Living Healthy with Schizophrenia: A Consumer's Approach

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Introduction

My name is Michael Alzamora. I am 52 years old and have been living with schizophrenia for 29 years since 1988. I was born in Bogota, Colombia, in 1964 and immigrated to Toronto, Canada, in 1975 at the tender age of 10. My adolescence and early adulthood were very turbulent times. I remember being extremely depressed and anxious. I had a difficult time with my studies and making friends. In elementary school, I remember excusing myself to go to the bathroom and find an empty room where I could hide under a table for long periods of time. My years of secondary school became more turbulent. I was terrified of public speaking and started to skip class frequently. Because I was not attending class, I wasn't learning the concepts or doing homework. The end result was failing many courses, and in turn, I failed grade 11 and again in grade 13 (back then, it was the senior year).

In 1986, I commenced studies for Electronics Technology at Seneca College in Toronto. The stresses of college life got to me. In 1988, I had my first of a number of breakdowns. They included hearing voices and thoughts of persecution. Soon, I was a member of the mental health community. Finally, I had no more stresses about school commitments and finally started making friends. This was my first step toward social integration.

A major component for social integration was the intervention of antipsychotic medications. Back in the early 1990s, these medications gave me some adverse side effects. They included restlessness, impaired vision, and most of all tardive dyskinesia. On public transportation, teenagers would mock my involuntary arm movements.

The next step toward social integration was the introduction of the new type of antipsychotics in the 1990s. My psychiatrist chose for me clozapine. Although clozapine is not a new antipsychotic, it behaves like one. I don't know if it is just me, but I think clozapine cured me from the involuntary movements of my arms. Clozapine does, however, have its share of side effects. They include weight gain, especially around the circumference of the stomach. I drool a lot, especially at night, and I have high triglyceride levels, i.e., fat in the bloodstream, and stuttering when speaking. I also have cognitive impairment in the form of gaps in my speech because I lose my train of thoughts. My short-term memory is severely incapacitated. I don't know if these are symptoms of mental illness, clozapine, or both. I also take clonazepam, an antianxiety pill, for the side effects of clozapine, as well as for anxiety. I have noticed some cognitive impairment when my dosage of clonazepam is increased.

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A major component of social integration is financial stability. This includes the means to pay rent for housing and to eat healthy—as I will discuss later on. Financially, I am very stable. I get a monthly check from the government as disability income (ODSP). I also live in subsidized housing (Houselink) bachelor apartment and pay rent geared to income.

Finally, social integration is an ongoing commitment. This is because an integral part of achieving a state of well-being involves an ongoing partnership between diet and exercise.

Diet Is a Lifelong Commitment

I knew I had to change my diet when my psychiatrist read me the results of a fasting blood test conducted on February 20, 2008. He told me that my triglyceride level was high. Triglycerides are responsible for carrying fat in the blood. Fortunately, he said that I am not close to have heart disease. He told me that if I change my diet, this blood level will normalize. I took this blood result as a wake-up call.

I realized I had to take immediate action because I have schizophrenia and take clozapine—one of the newer antipsychotic medications. As I have said before, one side effect of some newer antipsychotics is a substantial weight gain in partnership with high cholesterol. Another side effect that I will mention now is a predisposition to develop diabetes due to elevated sugar levels. In my case, my sugar levels measured normal. Nevertheless, I decided to tackle both cholesterol and sugar intake as a preemptive measure to a healthy lifestyle.

There is not much literature about nutrition and schizophrenia, so I will share my story. I did some research, talked to people, and came to some conclusions.

The very first thing I found out is that diets do not work. People who go on diets lose weight, but as soon as they go off the diet, they gain the weight back, plus some extra pounds. My number one priority was to make a commitment to change my eating habits to healthy eating for the rest of my life. I started by identifying the foods that were harming me and that I needed to eliminate. Although I recommend my diet to everyone, it specifically targets people with schizophrenia, especially those with high cholesterol and/or high blood sugar levels.

My second revelation was that weight loss should be the last priority. People on diets use weight loss and muscular definition as the first signs that a diet is working. Consumers should use other barometers to measure progress. They should look for physical signs like a glowing complexion, clearer white of the eyes, and as a bonus, less fat. Mental signs are more alertness, more energy, less anxiety, better concentration, and better sleep.

The First Eight Weeks

My first 6 weeks of changing my diet were "do or die." I noticed that I was highly addicted to sugar as well as fatty foods. I used to sit on a chair for many hours, watching television and drinking a liter of cola with sweet pastries. Other times, I would eat enormous amounts of ice cream, also watching television. For breakfast and lunch, I would have coffee, with a lot of sugar, and donuts.

During this time, I started seeing a wonderful registered dietician at Mount Sinai Hospital Academic Family Health Team in Toronto. Her name is Lisa Vesik, RD. She educated me in nutrition and gave me moral support. I highly recommend a dietician at this stage of your new diet. (Not all dieticians are covered by health plans for those on disability. You have to research which dieticians are covered.)

I began my new healthy lifestyle by having for breakfast a bowl of fiber 1 cereal with 1% milk. It has no sugar and contains 56% of your daily fiber. Sometimes, I had a coffee with milk and no sugar and a whole wheat bagel with cheese.

For lunch, I mostly ate a turkey sandwich with whole wheat bread and no sauces, followed by an orange juice.

In the evenings, I ate two drumsticks of skinned chicken, steamed vegetables, garden salad, and beans. My research recommends lentils, chickpeas, and kidney beans that are canned in a solution of only water, salt, and very few preservatives. These types of beans are very low in

sugar and cholesterol. Avoid canned beans with pork or sauces. Sometimes, I incorporated pasta for supper. I ate salmon twice a week.

I snacked in between meals with bananas, oranges, and yogurt several times a day whenever I felt hungry. I limited my coffee intake to no more than one cup a day.

To complement my dietary regime, I took the following vitamins:

Centrum multivitamins, B complex with vitamin C, vitamin E, calcium magnesium with vitamin D, and omega-3.

Immediately upon starting my diet, I began to have severe withdrawal symptoms. I would break into a sweat. Other times, I would become irritable or restless. I also craved fatty, greasy foods as well as other foods I normally would not eat.

During this period, I lost 9 pounds and was happy with my progress. I looked and felt healthier. I developed rosy cheeks and clearer eyes. Mentally, I felt strong and confident. I lost a lot of fat in my abdomen. My potbelly shrank significantly—two waist sizes to be exact.

Dealing with a Potbelly

If you have developed a potbelly over time due to your antipsychotic medication, or simply poor dieting and lifestyle, I have some tips for you.

A swollen tummy could be the result of poor digestion. You probably have a blockage in your intestines with stool that has not passed in days or maybe over a week. Poor regularity leads to a lot of gas being produced in the abdomen. This gas expands the abdomen. To become regular, I recommend natural fiber powder dissolved in a glass of water until you enter a cycle of regularity. You should also add fiber-rich foods to your diet like fiber cereal, beans, and whole wheat multigrain breads.

A lot of people with schizophrenia do not go out much and spend a lot of time in bed. When a person lies down in bed for prolonged periods of time, the abdominal muscles weaken and the stomach expands when the person is standing up. I recommend physical activity during the day. Leisurely walks can be stimulating, so it can be core exercises to strengthen the abdomen (if you don't have a physical limitation like back pain). Core exercises are the ones you do while lying flat on your back. There are two basic abdominal crunches: In one of them, you raise your torso while keeping your legs flat on the ground. In the other, you raise your legs while keeping your torso flat on the ground.

If you follow a healthy diet and an exercise routine, your stomach will shrink, thereby needing less food. When you need less food, you shed pounds.

Dietary Changes

Start eating a high-fiber diet with plenty of fresh fruits and leafy green vegetables, legumes, whole grains, nuts, and seeds. Eliminate table sugar and white flour. Add some of the essential fats if you are on a low-fat diet. Some of these include omega-3 or omega-6. See below for a section on vitamin supplements for those with schizophrenia.

Avoid constipating foods and drinks such as white flour, cheese, fried foods, sweets, salt, beef, pasteurized milk, all junk food, wine, carbonated drinks, and coffee. Avoid using laxatives and antibiotics when possible. Overuse of these products can remove the "good bacteria" that helps with digestion.

A traditional method used in inpatient units is the prescription of prune juice. This is not recommended on a long-term basis because it acts as a mild laxative, and the intestines become dependent on it to function properly.

Habits

Go to the bathroom at the same time each day, even if nothing happens; relax and don't force the stool.

- Do not spend more than 5 minutes every time you sit.
- Do not suppress the urge to go.
- Do not strain to have a bowel movement.

Exercise at least four times per week for a minimum of 20 minutes each time.

Supplements

- *Folic acid.* Take 60 mcg of folic acid daily. No dietary sources contain enough, so supplements are necessary.
- *Iron.* Take chelated iron supplements for better absorption.
- *MSM (methylsulfonylmethane).* A natural organic sulfur essential mineral. It reduces inflammation and helps the digestive system work better.
- *Vitamin B1 (thiamin).* Only if you have a deficiency.
- *Vitamin C.* Taking vitamin C with meals will help digestion and absorption.

Ten Steps for Successful Fat Loss

If you are still not completely satisfied with the advice I have given you so far, and want visual results, here are some tips for safely losing weight and keeping it off:

1. *Write it down.* Keep an accurate record of everything you eat. By keeping an account of food intake, you can spot weaknesses, i.e., binging patterns. You can go online to find out how to calculate the amount of calories you need per day, based on your height, weight, and activity level. Take the time and do the math. Read the labels of all food products you consume, and make sure you don't pass the suggested calorie limit.
2. *Front-load your calories.* We have all heard the saying, "Breakfast is the most important meal of the day." This is more than true for weight loss. Many nutritionists suggest having a bigger breakfast and lunch and a lighter dinner.
3. *Eat slowly.* Your brain needs time to receive the signal that you've eaten your fill, so when you eat slowly, it gives your brain time to catch up, and you will eat less.
4. *Eat your favorite foods.* If your diet is poor, I caution you to follow a healthy diet on the most part. There will be times when you will crave unhealthy food. This is the time to give in to your cravings so that you don't binge down the road and gain all the weight back.
5. *Avoid temptation.* If you have a sweet tooth for junk food and enjoy trips to your local convenience store for ice cream, chips, chocolate bars, cookies, colas, etc., do not frequent these places.
6. *Keep a list of nonfood activities.* Many people eat when they're bored, stressed, or tired, but they're not really hungry. Learn to recognize this, and do something on your activity list instead of eating. Some nonfood choices include healthy living activities such as exercising, reading, or writing. Eating while watching TV is something you should monitor and try to avoid.
7. *Make a realistic eating plan.* It is a misconception that a weight loss plan means losing weight every day. Give yourself the flexibility to lose weight progressively, taking into account that some days you may actually gain a pound or two.
8. *Schedule appointments for exercise.* Although physical fitness is an integral part of an overall healthy lifestyle, it is worthy of an article of its own. Due to its vastness and complexity, it is beyond the scope of this article. Make time at least three times a week to exercise. Choose an activity you enjoy. People who choose activities that they don't enjoy often abandon exercise all together.
9. *Make sleep a priority.* A lot of the newer antipsychotics have a strong sedative effect. This makes people tired the next day. Sluggishness the next day prevents people from exercising, also affecting cognitive functioning. Poor sleep may contribute to bad health habits such as staying at home lying in bed or watching TV. Inactivity may lead to binge eating.
10. *Think fit and healthy.* Try to visualize yourself being fitter and leaner. Give yourself a daily pep talk about healthy eating and living, and give yourself small, nonfood rewards along the way, like a new book or piece of clothing, when you meet a specific goal such as losing 5 pounds.