

(Online Appendix Only) Table 1: Steps to Adherence in the “awareness-to-adherence” model

Steps to Adherence	Question in Survey	Definition
Awareness	“How much have you heard or read about the recommendation to ...?” This question was based on a 5-point Likert-type scale ranging from “nothing at all” to “a lot.”	Physicians were classified as aware if they had heard/read “some,” “more than some,” or “a lot.”
Agreement	“Do you agree with recommendation to monitor ...?” Yes/No.	Physicians who endorsed yes were classified as those who agree.
Adoption	“At what points in time are you actually monitoring the following relative to when you start a patient on an atypical antipsychotic (check all that apply and if one time is not exactly right check the closest)?” Options to check were: not at all, baseline, 4 wks, 8 wks, 12wks, 6 months, 9 months, 1 year.	<p>Adopters were defined as those who monitored their patients consistent with the national guidelines.</p> <ul style="list-style-type: none"> <li>○ Fasting blood glucose adopters were defined as those monitoring at baseline, 12 wks and 1 year or more frequently.</li> <li>○ Fasting lipid adopters were defined as those monitoring at baseline and 12 wks or more frequently.</li> <li>○ BMI adopters were defined at baseline, 4 wks, 8 wks, 12 wks and then quarterly.</li> <li>○ AIMS adopters were defined as those who monitored at baseline and at 2+ other intervals.</li> </ul>
Adherence	“The following questions pertain to the use of atypical antipsychotics in children and adolescents: Please estimate the percentage of patients who you are regularly monitoring ...” Options to endorse were 0%, 1-25%, 26-50%, 51-75% or 76 -100%.	A respondent was considered adherent if a guideline was practiced for >75% of their patients at the specific intervals recommended by the guidelines (6, 15).

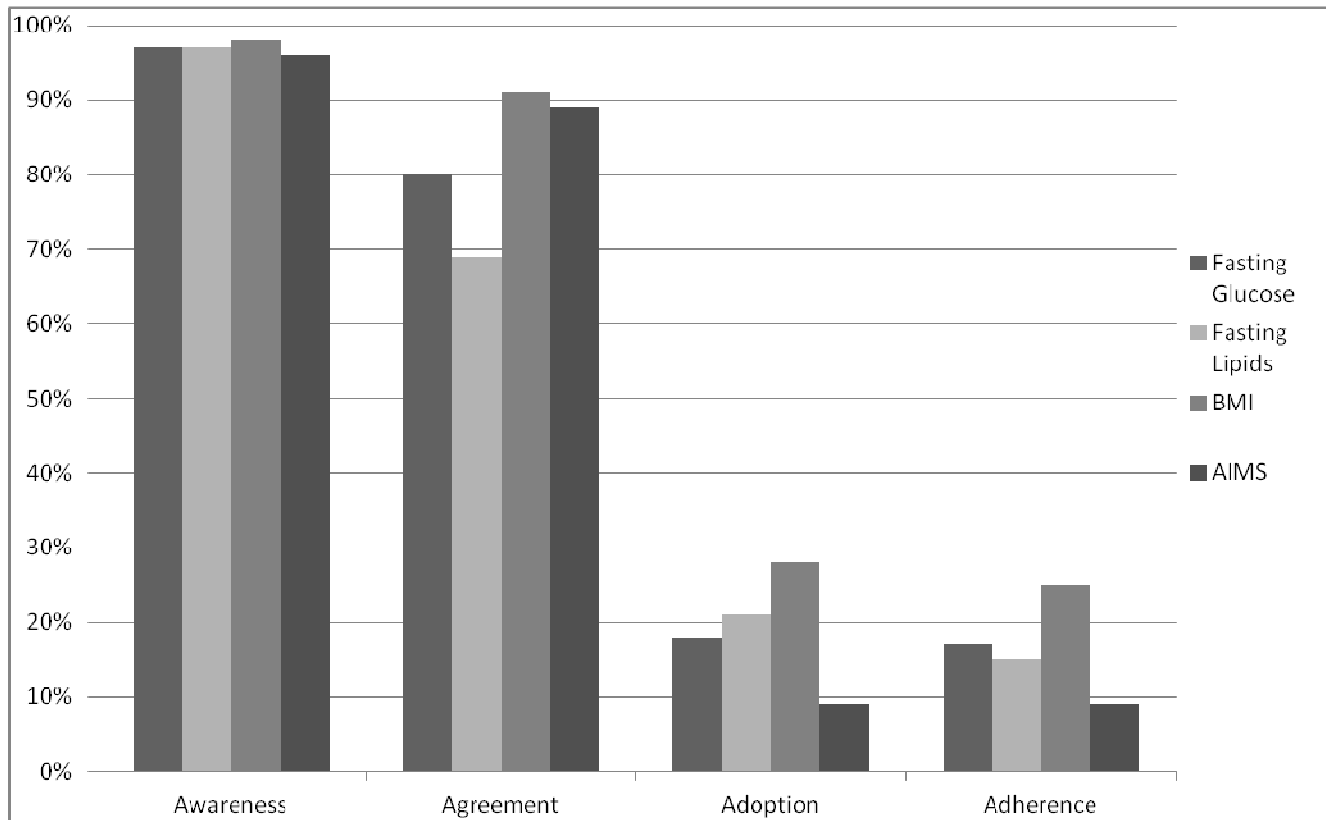
wks = weeks

(Online Appendix Only) Table 2 Demographic characteristics of child psychiatrists responding to a survey about monitoring of second generation antipsychotics in children and adolescents

<b>Characteristic</b>	<b>N (1314)</b>	<b>Percent</b>
<b>Gender</b>		
Male	654	50%
Female	660	50%
<b>Years Practicing (excluding training)</b>		
0-10	523	40%
11-20	330	25%
21-30	283	22%
> 30	178	14%
<b>Practice Location</b>		
Northeast	466	36%
Southeast	240	18%
Midwest	242	18%
Northwest	137	10%
Southwest	229	17%
<b>Main Practice Type</b>		
Solo Outpatient (Non-Acad.)	298	23%
Group Outpatient (Non-Acad.)	194	15%
Academic Outpatient	252	19%
Community Mental Health	275	21%
Inpatient (Non-Acad.)	88	7%
Academic Inpatient	53	4%
Other (this was variable with write in responses)	154	12%

Acad = Academic

(Online Appendix Only) Figure 1. Sequential analysis of percentage of child psychiatrists reporting awareness of, agreement with, adoption of, and adherence to second generation antipsychotic monitoring guidelines.



BMI = Body Mass Index; AIMS = Abnormal Involuntary Movements

