



AIMS Screening: A Procedure Evaluation

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Purpose

- To evaluate adherence to an organization's procedure for Tardive Dyskinesia (TD)
- Data from the electronic medical record (EMR) was analyzed to determine the number of times clinicians completed the electronic Abnormal Involuntary Movement Scale (AIMS)

Background and Significance

Tardive Dyskinesia:

- Newer antipsychotic medications from the 80s up to recent years significantly decreased tardive dyskinesia.
- TD affects an estimated 500,000 people in the U.S., 60-70 % of all cases are mild
- Approximately 30 % are moderate to extreme and of these more than 40 % have extreme anxiety related to their symptoms.
- Approximately 3 % of cases are severe
- Screening using AIMS can reduce these statistic.1
- VMAT2 drugs treat TD

Antipsychotic Medication Benefit:

- Provide a better quality of a life for patient with severe mental illnesses
- Provide relief of symptoms of anxiety, depression, irritability, sleep difficulty

Antipsychotic Medication Risk:

- Cause metabolic diseases such as diabetes and heart disease
- Cause long term movement disorders

AIMS

- A screening instrument designed to detect TD with a Cronbach alpha score of r=0.97
- Evidence-based practice recommends annual AIMS screening for all patients taking antipsychotics

Methods

- Inclusion criteria all patient/provider encounters for clients who were taking antipsychotic medications between August 19, 2020 and November 26, 2020
- De-identified data included at least one of the top five most frequently prescribed antipsychotic medications;
- Data included provider type, practice settings, encounter date, and whether an EMR AIMS assessment was completed.

AIMS Instrument

Results-AIMS

	Patient encounters (n)	Percentage (%)
Total visits without AIMS completed	2059	95
Number of AIMS completed	108	5
Total	2167	100

The data did not reflect any of the AIMS assessment forms that were manually completed.

Other Results

AIMS and Medications			
Medication	AIMS completed	AIMS not completed	Total
aripiprazole	27	591	618
olanzapine	23	402	425
risperidone	31	433	464
quetiapine	26	384	410
clozapine	1	249	250
Total	108	2059	2167

2167 patients treated with antipsychotic agents in an outpatient behavioral health clinic.

Provider Type Completing AIMS					
Provider Type	AIMS Yes	AIMS No	Visits	Percent	Percent per visits
MD	16	765	781	14.8	1.6
DNP	50	364	414	46.3	8.9
PA	42	924	966	38.9	3,3
unknown	0	6	6	0	0
Total	108	2059	2169	100	

Five of the most used antipsychotic medications were selected from a list of 21 medications.

Conclusion

5% of 2167 encounters resulted in AIMS Provider-types:

- MD=Psychiatrists
 - PMHNP = psychiatric and mental health nurse practitioner
 - PA=Physician's assistants
- (4 MDs, 1 PMHNP, and 6 PAs)
- Of the 2169 encounters
- 781 were with MDs
 - 966 with a PA
 - 414 with the NP (19 %), 12.1 % resulted in an AIMS screening 46.3 % of the total no. of AIMS

Discussion

Recommendations:

- Continuous evaluation of adherence to clinical practice recommendations
- Give incentives for increased use of the electronic AIMS form
- Generate quarterly reports from the electronic health record to show percentage AIMS completed electronically

Sustainability and recommendations:

- Develop a system to alert the clinician to complete monitoring assessments
- Remove paper AIMS forms from clinical setting
- Provide AIMS education module
- Extend AIMS completion to counselors

Future Needs:

- Conclusive studies showing benefit of screening
- Improved scoring and
- Consistent and ongoing training for all staff to create a more collaborative approach to medication management

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References

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2 National Institute of Mental Health. (1976). Abnormal involuntary movement scale [AIMS]Psychopharmacology Research Branch. Guy W. (1976). ECDEU assessment manual for psychopharmacology. Rev. Rockville, MD: U.S. National Institute of Health, Psychopharmacology Research Branch. Pg. 534-537