

Prescribing Guidelines for Atypical Antipsychotics

- These agents have serious side effects that must be monitored. They include weight gain, hyperglycemia, increased risk of type 2 diabetes, hyperlipidemia, agranulocytosis, serum prolactin elevation, cardiovascular effects, and sudden death in the elderly.¹
- These agents have a lower tendency to cause extrapyramidal side effects than the first-generation antipsychotics (note: at higher doses the incidence of EPS with risperidone approaches the first-generation agents).¹
- The use of more than one atypical antipsychotic concurrently is not recommended except as a last resort. There is very little evidence to support concomitant use of antipsychotics and no controlled studies of combination therapy in long-term treatment. This practice increases issues with non-compliance, drug interactions, side effects, and cost effectiveness.²
- The Texas Implementation of Medication Algorithms project does not recommend concurrent use of antipsychotics until stages 4 and 6 in its algorithm for schizophrenia. (Stage 4 is a combination with clozapine only).²
- An adequate trial of at least 4 weeks at therapeutic doses (3 months for clozapine) is needed to assess adequate response before considering a switch to another agent. Full effects may not be seen for 12 weeks, sometimes longer.²
- The American Diabetes Association, the American Psychiatric Association, the American Association of Clinical Endocrinologists, and the North American Association for the Study of Obesity recommend the following screening measures for monitoring patients using atypical antipsychotics:³

Measure	Baseline	4 weeks	8 weeks	12 weeks	Annually
<i>Personal/family history</i>	X				X
<i>Body Mass Index</i>	X	X	X	X	X
<i>Waist circumference</i>	X				X
<i>Blood pressure</i>	X			X	X
<i>Fasting blood glucose</i>	X			X	X
<i>Fasting lipid profile</i>	X			X	X

There is also a need to monitor serum prolactin levels in members prescribed risperidone, at baseline and follow-up intervals.

Encourage all patients on atypical antipsychotics to follow a healthy diet and engage in a rigorous exercise program.

- Promoting adherence to treatment is critical. Behavioral techniques that have been successful include the use of reminders, self-monitoring tools, cues and reinforcements.⁴

- Cognitive and motivational approaches that have been effective include reviewing the benefits and drawbacks of drug treatment, exploring sources of ambivalence, confronting stigma, pointing out discrepancies between the patient's beliefs and actions, and focusing on adaptive behaviors.⁴
- While there is some evidence that suggests that atypical antipsychotics are effective for certain psychiatric disorders in children and adolescents, the majority of the studies are anecdotal or are short-term open-label trials.⁵
- Careful consideration of the need for an atypical antipsychotic, in addition to monitoring weight, serum glucose, lipid profile, and abdominal girth in this population, is imperative in children and adolescents.

These guidelines are not intended to replace a practitioner's clinical judgment. They are designed to provide information and to assist practitioners with decisions regarding care. The guidelines are not intended to define a standard of care or exclusive course of treatment. Health care practitioners using these guidelines are responsible for considering their patient's particular situation in evaluating the appropriateness of these guidelines.

¹ Wolters Kluwer Health Inc. Facts & Comparisons 4.0. January 2006.

² Texas Implementation of Medication Algorithms, Schizophrenia Manual. www.dshs.state.tx.us Revised January 2006.

³ American Diabetes Association; American Psychiatric Association; American Association of Clinical Endocrinologists; North American Association for the Study of Obesity. Consensus development conference on antipsychotic drugs and obesity and diabetes. Diabetes Care 2004; 27(2):596-601

⁴ Magellan Health Services. Introduction and Update to Magellan's Adopted Clinical Practice Guideline for the Treatment of Schizophrenia. 2004

⁵ Cheng-Shannon J, et.al. *J Child Adol Psychopharm* 2004;14(3):372-394.