The cardiovascular data collected during the Clinical Antipsychotic Intervention Trials of Early Intervention (CATIE) study showed that 36% of men and 51% of women with schizophrenia have the metabolic syndrome, putting them at greatly increased risk for stroke, heart attack, and diabetes.

The onus that this type of information has imposed on psychiatrists to become more proficient in the practice of endocrinology and weight loss medicine has made many uncomfortable and feeling lost in an area they haven’t needed to know before.

One psychiatrist, Dr. Charles Nguyen, found that the complexities of diet and nutrition had his patients as least as confused as his colleagues, so he greatly simplified the advice he was providing. It worked so well that he imposed his program on the entire acute psychiatric inpatient unit at the University of California, Irvine, Medical Center, with impressive results.

When he examined the weight gain experienced by 143 patients with schizophrenia who were prescribed olanzapine (Zyprexa), he found that those hospitalized before the diet modification gained an average of 9 pounds before discharge, whereas those hospitalized after had gained only 4 pounds. The length of hospitalization was approximately 3 weeks in both groups.

Dr. Nguyen’s diet, which he named the WIN Nguyen diet, includes just four basic instructions to patients on an antipsychotic regimen:

► No second servings at meals.
► No high-calorie snacks. Replace with fruits and vegetables.
► No desserts.
► Substitute water for sodas and juices.

Despite some reservations initially, more staff than patients, Dr. Nguyen says his program has been well received and successful on his inpatient unit.

This month, Clinical Psychiatry News talks with Dr. Nguyen, director of the schizophrenia and bipolar inpatient unit at the University of California, Irvine, Medical Center, about his program and some of the rationale behind it.

Clinical Psychiatry News: Where did the motivation for developing your diet come from?

Dr. Nguyen: I initially became concerned about weight gain that patients on antipsychotics experience when I was a third-year resident. Weight gain is one of the main reasons patients discontinue their medications.

I realized I had two choices. I could either use the less effective medications that cause less weight gain or I could use more effective medications like olanzapine and address weight gain. I was closely consulted with nutritionists and dietitians quite a bit, but, like my patients, I quickly became overwhelmed by all of the information. I was telling patients to keep their carbohydrate intake down to 30% of calories, and increase their protein above 20%, and to try to walk more and get their heart rate up. Patients could not follow it, especially when they already had to assimilate so much information about their treatment regimens.

Over time, my ideas evolved, and the components of the diet I recommend now are really simple.

I put the onus on the patients. I tell them that the diet permits only water and no sodas and restricts snack foods is important.

Dr. Nguyen: The fact that the diet permits only water and no sodas and restricts snack foods is important.

CPN: Can you tell us more specifically how your ideas evolved?

Dr. Nguyen: I was finding that my directions to patients were too complicated, so I started simplifying, cutting one thing at a time. I knew that first-generation antipsychotic Asian patients I saw tended not to gain weight, whereas second-generation Asian patients did. That got me thinking about high-calorie snacks and sodas. You are just not going to gain much weight if your snack is a bowl of rice.

The fact that the diet permits only water and no sodas and restricts snack foods to fruits and vegetables is very important.

With an extra 500 calories each day, you will gain a pound of weight every week. A big soda can be as much as 750 calories. If you drink two big sodas a day, you may gain 2 pounds a week.

The importance of these excess calories cannot be overstated. I used to tell patients to exercise to prevent weight gain, but you really can’t burn off the calories of a big dessert.

CPN: You mentioned there was resistance when you tried to implement the diet for everyone on your inpatient unit. How did you overcome that?

Dr. Nguyen: The resistance was mainly from the staff members, who saw this as a patient rights issue and didn’t want to manage grumbling patients. I think they overcame their objections because they saw this as such a critical issue—psychiatric patients are two to three times more likely to have diabetes than the general population, and that is without drugs. I told the staff that we had to give patients options, and not just consign them to weight gain.

On our unit, patients can opt out and have a regular hospital diet, or they can get on our diet, with men getting 2,000 calories a day and women getting 1,800. The general hospital diet served in psychiatric wards provides about 2,900 calories a day and then there is the snack shop for additional food.

Before the diet, we had patients who gained 40 pounds in 2 months. I think when the staff saw that our patients were not gaining weight on the diet, it helped to convince them that the diet is a good thing.

Our patients expect it, and we make sure families are very involved in discussions about the diet and the need for it.

CPN: Do you think you are having a long-term impact?

Dr. Nguyen: I think the information and direction we give our patients empowers them to have better control over their hunger. This should help them now and in the future.

CPN: You call the diet the WIN Nguyen diet. What does the acronym stand for?

Dr. Nguyen: The whole name concept of the diet started as sort of a joke, because there was the Atkins diet, and others named after people.

For a while we called it the WIN-WIN diet. The acronym was intended to re-mind the nurses and clinicians of their responsibilities. The W stands for ‘‘weigh the patient’’ at baseline and at every visit. The N stands for ‘‘nutritionally’’ you need to begin the weighing and the diet from the very start. And, the N was for ‘‘Nguyen.’’

CPN: Have you heard from people who are interested in using your diet in their institutions?

Dr. Nguyen: I have lectured on this topic many times, and one hospital is interested in implementing a similar diet program on its inpatient unit.

Many people I talk with are skeptical, but always challenge them, saying that they don’t know if it works until they try it.

We have a dangerous problem with our patients, and we have a choice to do something about it or not do something about it.

I use the diet not just for individuals who are on olanzapine and other second-generation atypical antipsychotics, but for patients on divalproex (Depakote) and lithium too.

It’s very effective.

By Timothy E. Knir, Sacramento Bureau. Send your thoughts and suggestions to cpnw@elsevier.com.