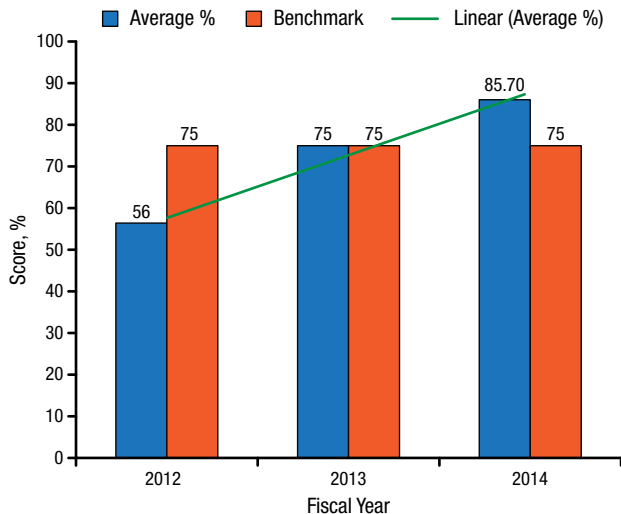


Figure 1. 7-Day Mental Health Postdischarge Follow-Up: Fiscal Years 2012–2014



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benchmark for continuity of care with a score of 82%, a 26-point gain over results in 2012 (Figure 1).

This outcome demonstrates the importance of having psychiatric nurses educate and assist patients in adhering to their treatment plans. On the continuum of care, inpatient psychiatric treatment is only the first step toward recovery.

## Nursing Intervention Could Promote Improvement in MetS Risk Factors

Written by Rita Buckley

Paula Bolton, MS, ANP-BC, McLean Hospital, Belmont, Massachusetts, USA, presented results from a study to determine if metabolic risk factors in patients diagnosed with serious mental illness (SMI) improved with motivational interviewing performed weekly and routine follow-up care.

Patients with major mental illnesses, such as schizophrenia and bipolar disorder, have an increased prevalence of metabolic syndrome (MetS) and its components (ie, risk factors for cardiovascular disease and type 2 diabetes). They lose 25 to 30 years of potential life in comparison with the general population, primarily due to premature cardiovascular mortality [Newcomer JW. *Am J Manag Care*. 2007]. The causes of increased cardiovascular risk in this population can include nondisease-related

factors, such as poverty and reduced access to medical care, as well as adverse metabolic side effects associated with psychotropic medications, such as antipsychotic drugs.

In the study, initial patient screening was done for the presence of 2 risk factors for MetS; baseline waist circumference, vital signs, and biological measures (eg, triglycerides, glucose, high-density lipoprotein [HDL]). Once enrolled, participants completed a quality-of-life measure and developed a personalized health goal.

The intervention consisted of the following: (1) a weekly in-person meeting while hospitalized, and weekly telephone contact postdischarge, with a psychiatric nurse to discuss progress toward health goals utilizing motivational interviewing; (2) nurse practitioner visits for health assessment (physical examination) at postdischarge weeks 2, 6, 10, 14, and 18; (3) a psychiatric nurse visit immediately following for measurement of perceived progress toward health goals and motivational coaching; and (4) evaluation of biological measures at weeks 10 and 18 (eg, glucose, triglycerides, and HDL).

Thirty-eight patients (23 men, 15 women) aged 18 to 55 years enrolled in the study; of those, 11 completed it (28.9%). Measures included physiologic variables (blood pressure, weight, waist circumference, fasting glucose, and fasting lipids), Healthy Days Health-Related Quality of Life [CDC BRFSS Questionnaire, 2009], and the *My Progress Toward Goal* Semantic Differential Scale.

Those who completed the study were able to lose or maintain weight over the course of the research; 3 of them were also successful in smoking cessation. There were, however, only small improvements in some MetS risk factors and no change in others. For several weeks following discharge, most patients continued to have significant psychiatric symptoms, which were potential barriers to participation as well as to progress toward health goals. Lack of motivation, anhedonia, and poor decision-making skills were constant obstacles.

Despite these challenges, outpatient case management by nurses for those with SMI who are at risk for medical problems may provide needed psychosocial support and integration of medical and psychiatric care. At the same time, it can help patients navigate the health care system. All participants viewed the weekly telephone calls from the research nurse as helpful.

Longer-term studies need to be developed for this vulnerable patient population. Individuals with SMI are at high risk emotionally and medically, and thus require more support for longer periods of time to address medical issues related to MetS.