Metabolic Monitoring & Atypical Antipsychotic Medication: Whose Role is it & what is the point?

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An introduction

Current area of practice – Senior Dual Diagnosis Nurse at Mercy Mental Health

Postgraduate qualifications in Mental Health Nursing, Alcohol & Drug Studies and Sexual & Reproductive Health Nursing

Currently studying Masters in Nursing Practice (Nurse Practitioner) due for completion Oct 2013

Area of interest – The physical health of mental health consumers
The physical health of clients is often overlooked AND

Within Barwon Health, guidelines were introduced in 2009 however metabolic monitoring remains poorly managed
What we know about clients & access

Many clients within Mental Health Services (MHS) are not engaged with a General Practitioner (GP)

Mental health service users go to the GP 3-4 times per year more often than the general population

(Nash, 2011, p. 362)
People with schizophrenia are less likely to report physical symptoms spontaneously

(Jeste, Gladsjo, Lindamer, & Lacro, 1996)

Improved physical health resulted from integrating a primary care service into a mental health clinic

Evidence for concerns

People prescribed antipsychotic medication are at much greater risk than the general population of developing metabolic syndrome


People with a mental illness are 2 ½ times more likely to die from all main causes of death

(Stanley 2011, p. 824)
At this stage mental health services have a responsibility to monitor client’s physical health.
Barwon Health Clozapine Team – Consists of 4 Credentialed Mental Health Nurses. Identified as a role requiring advanced practice expertise.

• Case loads of 70+
• 60% managed solely by Clozapine team/GP’s (shared care)
• 40% linked with Community Mental Health teams (case managed)
Over 1000 people &/or services in total

Within this 1000 nearly a third are consumers
How Clozapine Nurses assist in linkages

Link all clients to a GP

Collaboration between Clozapine nurse & GP

Enhancing of continuity of care for consumers

Facilitation & improvement of communication, access & utilization of hospital services for patients with mental illness.

Promoting collaboration between mental health professionals & primary care
Emerging Concerns and Risk Management

Adverse events & risk management in mental health – what we know

However

One area that is emerging as a growing concern is the poor state of physical health of clients, specially as a result of physical adverse drug reactions

Nash 2011 (p. 361)
How may the role of a nurse practitioner assist?

The conduit between Mental Health & Primary Care Services

Refer to specialist service providers

Order & read investigations pertaining to overall health

Provide advice to GPs and/or change medications within a given formulary
How may the role of a nurse practitioner assist?

Preventative health education & health promotion

Obtaining of comprehensive client & family health histories

Provision of staff education on physical health issue
Future research potentials –

How best to change practice?

How to evaluate if the practice change makes a difference to overall health outcomes?
Thank you

Questions


Courtney, M 2005, Evidence for nursing practice, Elsevier Australia, NSW, Australia.


Stanley, S & Laugharne, J 2010, ‘Clinical guidelines for the physical care of mental health consumers’, Community, Culture and Mental Health Unit, School of Psychiatry and Clinical Neurosciences, Perth: The University of Western Australia.


