

Introduction

- Metabolic syndrome (MetS) is a progressive, chronic condition that affects the individual's physical, mental, sexual, and social functions while increasing mortality and morbidity rates (Padmavati, 2016).
- Providers give less importance to metabolic screening and less preference for metabolic syndromes in psychiatric patients (Agaba et al., 2019).

Background and Significance

- Recently, the increased use of antipsychotic medications to control psychosis, increases the risk of metabolic syndrome.
- Around 50% of individuals with serious mental illnesses taking second generation antipsychotic medications were undiagnosed with metabolic syndrome (Konz et al., 2014).
- In the United States, 49.2% of the psychiatric patients are affected by metabolic syndrome and the annual health care cost for treating chronic and mental conditions is \$3.8 trillion (Howard et al., 2020).

Needs Assessment

- WHO developed mental health action plan 2013-20, promote mental health, reduce disability, mortality and morbidity rates in mentally ill people (WHO, 2020).
- The CDC recommends that health care professionals, to take action to promote mental health.
- Project site: explored the gaps in current practices as well as the effects of metabolic screening through an evidence-based screening tool. Clinicians were lax with regard to metabolic screening and demonstrated a lack of essential knowledge about screening and monitoring for metabolic syndrome.

Purpose

Purpose : To improve clinicians knowledge about metabolic syndrome, screen patients with an evidence based screening tool, and refer patients to primary care for metabolic syndrome treatment.

Aim and Objectives

AIM: Reduce Metabolic Syndrome in psychiatric patients in New Jersey out patient clinic.

OBJECTIVES :

- Educate clinicians about metabolic syndrome and the importance of metabolic monitoring.
- Audit charts for metabolic parameters and demographic data.
- Screen patients at baseline and monitor every four weeks for two months with an evidence based screening tool.

Methodology

DESIGN:

- Retrospective chart audit and a pre-and post-survey.

SETTING:

- Out patient behavioral health clinic in New Jersey.

POPULATION:

- Patient Population – Diagnosis of severe mental illness, taking second generation antipsychotic medications, 18 years older.
- Clinicians – All staff working in the clinic.

SAMPLE:

- 40 patients and 25 clinicians

INTERVENTION:

- Chart audit - demographic data and metabolic parameters.
- Educated clinicians.
- Clinicians - pre and post survey completed.

BASELINE

Pre survey
Clinician education
Chart audit –
Demographic data and
Metabolic parameters

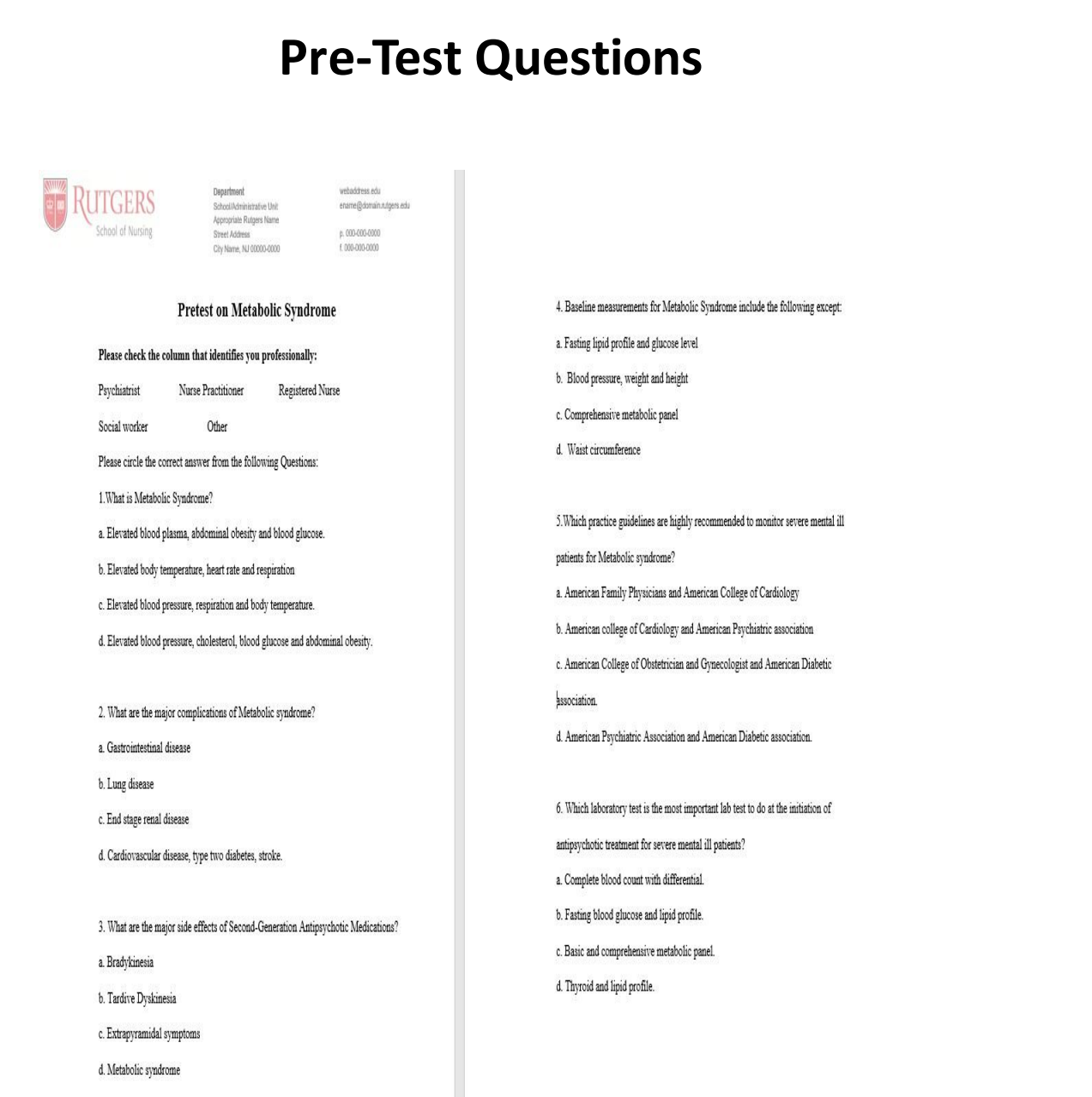
4 WEEKS
Chart audit –
Metabolic
parameters

8 WEEKS

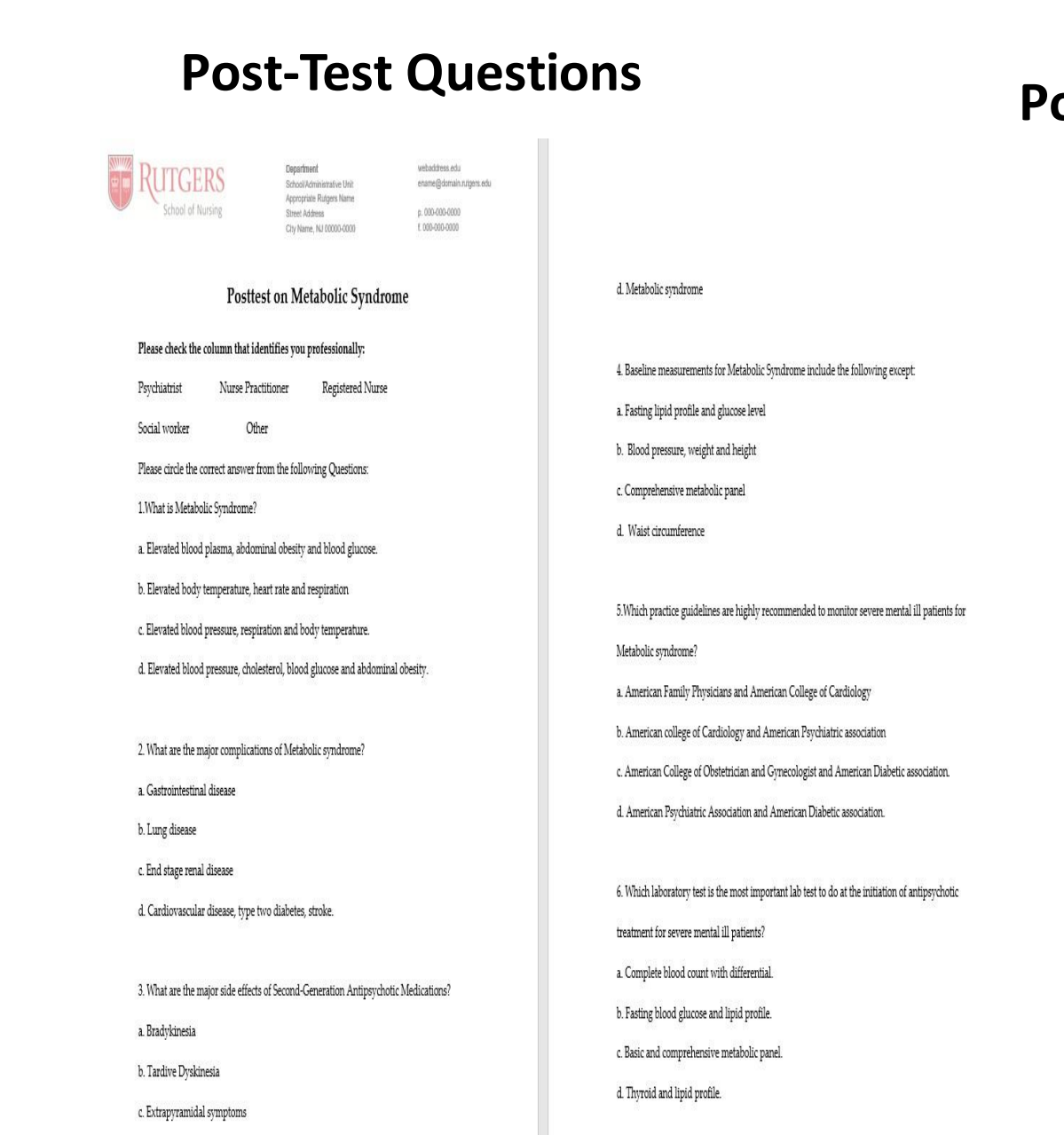
Clinician education
Post survey
Chart audit –
Demographic data and
Metabolic parameters

Pre & Post Tests

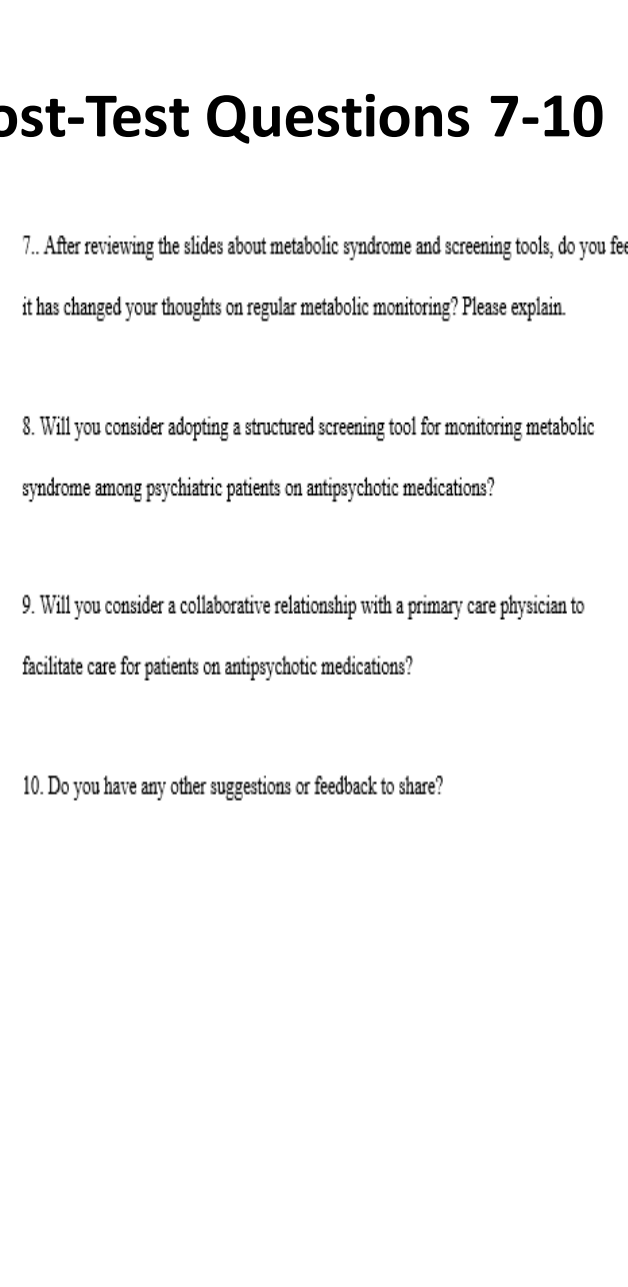
Pre-Test Questions



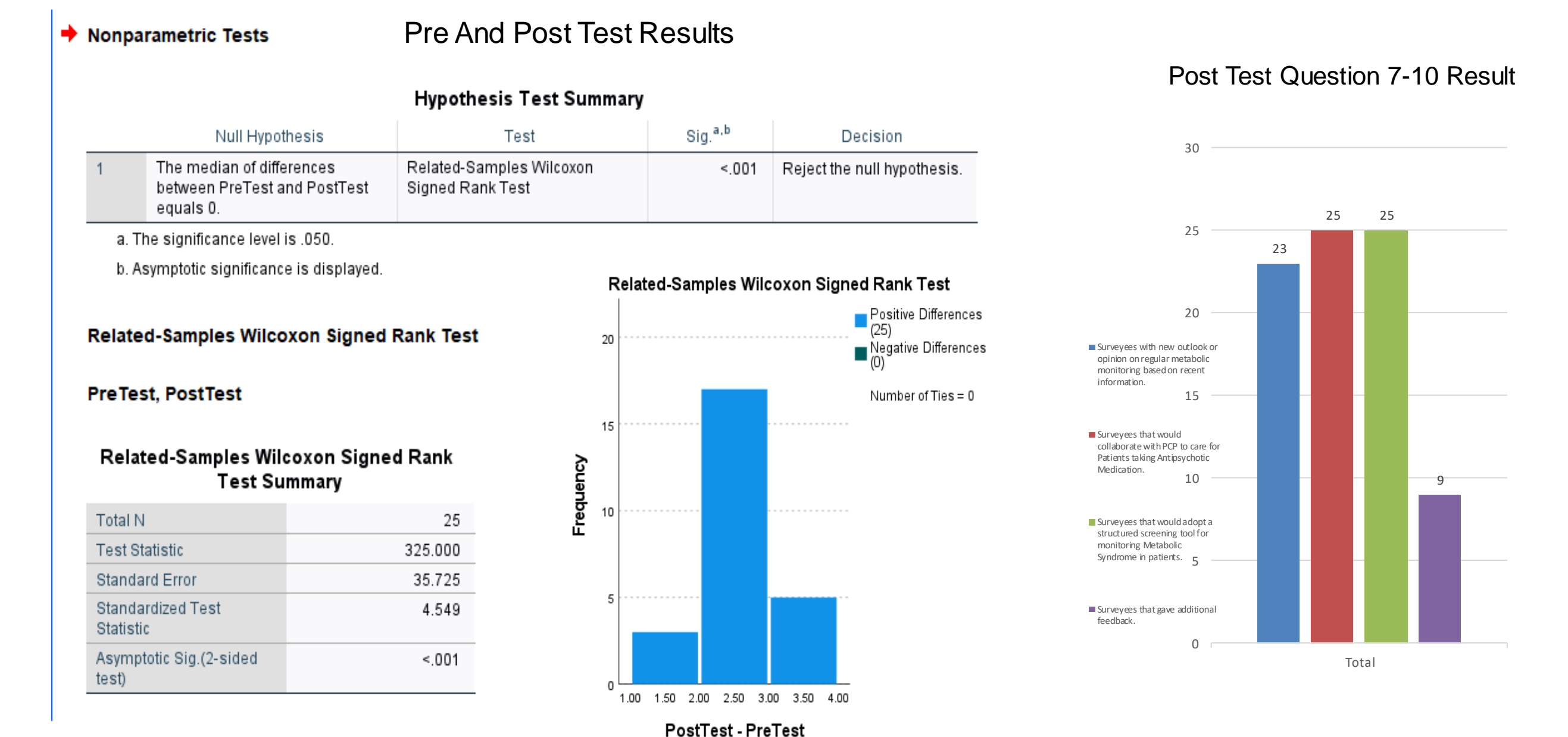
Post-Test Questions



Post-Test Questions 7-10



Results



Results

- Results show a statistically significant improvement in clinicians' knowledge after two months, incorporating the evidence based metabolic screening tool in their clinical practice and collaborating with other physicians.

Implications

Clinical Practice

- Educate clinicians and patients.
- Regular metabolic monitoring
- Evidence based screening tool
- Interdepartmental collaboration

Healthcare Policy

- Update hospital policy
- Limited quantity of published studies

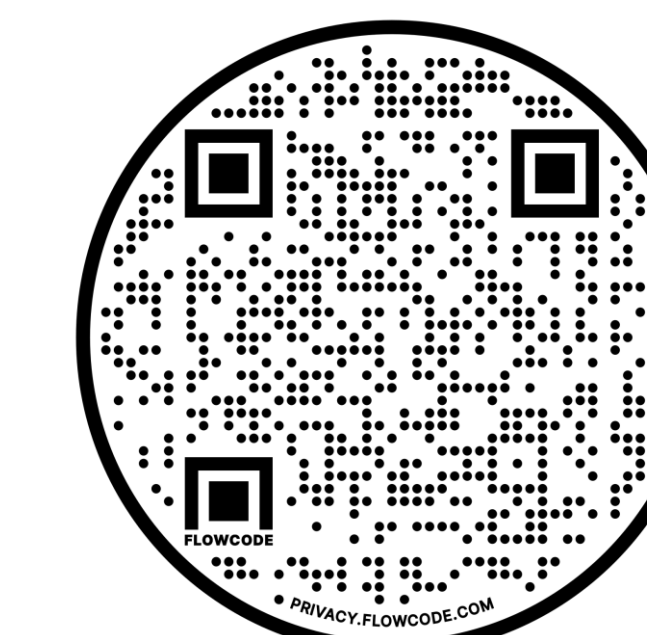
Quality/Safety

- Decreased morbidity
- Decreased financial loss

Education

- Standardized screening tool
- Metabolic syndrome prevention
- Ongoing staff education
- Good health outcomes

Contact information, Reference list and Screening tool



Please scan QR code.