Article: EPA-1525

Topic: E08 - e-Poster Oral Session 08: Schizophrenia, Affective disorders, Addiction

CHANGE- IT IS ABOUT LIFE. A RANDOMIZED CLINICAL TRIAL OF TWO HEALTH PROMOTING PROGRAMS VERSUS STANDARD TREATMENT FOR PATIENTS WITH SCHIZOPHRENIA

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Recently, a large register-based study, involving complete national data from Denmark, Sweden and Finland, showed that life expectancy for schizophrenia is 20 years shorter for men and 15 years shorter for women, compared to the general population, and that mortality from medical conditions and diseases are responsible for a large proportion of the reduced life expectancy. In order to examine and explain the lower life-expectancy, we will examine the impact treatment strategies to optimize improvement in life expectancy. This is done by focusing on diseases of the circulatory system and diabetes. In the randomized clinical trial CHANGE, we will include 450 patients with schizophrenia and a waist circumference above 88cm for women and 102 cm for men and evaluate the effect of interventions aiming to reduce risk for death from medical diseases. We will compare 1) treatment as usual with 2) affiliation to a care coordinator who has the duty to connect the patient to general practice and primary care and 3) affiliation to a staff member from the CHANGE team who should facilitate life style changes and contact with general practice. The objective is to identify interventions that can reduce the risk of early death in patients with schizophrenia. The randomized clinical trial will adhere to the extended CONSORT criteria. Primary outcomes are 10 years risk of cardivascular disease. Secondary outcome measures will be smoking, sedentary lifestyle, waist circumference, body mass index, HbA1C, resting blood pressure, heart rate, total blood cholesterol, LDL, HDL, triglycerides, VO2Max, last-week dietary intake of fibres, fat, fish, fruit, vegetables, and subjective wellbeing. Outcomes will be measured by independent, blinded researchers after one year and two years.