

# Metabolic Screening for Patients on Antipsychotics

Major psychiatric disorders, such as Schizophrenia, Bipolar Disorder, and Major Depressive Disorder, are associated with increased morbidity and mortality from a range of medical causes, including Cardiovascular Disease and Diabetes Mellitus, according to the American Diabetes Association (ADA).

The second generation antipsychotics (SGAs) frequently used to treat these disorders have a lower tendency to cause extrapyramidal side effects — such as rigidity, tremor, and akathisia — than do the first generation antipsychotics (FGAs), but they have their own set of side effects that must be monitored. These side effects can include weight gain, type 2 diabetes, hyperlipidemia, and prolactin elevation.

It is for this reason that the [American Diabetes Association](#) and the [American Psychiatric Association](#) have developed guidelines for safely monitoring patients treated with these medications.

The detailed monitoring schedules for body weight and other metabolic parameters from the ADA Consensus Development Conference are summarized below:

	Baseline	4 Weeks	8 Weeks	12 Weeks	Annually
<b>Personal Family History<sup>1</sup></b>	X				X
<b>Weight (BMI)<sup>1</sup></b> Overweight (25.0-29.9) <sup>1</sup> Obese (> 30.0) <sup>1</sup>	X	X	X	X	
<b>Waist Circumference<sup>1</sup></b> (< 40* in males, < 35* in females) <sup>3</sup>	X				X
<b>Blood Pressure<sup>1</sup></b>	X			X	X
<b>Fasting Plasma Glucose<sup>2</sup></b> IFG (100-125 mg/dL) <sup>2</sup> Diabetes (> 126 mg/dL) <sup>2</sup>	X			X	X
<b>Fasting Lipid Profile<sup>1</sup></b> Total Cholesterol (<200 mg/dL) <sup>3</sup> HDL (>40) <sup>3</sup> LDL (<100) <sup>3</sup> TG (<150) <sup>3</sup>	X			X	
Normal values (in parentheses) based on 2007 ADA Guidelines and National Cholesterol Education Program (NCEP) Guidelines. More frequent assessments may be warranted based on patient results and the monitoring recommendations in the package inserts for individual antipsychotic drugs used. LDL = low density lipoprotein.					
<sup>1.</sup> ADA. <i>Diabetes Care</i> . 2004; 27(2): 596-601.					
<sup>2.</sup> ADA. <i>Diabetes Care</i> . 2007; 30(suppl 1): S4-S41.					
<sup>3.</sup> <i>Adult Treatment Panel. JAMA</i> .2001; 285(19): 2486-2497.					

When treating a patient taking SGAs, it is equally important to coordinate with other providers involved in his or her treatment to promote consistency in the individual's care and lead to a more efficient and longer-lasting stabilization. Asking your patients to complete a *confidential exchange of information form* to facilitate timely exchange of pertinent knowledge and referrals to other levels of care if necessary can assist in such coordination.