

Anthropometric Data, Energy Consumption and Psychotropic Therapy in Psychiatric Patients

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INTRODUCTION

During last year, one in five Portuguese suffered from a mental disease and almost half (43%) has suffered from these disorders once in their lifetime.⁽¹⁾ Data indicates that patients with persistent mental disease have a higher obesity prevalence, when compared to general population.⁽²⁾

AIMS

It aims to study the patient profile in relation to anthropometric data (Body Mass Index - BMI, Body Fat percentage – BF%). Energy consumption and patients psychotropic therapy with drugs. It also aims to check the correlation between energy consumption and anthropometry data with psychotropic therapy.

METHODS

Cross-sectional and observational study, having into account the number of psychotropic drugs consumption (Antidepressants, Anxiolytics, Mood Stabilizers and Antipsychotics) by interview.

The anthropometrics data were: BMI categorized according to who guidelines, and BF% assessed by bioelectrical impedance and categorized according to Gallagher et al (2000). The calculation of total energy, for individuals with overweight and obesity was conducted based on the formula 25-35 kcal/kg.⁽³⁾ In order not to overestimate the calories calculated the weight to 24.9 kg/m² and then held for the calculation 25 kcal/kg.^(4,5) Energy consumption was collected through the previous day remembering and categorized in: hypo caloric, norm caloric and hyper caloric.^(4,5) The physical activity habits was assessed by IPAQ 8.⁽⁶⁾

Statistical analysis: Spearman correlation coefficient, Pearson qui-square test, Mann Whitney Wilcoxon test, using Statistical Package for Social Sciences (SPSS).

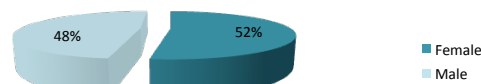
Sample: 21 individuals treated with drugs psychotherapy, aged >18yo, attending clinical practice in Julio de Matos Hospital, Lisbon, Portugal.

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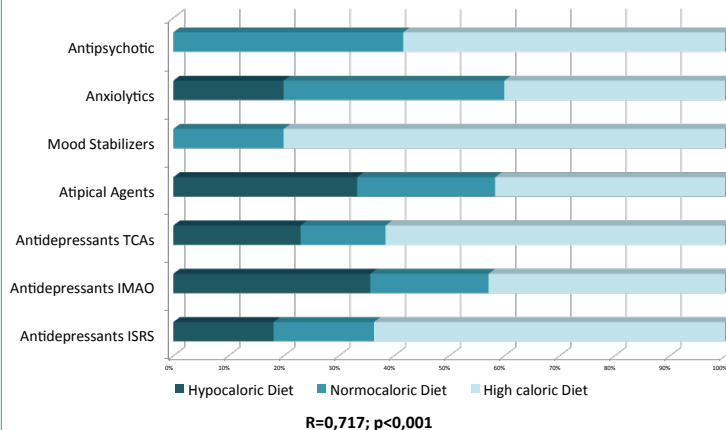
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RESULTS

GRAPHIC 1: Frequency by gender



GRAPHIC 2: Correlation between food intake and psychopharmacological therapy



The sample was mostly females (graphic 1) and the mean age was 42±14 (20-64) years old. Regarding the BMI, 38.1% was Normal weight, 28.6% Pre-Obesity, 14.3% Obese type I, 14.3% type II and 4.8% type III. Regarding the BF%, 4.8% was Under fat, 28.6% Healthy in fat and 66.7% was Over fat. The Energy consumption was 23.8% Hypo caloric, 33.3% Norm caloric and 42.9% Hyper caloric. The Psychotropic Therapy used was 80,9% Antidepressants, 47,6% Anxiolytics, 14,3% Mood stabilizers and 52,4% Antipsychotics. There was a moderate positive correlation between the Energy consumption with BMI (R=0,588; p=0,005) and with BF% (R=0,470; p=0,032). There was a strong positive correlation between Energy consumption with number of Psychotropic drugs consumption (R=0,717; p<0,001). Regarding the Psychotropic treatment and BMI or FM%, no correlation was found.

CONCLUSION

These results suggest that patient's Anthropometry data is not directly related to the Psychotropic treatment, but with the Energy consumption. Energy consumption is higher in patients who consume a large number of Psychotropic drugs. Energy consumption is the main factor for the anthropometric parameters change in this sample.