

Clinician Education Improves Lipid Monitoring in Patients Taking Second-Generation Antipsychotic Agents, Nationally and Locally

Sandra Haas Binford, MAEd, Monique D. Johnson, MD, CCMEP,
Robert S. Kennedy, MA, Joy Barnett Leffler, BS, MLA, NASW, CSE, CME Outfitters,
LLC

CME OUTFITTERS, LLC, ROCKVILLE, MD

ABSTRACT

BACKGROUND: Continuing medical education (CME) seeks to improve patient health by promoting clinician practice change. Many patients with a diagnosis of either bipolar disorder or schizophrenia are predisposed to cardiovascular risk, and the use of second-generation antipsychotic (SGA) medications that can cause significant weight gain and altering of lipid profiles may compound this risk. An educational analysis identified a performance gap related to psychiatrists' gathering of baseline lipid data in their patients.

OBJECTIVE: This study analyzes the degree to which participation in 2 CME activities improves clinicians' rates of lipid monitoring in patients with mental illness who take SGAs.

STUDY DESIGN: After participation in 1 or 2 CME activities on improved cardiometabolic monitoring in patients with major mental illness—in which one activity focused on schizophrenia and the other on bipolar disorder—a nationwide group (NG) of clinician learners was surveyed about lipid monitoring practices among patients during these patients' first 16 weeks of SGA therapy over a 12-month period. Responses from the NG were compared with those from 1) a nationwide control group (CG) and 2) a local group of activity participants at the Lindner Center of HOPE—Cincinnati, Ohio (LG), whose measured rates were documented via medical records data extraction; the LG also received institutional encouragement and support for practice change for lipid monitoring in these patients.

RESULTS: Percentages of patients monitored by clinicians in the NG increased by 18.0 percentage points over 1 year from baseline ($P = 0.00001$) and represented a rate change that was higher than that seen in the CG ($P < 0.00001$). Gross, median monitoring rates in the NG increased from 27.5% to 80.0%, and all clinicians at or above the 75th percentile of monitoring rates monitored 100% of their patients after participating. Monitoring rate increases for clinicians in the NG were greater among clinicians with higher patient

See funding, conflict of interest, and authorship disclosures at the end of this article.

© 2012 Elsevier Inc. All rights reserved • *Health Outcomes Research in Medicine* (2012) 3, e121-e137

counts. The LG saw a 28 percentage-point increase (from 27.5% to 55.5%), representing a 102% increase over the baseline LG rate and a 56% increase over the rate change seen in the NG.

CONCLUSIONS: CME interventions can improve lipid-monitoring practices among clinicians who treat patients with major mental illness who take SGAs. Local, institutional support for guideline-recommended monitoring may increase nationwide CME-induced change yet further.

KEY WORDS: Attitudes; Atypical antipsychotic agents; Bipolar disorder; Cardiometabolic risk; CME; Continuing medical education; Drug monitoring; Guideline adherence; Health knowledge; Hyperlipidemias; Physician's practice patterns; Schizophrenia; Therapeutic monitoring

INTRODUCTION

Cardiometabolic Risk in Major Mental Illness

Cardiometabolic risk (CMR) denotes the clustering of classic, modifiable risk factors and emerging biomarkers that help identify individuals who are at increased risk of developing untoward cardiovascular and metabolic complications (eg, atherosclerosis and type 2 diabetes mellitus). These risk factors include insulin resistance, central obesity, hypertension, derangements in serum lipids, smoking, physical inactivity, and unhealthful eating habits, in addition to race, gender, age, and family history.¹⁻⁵

Clustering of these risk factors is very common worldwide and in the United States, affecting about one quarter of the US population, according to data from the Third National Health and Nutrition Examination Survey.^{6,7} Importantly, CMR appears to be more prevalent in adults with major mental illness, with prevalence in bipolar disorder as high as 66%.⁸ Key lifestyle and medication factors that are particularly relevant for patients with major mental illness include smoking, sedentary lifestyle, and the use of second-generation antipsychotic agents (SGAs).^{8,9}

CMR associated with various SGAs has been well studied and documented. Specifically, some of these agents are associated with decreased insulin sensitivity; changes in plasma glucose and lipid levels; and clinical features of increased adiposity, weight gain, and diabetes symptoms.¹⁰⁻¹⁴ Because of findings available in 2004, the US Food and Drug Administration asked manufacturers to add a new warning to all SGA labels about these agents' increased risk of hyperglycemia and diabetes and the need to monitor patients for metabolic side effects.¹⁵

Metabolic Monitoring in Patients With Major Mental Illness: Gap Between Desired and Actual Practice

Several authoritative groups ascribe CMR increases in patients with mental illness (eg, schizophrenia or bipolar disorder) to SGAs and have issued evidence-based recommendations that define *desired* clinical practice for metabolic monitoring in these patients.

Recommendations from the STAndards for BipoLar Excellence (STABLE) project are referred to as STABLE measures—15 evidence-based measures for quality assessment and improvement of care for bipolar disorder from the Center for Quality Assessment and Improvement in Mental Health. Of the 15 measures, 7 focus on monitoring, and 3 of those focus specifically on metabolic monitoring as it relates to atypical antipsychotic (SGA) effects, as follows¹⁶:

- Monitoring for weight gain: This measure assesses the percentage of patients with bipolar disorder who were monitored for weight gain during the initial 12-week period of treatment.
- Screening for hyperglycemia when an atypical antipsychotic agent is prescribed: This measure assesses the percentage of patients with a diagnosis of bipolar disorder and who were treated with an atypical antipsychotic agent who receive at least one screening for hyperglycemia within the initial 16 weeks of treatment.

Download English Version:

<https://daneshyari.com/en/article/1074820>

Download Persian Version:

<https://daneshyari.com/article/1074820>

[Daneshyari.com](https://daneshyari.com)