**Table 28. Description of interventions in studies in populations with psychiatric disorders**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Author,**  **Year** | **Duration of Intervention (Only for interventional studies)** | **Control/ Usual care** | **Active Intervention, Self-management** | **Active Intervention, Diet** | **Active Intervention, Physical Activity** |
| Alvarez-jimenez 20101 | 3 months | Usual care/no intervention  Randomized to 1 of 3 different antipsychotic meds | Randomized to 1 of 3 different antipsychotic meds  Early behavioral intervention behavior therapy, psycho education, manual delivery comprised of 10-14 individual modules | Education, manual delivery, "dietary counseling" |  |
| McCreadie 20052 | 6 months | Usual care/no intervention |  | Free fruit and vegetables alone versus free fruits and vegetables + instruction. Randomized by residential house; Eating frequency, At least five portions of free fruit and vegetables per resident per day;  For free fruits/veg + instruction, In addition to free instruction in meal planning and food preparation (no frequency stated), occupational therapist worked with patients in the third and sixth months, In person  Residents were encouraged to take part in shopping expeditions and make appropriate purchases | , |

**References**

1. Alvarez-Jimenez M, Martinez-Garcia O, Perez-Iglesias R, et al. Prevention of antipsychotic-induced weight gain with early behavioural intervention in first-episode psychosis: 2-year results of a randomized controlled trial. Schizophr. Res. 2010; 116(1):16-9.

2. McCreadie RG, Kelly C, Connolly M et al. Dietary improvement in people with schizophrenia: Randomised controlled trial. Br J Psychiatry 2005; 187(4):346-51.