

**Best Practices
Patient Monitoring Parameters for Antipsychotics***

All Antipsychotics	Base-line	At 4-8 Weeks	First 12 weeks	Every 3 months	Every 6 months	Annually	As Clinically Indicated
General Physical Assessment <i>(blood pressure, heart rate)</i>	√		√		√		√
General Physical Assessment <i>(temperature and respiratory rate)</i>							√
Weight/BMI – <i>(If a patient gains over 5% of their initial weight, recommend dietary intervention and consider switching agent¹)</i>	√	√	√		√		√
Lifestyle assessment – <i>(smoking, exercise, dietary habits, alcohol and other drug dependence and oral hygiene)</i>	√		√			√	√
Waist Circumference – <i>at the level of the umbilicus</i>	√				√		√
Fasting Plasma Glucose – <i>*significant diabetes risk factors (including family history, BMI≥25, high waist circumference, gestational diabetes or ≥7% weight gain over baseline) should be monitored more often with immediate referral for prediabetes/diabetes</i>	√		√			√	√*
Lipid Screening – <i>fasting with breakout of LDL, triglycerides and HDL at baseline and annually if within normal limits.</i>	√		√			√	√
Review of all Medications <i>(including over-the-counter and herbal supplements) assess side effect and potential drug interaction concerns, including agents that impact electrolyte balance or prolong QT interval.</i>	√					√	√
Pregnancy Status	√						√
Sexual Function Inquiry – <i>(menstrual disturbances, libido disturbances or erectile/ejaculatory disturbances)</i>	√					√	√

All Antipsychotics	Base-line	At 4-8 Weeks	First 12 weeks	Every 3 months	Every 6 months	Annually	As Clinically Indicated
EPS including Akathisia <i>Assess extrapyramidal side effects during treatment initiation, dosage change and at each clinical visit.</i>	√			√			√
Tardive dyskinesia - Evaluate for abnormal involuntary movements using the AIMS scale at medication initiation and then at least every 6 months or as clinically indicated. <i>*Evaluate more frequently for high risk patients including the elderly.</i>	√				√		√*
Prolactin Level – (if evidence of galactorrhea/gynecomastia menstrual disturbances, libido disturbances or erectile/ejaculatory disturbances)							√
Ocular Evaluations – Inquire about visual changes and ensure guidelines for visual monitoring are followed. <i>*Refer the patient for a slit-lamp exam at medication initiation and at 6 month intervals for chlorpromazine, prochlorperazine and quetiapine.</i>	√				√*		√
Additional Clozapine CBC Monitoring (WBC and ANC testing weekly or as indicated)							√
Cardiac Evaluation - Evaluate patient for cardiac risk factors such as a personal history of heart disease or syncope, a family history of sudden death under the age of 40, or congenital long QT syndrome. Avoid thioridazine, mesoridazine or pimozide and use caution in using ziprasidone or iloperidone if present. Coordinate with PCP to provide a baseline EKG if risk factors are present and/or a subsequent EKG if the patient has symptoms associated with QT interval prolongation such as syncope.	√						√

*This document is meant to educate practitioners on best practices for antipsychotic monitoring. For minimum recommended psychotropic monitoring recommendations, please refer to Provider Manual 3.15:
http://www.magellanofaz.com/media/156576/3-15_psychotropic_medications.pdf

References:

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