

More Than Meds

Pharmacists & Communities
Partnering for Better Mental Health

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Web Feature

Cardiovascular Risk/Benefit Calculator

With the [new cholesterol guidelines](#) just released last week (see Newsworthy section below), it seems fitting to highlight a new cardiovascular risk calculator that not only calculates risk but also estimates the benefit of various treatments (e.g., antihypertensives, statins, antidiabetics, diet) in absolute terms. The [Cardiovascular Risk/Benefit Calculator](#) goes beyond what other calculators do. It illustrates the impact of treatment using an updated version of the “happy face” method used by others. Based on what you enter into the calculator, it considers the patients age, sex, smoking status, diabetes status, blood pressure, and cholesterol level to estimate future risk of cardiovascular disease. You can also adjust what gets estimated - risk over 1 year to 10 years, risk for heart attacks, strokes, coronary heart disease, or cardiovascular disease. Probably the quickest way to learn how to use the calculator at its full potential is to watch the [Youtube video](#).

Refer to the Newsworthy section below to see how heart health is of great importance to people with mental illness.

In the Know

LGBTQ Mental Health

The lesbian, gay, bisexual, transgender, and queer (LGBTQ) population faces the same myriad of mental health issues that affect all Canadians albeit at a higher rate for several diagnoses. King and colleagues conducted a systematic review and meta-analysis of the prevalence of mental disorder, substance misuse, suicide, suicidal ideation and deliberate self harm in LGB people. Their findings showed higher rates of [depression, anxiety, suicidality, self-harm, and substance abuse](#). Depression and anxiety were 1.5 to 2.5 times more prevalent and the rate of suicide attempts was found to be 2.5 times higher. Rates of alcohol

and other substance dependence disorders were substantially increased (3.5 to 4-fold), more notably in women than men. The increased rate of [alcohol and substance dependence](#) has also been observed in LGB youth. Linking suicide risk to sexual orientation has been challenging. However, using marriage registries, a Danish study estimated an alarming 8-fold increase in the risk of suicide in men in same sex marriages compared to men in heterosexual marriages. No difference in risk was seen among married women. The risk in youth may be even higher, recently reported at a [14-fold](#) increase in risk of suicide. While there is less research involving transgender and intersex people, studies indicate that these groups experience more stigma, discrimination, and psychological and physical trauma and have very rates of mental illness and suicide.

Why is this so? Like other marginalized populations, LGBTQ people encounter [stigma and discrimination](#) throughout their lives. Individuals are targets of physical, verbal, and sexual assault as well as sexually-oriented [hate crimes](#), which in Canada more than [doubled](#) in number between 2007 and 2008. The process of coming out, loss of family and social support, [internalized oppression](#), and various other related stressors can contribute to poor mental well-being. Until 1974 homosexuality was deemed as a mental disorder by the American Psychiatric Association which included it in its original but not second edition of the diagnostic and statistical manual (DSM) of mental disorders. This along with a long history of prejudicial cultural norms and religious denunciations of LGBTQ people has resulted in widespread stigma, marginalization, violence, and psychologically damaging interventions aimed at treating homosexuality.

As community pharmacists, receiving little if any [LGBTQ-specific classroom training](#), it is essential we educate one another in order to properly address LGBTQ patients' unique health needs, mental and physical. A good place to start is to expand your LGBTQ literacy. What are the preferred terms and when do they apply? What is potentially offensive? When in doubt it is best to ask in a respectful manner. Different patients are likely to find some terms more appropriate or preferred than others. For example, encourage pharmacy staff to use the patient's chosen gender pronouns. This can be particularly helpful when in consultation with transgender patients, some of whom are taking hormones or hormone antagonists.

Increased awareness of the social context in which LGBTQ people live and how internalized discrimination may contribute to mental health issues is essential. We can model openness and non-discriminatory communications and encourage [acceptance](#) by families and across our communities of LGBTQ people, especially youth. We can help connect people with [LGBTQ communities](#) (see resources below). Family and community support are two factors known to contribute to positive mental health. The pharmacy itself can overtly indicate [cultural sensitivity](#) by providing non-heteronormative educational materials, posting non-discrimination policies that include gender and sexual orientation, demonstrating inclusion via verbal interactions (e.g., using 'partner' vs. 'wife'), and having unisex restrooms.

Familiarity with resources for LGBTQ individuals and their families goes hand in hand with the awareness of and ability to help people at risk for mental illness and suicide. It facilitates the development of a culturally sensitive, aware, and supportive workplace. Suggested resources include:

[Pride Health:](#)

A partner program between Capital Health and the IWK Health Centre. It provides safe and accessible primary health care services for people who are gay, lesbian, bisexual, transgender, intersex, and queer (GLBTIQ)

[PFLAG Canada:](#)

A national organization that helps Canadians with issues of sexual orientation, gender identity, and gender

expression. It provides supports 24/7 by telephone and via its community chapters. Available online are many excellent resources. Content is available in English and French and is directly helpful for individuals, family members, and friends. .

'It Gets Better' Campaign:

In response to the alarming rates of suicide and self-harm among LGBTQ youth, author Dan Savage started the It Gets Better campaign. ItGetsBetter.org is a place where LGBT youth can see how love and happiness can be a future reality, where people can share their stories, take the It Gets Better Project pledge, and watch videos of love and support. The website is full of personal video stories, blogs, and resources, including helpline contact information.

The Youth Project:

A non-profit charitable organization dedicated to providing support and services to youth, 25 and under, around issues of sexual orientation and gender identity. While Halifax-based, this program has a Nova Scotia wide mandate.

Rainbow Health Ontario:

A program designed to improve access to services and promote the health of Ontario's LGBT communities.

Contributors: Randelle Hewitt and Lucas Thorne-Humphrey

Newsworthy

New Cholesterol Guidelines

If you have been listening to or watching the news or staying on top of your professional alerts and tweets this week you will know that the newly released [ACC/AHA lipid guidelines](#) have made a big [splash](#), but not without causing a lot of controversy and [push back](#). One key issue is the new cardiovascular disease risk [calculator](#), which was immediately criticized by 2 [Harvard MDs](#) as potentially overestimating risk and thereby encouraging unnecessary use of statins. On the other hand, 2 hard-to-impress colleagues, Drs. James McCormack and Mike Allan, have [podcasted](#) their glee with the surprising about face that this guideline represents. The guideline effectively drops cholesterol targets as necessary in the care of dyslipidemia. The outcome is no longer achieving a specified target cholesterol level. Rather, the emphasis is to consider offering effective therapy (e.g., a statin) for patients with clinically obvious atherosclerotic cardiovascular disease (that is to say, stable and unstable angina, transient ischemic attacks, peripheral artery disease, non-fatal myocardial infarction, and non-fatal stroke) to lower the risk for further events, complications, and death.

This is of direct relevance to people living with mental illness such as schizophrenia, bipolar disorder, and major depression. People living with these psychiatric diagnoses [develop cardiovascular disease and die from it](#) at approximately double the rate of the general population. They also receive less cardiovascular health care and lower quality care, especially with diagnoses of psychosis and substance disorders.

Like previous heart health guidelines for elevated blood pressure and cholesterol that came before this guideline, there is nary a mention of the issues in managing cardiovascular health in people with mental illness. As such, it is all the more important to see beyond the guidelines and provide optimal physical health care for those with the greatest need yet least likely to get it. Possibly a good starting point would be to ask your adult and elderly patients with mood and anxiety disorders, substance dependence, and psychosis if they would be interested in speaking about heart health, and subsequently put the new

cardiovascular risk/benefit calculator described in this issue's Web Feature to good use.

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