We're also very grateful for all the work you did, and for winning the NAMI Research Award as the first non-mental health person. Let's do a couple quick slides to tell you about Hearts and Minds, which is a program we're putting together at NAMI. So Jordan, this is a program that I put together many years ago, and it needed to be updated. So our whole team worked on this Alison Byer, we had multiple people give input into researching what are the latest developments. And of course, Dr. Daumit's work is some of the work that we found.

So on October 4th, we launched a website for update, and this gives you information on diet, movement, prevention, and this is available at nami.org/heartsandminds. Let's go to the next slide. We have happily released this at the same time in Spanish, and I think that's the first NAMI development that has been released in English and Spanish at the same time. And let's go to the next slide. Hearts and Minds program content materials are being developed in Spanish and in English, this is for local affiliates and NAMI state organizations. So the website is up and running. We're open to your feedback. Send an email to research@nami.org. We are continuously working the problem, we do think education can make a big difference. And Dr. Daumit's research can save lives if applied thoughtfully.

So I just want you to know we're attendant to this, there's no quality of life without quantity of life, and this is something that we have been attending to. If you're interested in smoking cessation, Dr. [Eden Evans 01:00:26] did a talk on that critical talk. Remember I asked the question, Dr. Daumit, if you could only pick one, she picked smoking first, if that happens to be your situation. Dr. Eden Evins did a fantastic Ask the Expert on smoking cessation that is available on our website. I'm going to turn this back to our CEO, Dan Gillison. And once again, say thank you for all you're doing Gail, we look forward to seeing you again.

Gail Daumit:

Thank you for having me.

Dan Gillison:

Gail, thank you so very much. We absolutely appreciate it. And you're welcome as often as you would like to be with us. And we want to say, thank you for all the folks that have joined us on today, we appreciate you investing the time with us. Our next Ask the Expert is on the 2nd of December, the same time, 4:00 to 5:30 Eastern Time. And that will be with Dr. Christine Crawford, associate medical director. So please go ahead and put that date on your calendar now, and we look forward to you registering for that event.

Dan Gillison:

Next is to really think through who we are, and remember you are not alone, that is the whole mantra in terms of what we do and how we do it. And you guys know that the Ask the Experts are informational webinar series and not intended to provide medical advice. And the series is made possible through the generous support of people like you. So if you're enjoying this and you would like to donate, it is at nami.org/donate. As you all know we're a not-for-profit. So this programming is made possible through your contributions.

And now to thank the team. And Ken, where I want to start with this is that ABC, CBS, NBC, CNN, MSNBC, I know they're all looking for talent, but I've told them you're not available. So thank you for your moderation and how seamless you make this, and how you really have the information flow so easily. But just so we go on the record in this recording, I have told all of those networks that you're not available. So you have a day and evening job and it's NAMI, so-

Ken Duckworth:

Thank you, Dan. It's the job I want.

Dan Gillison:

That's the job, we love it. We love it. So now to the production team. These events, when the curtains are pulled open and you are participating in an event it is of the work of Teri Brister, Jordan Miller, Christina Bott, and Allison Byler. And so we want to thank them because without their work, we would not be able to actually open the curtains and present these Ask the Experts. So I want to close by thanking them for all of their hard work and their attention to detail to make sure that these events occur. They flow well, your registration happens easily and seamlessly for you, so thank you. And as you all close your Thursday and prepare for your weekends, be safe, take care of yourselves, we appreciate you. Thanks for all that you do, and we will see you at the next Ask the Expert. Bye now.