**Interview Guide for Mental Health Prescribers**

As you know, this study focuses on how prescribers make decisions about antipsychotic and mood stabilizer medications for their patients with schizophrenia and bipolar disorder….particularly around how **certain** **side effects** inform your prescribing decisions, and how you and your patients navigate the management of these effects.

1. Because of that, could you first give me a brief overview of your caseload of female patients with serious mental illness?
2. Overall, what is the weight status of your female patients?
   1. If generally of normal weight: Many individuals with SMI, and women in particular, are overweight or obese. Why do you think your patients are different?
   2. If generally overweight: (ask both of these)
      1. Do you find that your female patients are aware of being overweight and how it can affect their health?
      2. How do you talk about overweight or obesity with your female patients?
3. You prescribe antipsychotic medications to many of your female patients with serious mental illness.

What are the most common reasons they themselves decide to stop taking them?

* 1. How about for mood stabilizers?

1. What are the most common reasons you need to switch antipsychotic medications in your female patients?
   1. How about for mood stabilizers?
2. What about ***weight gain*** as a side effect? How does that figure into your female patients’ stopping an antipsychotic medication or in your decision to switch their medication?
   1. How about for mood stabilizers?
3. How have your female patients expressed concern about antipsychotic-related weight gain to you? What is the nature of their concerns?
   1. How about for weight gain with mood stabilizers?
4. How do you go about educating your female patients about the potential for antipsychotic-related weight gain?
   1. How is this similar or different when it comes to mood stabilizers?
5. How do you go about educating your female patients about managing antipsychotic-related weight gain when it happens?
   1. How is this similar or different when it comes to mood stabilizers?
6. One thing we’re noticing from talking with female Veterans is that their weight gain may be the result of many interacting factors, including certain psychiatric medications. What has your experience been?
7. Another theme we’ve heard from other prescribers is that the more effective antipsychotic medications seem to be the ones with the worst metabolic side effects. So if they’re really concerned about managing symptoms, they might pick an antipsychotic with worse metabolic side effects anyway. How do you think about this trade-off?
   1. Probe
      1. Do you find you do things differently for women vs men on this issue?
   2. Would you say you do the same thing/s or think the same way about mood stabilizers?
8. Have you found that the antipsychotic medications that are thought to be more metabolically neutral actually are in the real world? What has your experience been?
   1. How about with mood stabilizers?
9. In a study I conducted using data from our VISN, I found that women with SMI were more likely to be prescribed antipsychotic medications associated with less risk of weight gain (i.e., aripiprazole, asenapine, fluphenazine, haloperidol, lurasidone, perphenazine, pimozide, ziprasidone). What do you think explains this pattern?
   1. Probe
      1. Do you think this happens because female Veterans are prescribed lower risk medications from the start, or it occurs in response to weight gain or something else?
10. In that study, I found the same thing to be the case with mood stabilizer medications (low metabolic risk=lamotrigine, oxcarbazepine, topiramate). What do you think explains that pattern?
    1. Probe
       1. Do you think this happens because female Veterans are prescribed lower risk medications from the start, or it occurs in response to weight gain or something else?
11. What would be helpful *to you* in assisting your female patients in either preventing or responding to weight gain from psychiatric medications?
12. So far, we’ve been talking about the impact of weight gain in your female patients but I’d also like to hear about your experiences with two other effects that can be of concern to women.
    1. Some antipsychotic medications can cause sexual dysfunction, menstrual irregularities, and can impair fertility in women. What has your experience been with these side effects in women?
    2. Some mood stabilizer medications are potentially teratogenic. What has your experience been in navigating the prescribing of these medications in women who wish to become or have become pregnant?