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Clinical Practice Guideline for Lifestyle Management of Clients on Second Generation Antipsychotic Medications

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Executive Summary: Clinical Practice Guideline

Clinical Practice Guideline for Lifestyle Management of Clients on Second Generation Antipsychotic Medications

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Summary

Second-generation antipsychotics (SGAs) are a category of medications principally employed for the treatment of certain mental illnesses. One major downside of the medications is their tendency to induce weight gain, which can result in negative metabolic consequences and raise the likelihood of cardiovascular disease. The clinic setting was focused on the mental health component for the patients on SGAs, and there was little time and ability to address physical health needs, such as weight gain, nutrition, and exercise, which led to comorbidities and possible exacerbation of the mental health issues. Therefore, the purpose of this doctor of nursing practice (DNP) project was to develop and evaluate a clinical practice guideline (CPG) for lifestyle management of clients on SGAs. The project questions were two-fold. The first question was: Will the evidence-based literature support the CPG? The second question was relative to the guideline being evaluated by an expert panel using the Appraisal of Guidelines for Research and Evaluation (AGREE) II Instrument: Will the clinical practice patient education guidelines (CPPEG) meet the AGREE threshold of 7 (100%)? The CPPEG did not reach a perfect score of 7, but did earn 6.66 (94%), which is within the acceptable range. Five end users/stakeholders evaluated and unanimously agreed to support the implementation of the CPPEG in the clinic. The CPPEG will guide the interdisciplinary team in the promotion of weight management in tandem with mental health services for clinic patients on SGAs. The guideline is inclusive of all communities, which will result in positive social change as patients on SGAs experience decreased stigmatization relative to being overweight and recognize the benefits from achieving optimal physical health, thus improving the human condition.

Background

This DNP project was inspired by real-life experiences of patients who gained weight while taking SGAs. The primary emphasis in the clinic setting is the treatment of the mental conditions, including administering SGAs that have the side effect of weight increase. However, due to limited resources, like instructional materials and diet and exercise programs, there was a gap in practice to address patients' physical health needs, such as weight gain, nutrition, and exercise. The lack of a nutritionist, physical fitness expert, and educational resources further impeded the capacity to provide organized and evidence-based programs at the facility. As a result, patients were not receiving comprehensive lifestyle management treatment that combined physical and mental health approaches, which are essential for general health and well-being. The purpose of this DNP project was to develop and evaluate a CPG for lifestyle management of clients on SGAs. The project questions were: Will the evidence-based literature support the CPG and will the CPPEG meet the Agree Tool threshold of 7?

Evidence shows that SGAs are often used to treat a wide range of mental conditions such as schizophrenia and bipolar disorder (Doane et al., 2022). One major downside of SGAs is their tendency to induce weight gain, which can result in negative metabolic consequences and raise the likelihood of cardiovascular diseases (Kingsbury et al., 2021). SGA-induced weight gain is caused by many factors, such as heightened hunger, changes in glucose metabolism, and disturbance in lipid control. Although attempts have been made to create antipsychotic drugs with less metabolic adverse effects, weight gain continues to be a prevalent and difficult problem in therapeutic settings. Evidence shows patients taking SGAs need careful monitoring of weight and metabolic parameters (Kingsbury et al., 2021). Interventions such as dietary changes, exercise regimens, and medication may be necessary to reduce weight gain and lower related health risks (Kingsbury et al., 2021).

The weight gained on SGAs is typically accompanied by substantial social disapproval (Doane et al., 2022). Side effects of SGAs can have detrimental effects on patients' psychological well-being, their compliance with treatment, and their general life satisfaction. A significant number of patients suffer from humiliation, embarrassment, and reduced self-worth because of the weight gain caused by SGAs (Gabriel et al., 2022). Weight increase can worsen the existing social stigma associated with mental illness. The stigma associated with SGAs may discourage patients from persisting with essential treatment, as they fear being judged by healthcare practitioners, family, and peers (Doane et al., 2022). In addition, an increase in weight can result in social seclusion, prejudice, and the internalization of negative attitudes about weight, which can further affect mental well-being and diminish a patient's drive for self-care (Romain et al., 2018). To mitigate the adverse effects of SGAs, healthcare practitioners must adopt an empathic and patient-centered strategy that emphasizes teaching patients about the metabolic consequences of SGAs (Huhn et al., 2019). Furthermore, Romain et al. (2018) encouraged positive body image and help in making healthy lifestyle changes. This approach aims to make patients feel heard and empowered throughout their treatment process by the implementation of exercise programs, educational materials, and a dietitian within the facility providing partial hospitalization programs and intensive outpatient programs (PHP/IOP).

Clinical Practice Guideline Development

CPGs are carefully formulated statements intended to aid healthcare practitioners in determining the most suitable course of action for patients (Dang et al., 2022). Framed within the Johns Hopkins Model for Evidence-Based Practice for Nurses (Dang et al., 2022) the project management approach was used in developing the CPG in this project. Once the project plan was developed and the draft CPG was accepted by the committee, three members were selected for the expert panel. The panel consisted of a DNP with clinical experience in mental health, and two licensed clinical social workers experienced in healthcare operations and the execution of policies. These individuals were chosen for their distinct viewpoints and complementary knowledge—namely, the DNP would assure the guidelines are based on evidence-based practices, and the administrators would facilitate the incorporation of guidelines into the facility's operational structure, ensuring both clinical effectiveness and organizational feasibility.

The CPGs' quality and methodological rigor were evaluated using the AGREE II instrument, which is a reliable and valid instrument intended to evaluate the quality and methodological rigor of CPGs (Brouwers et al., 2023). Evaluation of the instrument consists of 23 items within six domains covering (a) scope and purpose, (b) stakeholder involvement, (c) rigor of development, (d) clarity of presentation, (e) applicability, and (f) editorial independence. The instrument was scored using a 1-7 Likert scale where 1 = *strongly disagree* and 7 = *strongly agree* (Brouwers et al., 2023). The expert panel was given access to the online AGREE II instrument and scoring instructions. The guideline was revised to reflect the recommendations from the AGREE review. Furthermore, the blind review process was used and involves anonymizing the identities of guideline developers from reviewers or panelists to mitigate bias. This ensures that personal knowledge of the developers does not affect the appraisal process.

State restrictions can profoundly affect the outcomes of healthcare treatments and research by constraining the generalizability and application of results (Daniel et al., 2018). When recommendations or studies are formulated or executed within the parameters of state rules, policies, or healthcare systems, the results may not accurately represent wider demographics or practices in other areas. Divergence in healthcare access, resources, legal structures, and patient demographics among states might engender inequities, hence constraining the applicability of the conclusions (Daniel et al., 2018). This restricted focus may impede the scalability of programs or recommendations, such as CPPEG recommendations, hence constraining their efficacy in diverse geographic or regulatory settings.

A standardized CPPEG can facilitate the uniform use of evidence-based methods across various healthcare environments, enhancing successful weight control treatments, including balanced diet, physical activity, and behavioral therapies (Kingsbury et al., 2021). This is particularly crucial because of the association between obesity and several health hazards, such as cardiovascular disease, diabetes, and certain malignancies (Doane et al., 2022). By broadening the guideline’s application beyond the local site, the healthcare community may strive to diminish the prevalence of these illnesses on a larger scale, improve patient outcomes, and reduce healthcare expenditures. Furthermore, a unified guideline enhances research, data acquisition, and the ongoing refinement of weight control strategies for clients on SGAs, which may be implemented into superior care procedures throughout (Allison et al., 2009). The widespread use of the CPPEG would broaden its advantages, aiding in the global struggle against weight control issues.

Results

AGREE II Scoring Results

The AGREE II instrument was employed to assess the quality and reliability of the CPG, which enabled a methodical and organized review process, providing an impartial assessment and practical recommendations for improving the creation and implementation of the guideline (see Agreetrust, n.d.). Three content experts independently and anonymously evaluated the CPG across the six domains: (a) Domain 1, scope and purpose; (b) Domain 2, stakeholder involvement; (c) Domain 3, rigor of development; (d) Domain 4, clarity of presentation; (e) Domain 5, applicability; and (f) Domain 6, editorial independence. The results were analyzed using descriptive statistics. The experts' evaluations were closely aligned, demonstrating an agreement regarding the quality of the CPG. The CPG did not reach a perfect score of 7 but instead earned a score of 6.66 (94%) on the overall assessment, which is within the acceptable range (Agreetrust, n.d.). Comments regarding the CPPEG were addressed and revisions were made.

Table 1

Agree II Scoring Results

Domain 1 Scope and practice	Domain 2 Stakeholder involvement	Domain 3 Rigor of development	Domain 4 Clarity of presentation	Domain 5 Applicability	Domain 6 Editorial independence
100%	96%	97%	100%	100%	100%

Note. Overall mean = 6.66/94%. Overall Assessment 1 appraiser gave a 94%. Overall Assessment 2 Yes = 2, with modifications = 0, No = 0.

Stakeholder/End User Review

The evaluation of the CPG by five stakeholders/end users was essential to ascertain feasibility, pertinence, and endorsement in clinical practice (see Dang et al., 2020). Each participant gave the CPG a maximum score of 5 for each item relative to accuracy, importance, user friendliness, confidence in using, and feeling the patients would benefit from the guideline. Moreover, respondents were anonymous, and their feedback provides valuable insights while ensuring anonymity.

Potential Impact of Adopting the CPG

Patient outcomes and healthcare quality might be greatly improved by adopting the CPPEG. The implementation of CPPEG within IOP/PHP facilities will markedly improve healthcare quality through the provision of structured, evidence-based treatment methods. The CPPEG supports integrated weight management approaches that consider both physical and mental health, which are essential to patients with conditions such as medication noncompliance, weight gain, obesity, or metabolic syndrome, who are frequently encountered in the facility. Systematic management of clients' comorbidities, including diabetes and cardiovascular risks, enhances holistic care, leading to improved physical health outcomes and will increase patient engagement. Education and medication adherence in client and weight management can be improved as CPGs will assist clinicians at the facility in customizing interventions according to the most recent evidence, according to Institute of Medicine (2020), thereby increasing the effectiveness and personalization of clients' comorbidities. Furthermore, CPPEG-driven care facilitates the normalization of mental health conditions, thereby diminishing stigma and fostering a supportive clinical environment (Khenti et al., 2019). This approach enables clients to feel understood and empowered, which contributes to improved mental well-being and enhanced therapeutic alliances within the facility.

Limitations That Impacted Results

While the CPPEG offers potential advantages, various limitations may affect efficacy and outcomes. However, there were no limitations identified by end users/stakeholders, as the stakeholders were all in agreement with the CPPEG. Expert panels may face limitations such as selection bias and lack of diversity, which can significantly affect the validity and generalizability of their results. Content expert limitations were not identified that impacted the results.

Why the CPG Is Important Beyond the Local Site

Dissemination of the CPG to various clinics and through professional presentations is essential for standardizing high-quality, evidence-based care across healthcare environments (Daniel et al., 2018). CPG offers a structured approach that aids clinicians in administering uniform and effective treatments, thereby reducing discrepancies in patient outcomes resulting from varying practice styles. Widespread dissemination of these guidelines enables more healthcare facilities to implement established interventions, thereby improving continuity of care for patients with complex conditions who may move between facilities. Professional presentations on CPPEG adoption facilitate collaboration and knowledge sharing, which encourage innovation and promote adherence to best practices, ultimately enhancing patient outcomes and healthcare quality across the medical community (Kahn et al., 2021).

Conclusion

Implementation of the CPPEG will provide staff guidelines for prevention/management of weight gain and comorbidities for schizophrenic patients who have been placed on SGA medication. Implementation also has the potential to enhance the quality of treatment, foster greater patient involvement, and promote adherence to SGA drugs among clients.

Recommendations to consider in the future could be the use of telemedicine services in the CPG weight management program. Mobile devices, including smartphones and smartwatches, have demonstrated the ability to improve patient accessibility and monitoring (Batsis et al., 2019). The implications for nursing practice involve enabling nurses to assume a pivotal role in patient education and the development of long-term weight management strategies, especially for individuals on SGAs, through the application of evidence-based guidelines (Mills et al., 2022). Attention to social change may improve patient outcomes, decrease the likelihood of weight-related comorbidities, and promote a proactive strategy for comprehensive care. Implementing such practices can mitigate health disparities by ensuring that all patients, irrespective of socioeconomic status, receive equitable care and support in health management while fostering a culture centered on prevention and wellness, thus improving the human condition.

The AGREE II instrument used consisted of a Likert-type scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*) in six areas, including scope, stakeholder participation, and methodological rigor. Three expert panel members were assigned the responsibility of anonymously evaluating the CPG. Descriptive statistics were used to analyze the results, which were reported as the mean of 6.6 (94%). The end users/stakeholders evaluated the CPG using a Likert-type scale that resulted in a mean of 5 (100%), concurring with the content experts on recommending the CPG for the practice site.

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Clinical Practice Guideline for Lifestyle Management of Clients on Second Generation Antipsychotic (SGA) Medication

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Clinical Practice Guideline for Lifestyle Management of Clients on Second Generation Antipsychotic (SGA) Medication

Primary Objectives: Provide staff guidelines for prevention/management of weight gain and comorbidities for the schizophrenic patient who has been placed on second generation antipsychotic medication.

Purpose: The purpose for this Doctor of Nursing Practice (DNP) project is to plan, implement, and evaluate a Clinical Practice Patient Education Guideline for weight management and exercise in the facility. The guideline will be used for clinic staff as indicated.

Question: Can lifestyle management of diet and exercise prevent weight gain or mitigate the side effects of weight gain with potential development of comorbidities or exacerbation of existing comorbidities of patients on SGAs?

Key Evidence Related to Side Effects:

- Weight gain: Several SGAs are linked to substantial weight gain, which can result in obesity and related health problems such diabetes and cardiovascular disease (Doane et al., 2022).
- Metabolic Syndrome: Several problems, such as elevated blood pressure, elevated blood sugar levels, extra body fat around the waist, and abnormal cholesterol levels, are included in this group of disorders (De Silva et al., 2016).
- Sedation: SGAs have the potential to induce sedation, which can result in sleepiness during the day and have an adverse influence on the patient's capacity to perform everyday tasks successfully (Huhn et al., 2019).

Key Evidence in Success in Managing Side Effects:

- Lifestyle changes: The use of dietary counseling and exercise regimens has been found to be effective in reducing the weight gain that is linked with SGAs (Romain et al., 2018).
- Monitoring: The ability to intervene at an earlier stage is made possible by ongoing monitoring of metabolic indicators and weight (De Silva et al., 2016).
- Metabolic syndrome: Monitoring glucose levels, lipid profiles, and blood pressure on a regular basis is beneficial for early identification and management of the condition (De Silva et al., 2016).
- Weight gain and metabolic complications: Evidence frequently demonstrates that providing guidance on diets and engaging in regular physical exercise substantially decreases the likelihood and intensity of weight gain and metabolic complications in patients using SGAs (Romain et al., 2018).

Target Population:

Patients on SGA’s

Initial co-morbidities resulting in exclusion from the program

Type 1 Diabetes

Co-morbidities but inclusion in program with primary care practitioner approval

Type 2 Diabetes
Prediabetic
High blood pressure
Hyperlipidemia

Provider Assessment: The provider will gather the medical, social and family history of all clients attending the program and will provide medical clearance (Romain et al., 2018).

Review of Systems: Cardiovascular, respiratory, gastrointestinal, musculoskeletal, neurological, endocrine, genitourinary, psychiatric.

Physical Examination: Height, weight, body mass index (BMI), blood pressure, and other pertinent indicators of physical well-being.

Risk Assessment: Assess the patient's cardiovascular risk by employing instruments such as the Framingham Risk Score.

Laboratory Tests: Fasting glucose levels, HbA1c, lipid profile, and renal function tests, to establish metabolic parameters at baseline (American Diabetes Association 2023).

Nutrition (Dietician): Dietary history, evaluate A1C, hemoglobin and hematocrit (De Silva et al., 2016).

Fitness Readiness (Fitness instructor): Preparedness for engaging in physical activity, physical restrictions, limitations, motivational elements, and prior exercise routines (Romain et al., 2018).

Activities of Daily Living (Social Worker): Living situation, support systems, financial barriers relative to food access (Giannopoulou et al., 2014).

Diagnosis Relative to Participation:

Eligible for participation
Not eligible for participation

Program: Once the onboarding evaluations are completed and the patient is accepted into the program, a plan will be implemented.

Plan (Individual): Each patient will have an individual program plan to include

Weight management
Lab value monitoring
Blood pressure monitoring
Counselling
Nutrition: Caloric, personal preferences, medical, social considerations
Exercise: Strength training, cardiovascular

Evaluation: After the assessments, diagnosis, and planning has been approved, evaluation of the of the patient will be conducted by the provider or designee every three months to include: BMI, weight, blood pressure, and A1C.

Continuous Monitoring of Patient: Weight will be done on a weekly basis and BP will be done prior to working out.

Meet with the interdisciplinary team
Review progress, discuss obstacles
Continuous support

Referral: If a client is noted with abnormal BP or results will need to follow up with the PCP for further evaluation and treatment (Ali et al., 2020).

Encourage clients to follow up with their PCP for routine checkup.

Waiver of Liability: Clients will be asked to sign a waiver of liability to participate in the program.

Review of Guideline: To be reviewed on a yearly basis.

Funding of Guideline: No outside funding has been provided for this project.

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