Best Practices Patient Monitoring Parameters for Mood Stabilizers*				
All Mood Stabilizers	Baseline	6 months	Annually	As Clinically Indicated
General Physical Assessment *(blood pressure, heart rate, height, weight, BMI)*	√	√		√
General Physical Assessment *(temperature and respiratory rate)*				√
Lifestyle assessment – *(smoking, exercise, dietary habits, alcohol and other drug dependence and oral hygiene)*	√		√	√
Review Past Medical History Including Review of All Medications *(assess allergies, current medications including over-the-counter and herbal supplements, medical/psychiatric illnesses, surgeries/ injuries/ hospitalizations)*	√		√	√
Pregnancy Test *(In females of childbearing age, perform a pregnancy test at baseline and as clinically indicated. Assess reproductive status including last menstrual period, last pelvic exam/pap smear and contraceptive use.)*	√			√
Medical and Family History of cardiovascular disease risk factors *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.*	√			√
Assess Suicide and Homicide Risk *(ask about past/recent history of suicide attempts, self harming behavior or violence towards others, observe for clinical worsening, suicidal thoughts, intent, plans and behavior, current stressors, family history; treat modifiable risk factors such as anxiety, insomnia, substance abuse, agitation)*	✓			✓
Abdominal girth *(Encourage exercise and a healthy diet.)*	√	√		√
Lamotrigine (Lamictal®)				
Rash Assessment and Education – *(discontinue at the first sign of a drug-related rash, particularly if accompanied by fever or sore throat, if diffuse and widespread or if facial/mucosal involvement)*	√			√

Lithium (lithium carbonate, lithium extended-release, lithium citrate)					
	Baseline	6 months	At Dosage Change	Annually	As Clinically Indicated
Serum Level *(taken 12 hours post dose, immediately prior to morning dose; therapeutic conc.: 0.6-1.2 mEq/L, toxic level: > 1.5mEq/L Levels should be closely monitored if start or discontinue NSAIDs, ACEIs, diuretics, fluoxetine, or other medications that interact)*	√ (5-7 days after starting; then establish 2 consecutive serum levels within therapeutic range)	√	√ (5-7 days post dosage change)		√
Complete Blood Count (CBC)	√			√	√
Thyroid Function *(assess thyroid function once or twice in the first 6 months then every 6-12 months thereafter. Refer to endocrinologist if TSH is repeatedly abnormal and/or goitre or nodules are detected.)*	√	√ (every 6-12 months)			√
BUN/Creatinine Clearance *(risk factors for lithium induced renal disease include longer duration and higher dose of lithium, hypertension, diabetes, use with other nephrotoxic drugs, prior history of lithium toxicity, nephrogenic diabetes insipidus)*	√ (test every 2-3 months during first 6 months of treatment)	√ (every 6-12 months in stable patients)			√
Electrolytes *(at baseline, calcium also after first 6 months, then annually. Discontinue if serum calcium is > 11.5 mg/dL[10] and refer to internist or endoccrinologist upon confirmation of high value)*	√	√*		√	√
Fasting Blood Glucose	√				√
Assess side effects, symptom severity, and adherence to treatment plan – *[including signs of toxicity such as diarrhea, vomiting, tremor, ataxia, drowsiness or muscle weekness; polyuria, polydipsia (advise BHR to avoid high calorie beverages), drowsiness]*			√	√	√
Electrocardiogram (ECG) *(if over 40 or presence of cardiovascular risk factors)*	√				√

Valproic Acid (divalproex, divalproex extended-release, valproate sodium)						
	Baseline	3 months	6 months	At Dosage Change	Annually	As Clinically Indicated
Serum Level (*Therapeutic conc: 50-125 mcg/mL, toxic conc: >150mcg/mL. Level taken immediately prior to next dose 1-2 weeks after initiation, at dosage change, annually and as clinically indicated/when another medication may change its metabolism)*	√ (1-2 weeks after initiation)			√ (1-2 weeks post dose increase)	√	√
Complete Blood Count (CBC) *(with differential and platelet count. Educate about signs/ symptoms of abnormal coagulation including prolonged bleeding time, petechiae, bruising)*	√		√			√
Liver Function Tests (LFTs) *(educate about signs/symptoms of hepatic dysfunction including jaundice, lethargy, anorexia, or vomiting)*	√		√			√
Menstrual History *[inquire at baseline, every 3 months for 1st year* then annually about irregular or missed menses – due to pregnancy concerns such as neural tube deffects and the risk of polycystic ovarian syndrome (POCS)]*	√	√*			√	√
Assess side effects, symptom severity, and adherence to treatment plan – *(Side effects include drowsiness, change in appetite, weight gain, GI distress, tremor, headache, hair loss, osteoporosis. Rarely, hyperammonemia may occur with symptoms including confusion, agitation, lethargy and reduced levels of consciousness.)*				√	√	√

Carbamazepine (Epitol®, Carbatrol®, carbamazepine, carbamazepine extended-release)						
	Baseline	3 months	6 months	At Dosage Change	Annually	As Clinically Indicated
Plasma Level *(immediately prior to next dose)*	√ (1-2 weeks after initiation)			√ (1-2 weeks post dose increase)	√	√
Liver Function Tests (LFTs) *(educate about signs/symptoms of hepatic dysfunction including jaundice, lethargy, anorexia, or vomiting)*	√ (1-2 weeks after initiation)		√			√
Complete Blood Count (CBC) *(with differential and platelet count due to risk of hematologic toxicity) (educate recipient to report fever, pharyngitis, oral ulceration, unusual bruising or bleeding)*	√ (1-2 weeks after initiation)	√ (after initiation only)	√ (after initiation only)	√ (1-2 weeks post dose increase)	√	√
Electrolytes *[*if at higher risk for hyponatremia such as age > 40, female gender, on other drugs that raise the risk (e.g. diuretics, chlorpromazine, vasopressin analogs, indapamide, SSRIs, theophylline, amiodarone, ecstasy, alpha interferon) or psychogenic polydypsia]*	√*					√
Assess side effects, symptom severity, and adherence to treatment plan – *[Side effects include dizziness, drowsiness, ataxia, nausea, vomiting, dermatological effects including photosensitivity, alopecia, or rarely Stevens-Johnson Syndrome or toxic epidermal necrolysis (note particular caution if Asian descent), lupus like symptoms such as arthralgia/myalgia.]*				√	√	√

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

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