



Anti-psychotics, Weight Gain, and Children's Health: Making Informed Choices

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Background

- One in five children in the United States suffer a mental illness in a given year
- If untreated: lower academic achievement, criminal involvement, violent behavior, drug use and poor social interactions
- SGA therapy is necessary to improve quality of life of mentally ill children .
- SGA adverse effects: metabolic side effects, heart problems and diabetes mellitus
- Costs \$247 billion annually on childhood mental health.
- Preventing weight gain would prevent all the other related complications

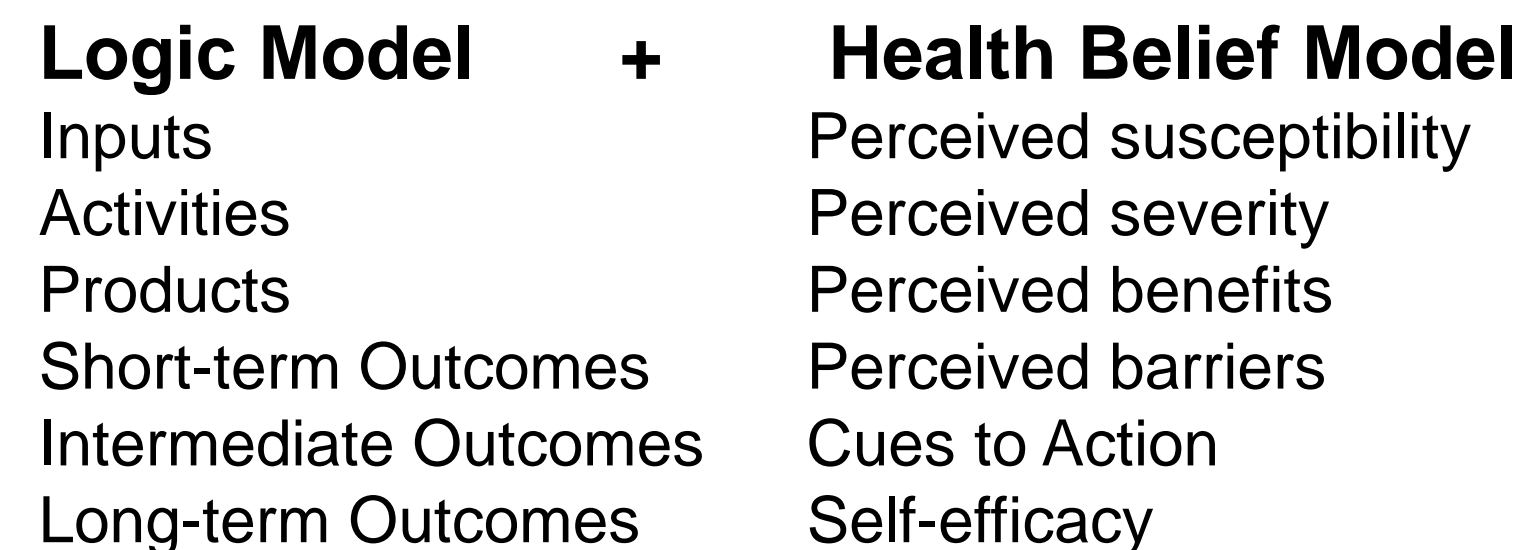
(CDC, 2018; Reeves et al., 2013; Ogden et al., 2010)

PICO

In mentally ill children aged 8 to 18 receiving SGA therapy, will an educational video on SGA side effects and use of the *Let's Go 5210** recommendations increase awareness and help promote action to prevent weight gain compared to usual care?

(Polascek et al., 2014; Rogers & Motyka 2009*)

Framework



(Hochbaum, Rosenstock & Kegels, 1952; Weiss, 1972)

Methods

Design: Quasi experimental one group pre and posttest comparison design

Inclusion criteria:

Ages 8-18 years old on SGA therapy, current or new patients

Exclusion criteria:

Children with eating disorders, children with severe Intellectual disability, or those unable to learn

Population: Convenience sampling method was used. A total of 26 participants were enrolled for the four 5210 groups.

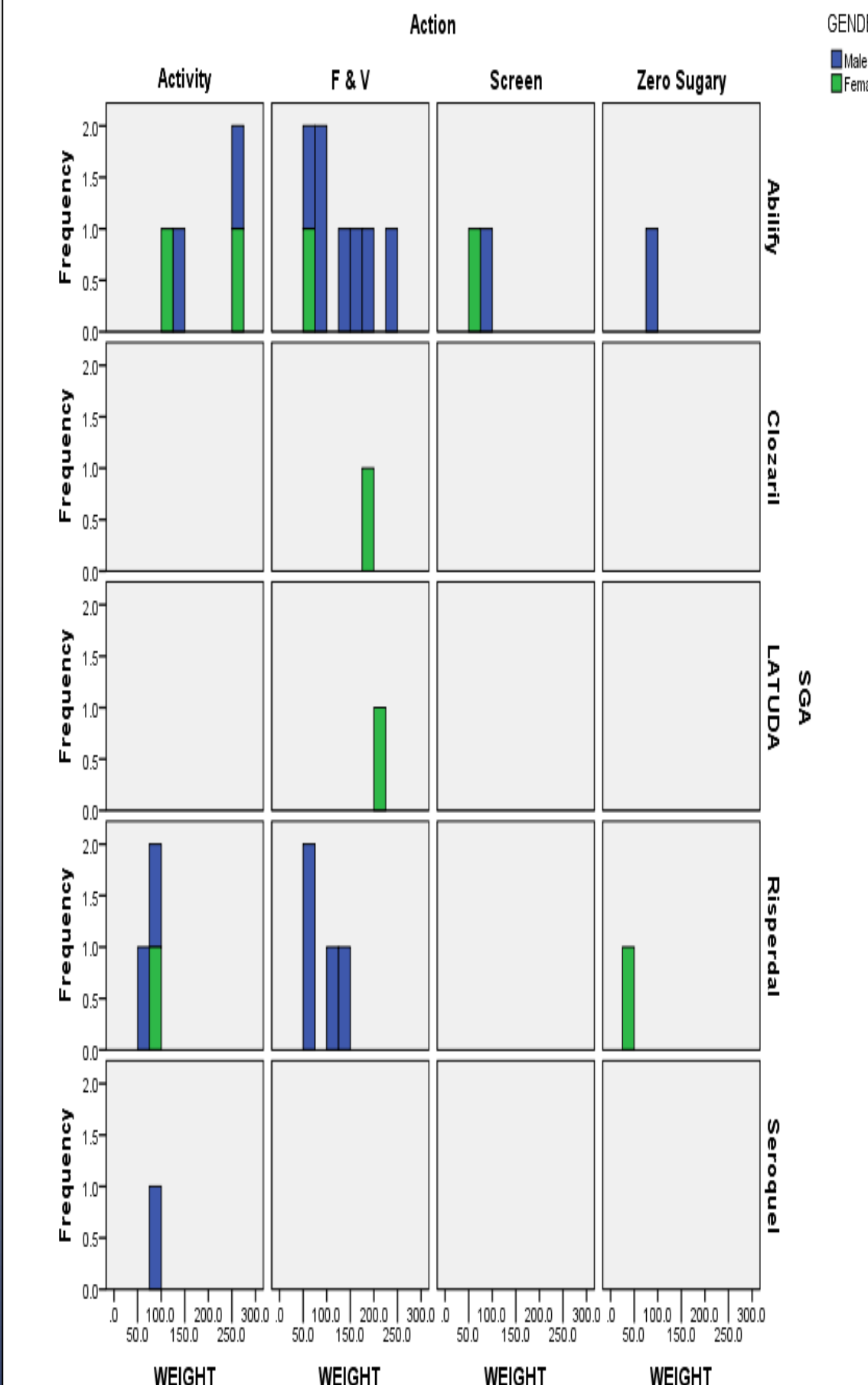
Measures: A video of *Lets go 5210** healthy habits was used to educate on SGA related weight prevention. Pre and post questionnaires were used and weight checked before and after the 5210 actions.

Procedure: Data collection was done over 12 weeks. Patients who were on SGA therapy were asked to pick a 5210 healthy habit to practice over 2 months. Questionnaire was given before and after the 2 months. Pre and posttest results of the questionnaire and weight were compared.

Statistical Analysis: Independent Samples Mann-Whitney U test was utilized to compare the results.

Results

- Fruits and vegetables had a mean of 8.29 for the pre-test and a mean of 20.71 in the post-test results.
- Physical activity mean of 5.44 and the posttest group had a mean of 11.56.
- Weight mean of 26.13 in the pretest group and 26.87 in posttest group
- No significant difference in weight
- There were no significant differences on Screen time and Zero sugary drinks between pre and posttest groups.



Practice Implications

- Parents and children are key partners in the management of pediatric SGA related side effects
- Children and adolescents should be involved in the decision making on 5210 action choices.
- Providers should spare time to educate patients on weight prevention
- 5210 video can be used for individuals or groups.
- It can be administered by MAs, nurses, or providers.

(Chovil & Panagiotopoulos, 2010 Vaughn & Waldrop, 2007).

Limitations

- Small sample size
- Missing appointments
- Unmedicated ADHD children
- SGA and stimulant augmentation
- Unequal distribution of 5210 action
- Different pre and post weight times

Conclusions

Healthcare providers need to educate and encourage patients to prevent SGA related weight gain. 5210 healthy habits are effective in preventing weight gain. Involving children in decision making gives them sense of control and promotes positive results.