

Managing Antipsychotic-induced Metabolic Syndrome

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Progress Foundation



Project Goals

Goal: Implement a trial SOP

Measures

Process measures: Successful implementation

Outcome measures: Residents' metabolic syndrome data & PHQ-2

Balancing measures: Same as process

Background and Significance of Problem

Antipsychotic side effects: significant weight gain, dyslipidemia, and diabetes

→ cardio vascular diseases (ADA, 2004).



Current Practice at Agency

Current practice at Clay House of Progress Foundation

- Screening for metabolic syndrome on residents' admission.
- If the residents reject, the data not necessarily collected.
- No SOP for monitoring metabolic syndrome on residents with antipsychotics



Test of Change Intervention and Implementation

Monthly : BMI, VS and the number of successful protocol use monitoring

The baseline & 3 month : monthly + labs, glucose, PHQ-2

All implemented by the PMHNP at Clay House



Data Analysis and Results

Legend:	MIA	Records	Marked changes	Pending	n/a								
						date	24-Jun	4-Sep	9-Oct	18-Nov	4-Dec		
						wt	no data	265.2	266.6	269.8			
						glucose	no data	refused					
						bp	132/48 (64)	148/92	140/92	140/80			
						waist circ	no data	refused	50	49.5			
						Labs	no data	refused					
						date		4-Sep	9-Oct	18-Nov	4-Dec		
						wt	no data	refused		refused			
						glucose	no data	refused					
						bp	no data	140/58		132/68			
						waist circ	no data	41.75		42			
						Labs	no data	refused					
						date	10-Jun	4-Sep	9-Oct	18-Nov	4-Dec		
						wt	234 lbs	116.2 lbs	163.2 lbs	165 lbs			
						glucose	ref						
						bp	118/78	118/70	110/72	115/68			
						waist circ	no data	33.12	33	33.5			
						Labs	no data	refused					
						date	24-Jun	4-Sep	9-Oct	18-Nov	4-Dec		
						wt	no data	MIA		220			
						glucose	no data						
						bp	138/62 (64) 18 rr			126/62			
						waist circ	no data			42.5			
						Labs	no data						
						date	5-Jun	10-Jun	13-Aug	4-Sep	9-Oct	18-Nov	4-Dec
						wt	no data	240 lbs	195 lbs	231.6	227.4	229.8	
						glucose	no data			refused			
						bp	no data	122/88 (88)	111/73	138/86	130/80	126/82	
						waist circ	no data			40	38.5	39.5	
						Labs	no data			refused			

- Data are inconsistent, incomplete, or suboptimal
- Increased clinician awareness
- PDSA #2: Proposals to Progress Foundation
 - SOPs for data collection upon admission, ongoing care, and transferring care.
 - Audit with incentive for high compliance rates.

Discussion and Conclusion

Lesson learned:

- No single person at fault. Patient's nonadherence, lack of education, and personal needs versus clinicians' allotted time, lack of follow through (system error), and lack of resources (no guidelines).

Applications:

- SOPs for more complete data collection on admission, in-care and discharge.
 - Will propose plan to Progress House staff and ask that they continue this project.

Implications for Evidence-based Practice and Policy

By creating a standard operating procedure to guide clinicians in management of patients being administered antipsychotics, this will allow clinicians to tailor individualized treatment plans based on holistic objective data.

Increasing awareness may improve satisfaction and adherence from both clinicians and patients. Patients may be more likely to abide to treatment plans if they know how their health are being affected. Clinicians can provide optimal care by intervening upon noted changes (before symptoms become more problematic).

Administratively, inappropriate use and poor assessment of antipsychotic use leads to many other comorbidities, hence, increase system's cost of care.

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