



METABOLIC SYNDROME: PSYCHIATRIC-MENTAL HEALTH NURSES' KNOWLEDGE OF RISKS AND CARE PRACTICES

Paula Bolton, MS, CNP, ANP-BC; Margaret Knight, PhD,
PMHCNS; Lynne Kopeski, MSN, RN, PMHCNS-BC



McLean HOSPITAL
HARVARD MEDICAL SCHOOL AFFILIATE

Disclosures



Paula Bolton and Margaret Knight have no personal disclosures.

Background

- Metabolic Syndrome (MetS) – 3 of the following: increased waist circumference, hypertension, elevated glucose, elevated triglycerides, low high-density lipoprotein.¹
- Individuals with Serious Mental Illness (SMI) are at greater risk for MetS due to lifestyle choices, medication side effects, genetic factors.¹
- Standards for monitoring patients at risk for MetS were developed in 2004: BP monitoring; weight/waist circumference measurement, lab studies (including lipids, fasting blood glucose, HgbA1c).²
- Despite evidence of increased risk for SMI, integration of physical and mental health care for this population has been slow to develop.³

- Degree of knowledge
- Dissemination of information
- Change in traditional roles
- Practice setting culture
- Barriers to implementation:
 - Organizational hierarchy
 - Roles of multiple health care providers
 - Finances
 - Political influences
 - Administration support
 - Competence⁴

Purpose

- Identify level of knowledge of PMHN's
- Determine whether recommendations for monitoring occurred in practice
- Identify perceived knowledge gaps

- IRB approval through the University of Massachusetts Lowell.
- Survey Design using a National Psychiatric Nurses Association online social media site with a link to Survey Monkey.
- Developed Knowledge Questionnaire related to metabolic syndrome.
- Adapted 15 items from the PHASe (Robson &Haddad, 2012) to reflect practice specifically related to metabolic syndrome.
- Six questions to identify perceived knowledge need.

Sample

- 175 respondents – yielding 154 useable surveys.
 - mean age = 55 years (range 24-76)
 - mean # of years in nursing practice = 20.61 (range <1-49)
 - >69% were graduate prepared nurses
 - 42% were prescribers; 21% were staff nurses
 - 48% practiced in the northeast; 21% from Midwest; 10% from Southeast; 8% from Pacific area; 4% from Rocky Mountain area and 4% from Southwest

Knowledge: (N=154)

RISK FACTOR	N(%)
Elevated blood pressure (135/80 mm HG)	119 (77.3)
Increased waist circumference (female >35 in, male > 40 in)	151 (98.1)
Elevated fasting blood sugar (>100 mg/dL)	137 (89)
Low high density lipoprotein (female <50 mg/dL, male <40 mg/dL)	105 (68.2)
Elevated triglycerides (>150 mg/dL)	141 (91.6)

Results: (N=154)

Physiological Monitoring for MetS

Medical Monitoring	N (%)
Body Mass Index	145 (94.2)
Blood Pressure	141 (91.6)
Waist Circumference	138 (89.6)
Blood Glucose	140 (90.9)
Lipid Panel (HDL and Triglyceride)	148 (96.1)
HgbA1C	136 (88.3)

RESULTS: (N=154)

Practice Activities	Staff nurse (n=32)	Prescriber (n=65)	Therapist (n=13)	Other (n=4)	Total (n=154)	
Checking if clients had physical health assessed within past year	23(72)	63(97)	10(77)	32(73)	128(83)	
Checking if clients are followed by a PCP	30(94)	63(97)	13(100)	36(82)	142(92)	
Monitoring blood pressure	30(94)	54(83)	10(77)	41(93)	135(88)	
Advising about benefits of exercising regularly	25(78)	63(97)	11(85)	34(77)	133(86)	
Helping manage weight	17(53)	57(88)	8(62)	26(59)	108(70)	
Advising about healthy eating	24(75)	61(94)	10(77)	33(75)	128(83)	
Reviewing lab findings	29(91)	62(95)	9(69)	40(91)	140(91)	
Measuring waist circumference	5(16)	23(35)	2(15)	13(30)	43(28)	
Weighing clients routinely	28(88)	52(80)	7(54)	34(77)	121(79)	
Helping clients to stop smoking	21(66)	54(83)	10(77)	33(75)	118(77)	
Educating clients about risk for MetS	16(50)	59(91)	9(69)	30(68)	114(74)	
Sharing information about client's MetS risk with team.	16(50)	45(69)	8(62)	31(70)	100(65)	
Making referrals for medical follow up	25(78)	61(94)	9(69)	38(86)	133(86)	
**number indicates activity is practiced often, very often or always.						

In order to improve my practice I would like more education on how to

1. Care for mental health clients with metabolic risk, metabolic syndrome and diabetes (82.9%)
2. Help clients manage their cardiovascular health (77.5%)
3. Help clients exercise safely and effectively (79.2%)
4. Help clients eat more healthy (82.2%)
5. Help clients stop smoking (81.3%)
6. Help clients manage their weight (83.5%)

Conclusions

- Psychiatric mental health nurses' level of knowledge related to MetS and its monitoring is good.
- Despite this, integration into practice is slow.
- Knowledge has not significantly impacted practice.
- There were no significant differences in knowledge when comparing education level of nurses.
- There was no significant correlation between knowledge of MetS and care practices.

Conclusions

- More than 20% of nurse respondents did not regularly help clients manage their weight, measure waist circumference, weigh clients, help clients stop smoking, educate clients about MetS risks or share info about client's risk for MetS with team.
- Nurses with advanced degrees were more likely to incorporate monitoring measures into practice.
- More studies are needed to identify factors other than knowledge that influence practice.
- Barriers in practice settings that impact using evidence in practice need to be studied.

Referenes

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University of
Massachusetts
Lowell