

Antipsychotics- Recommended Physical Monitoring in Severe Mental Illness (SMI) Health check results/outcomes to be shared between healthcare providers

Baseline monitoring - to be done by the initiating organisation

U&Es; FBC; LFTs; TFTs; prolactin; Fasting/random glucose/HbA1C; Lipids/CVD risk calculation BP & pulse; Weight/BMI; waist circumference; CKD screen; lifestyle (smoking (no/day), diet, physical activity)

ECG –where mandated for specific antipsychotics eg haloperidol, identified CV risk, family history, additive risk with concurrent medication



Monitoring in the first 6 weeks – to be done by the initiating organisation

Weekly weight. Rapid weight gain (5kg < 3 months) - review choice of antipsychotic



Monitoring at 3 months – to be done by the initiating organisation

Weight/BMI; BP & pulse; glucose/BbA1C
Lipid profile/CVD risk; lifestyle



Assessment at 12 months

If initiated in secondary care the psychiatrist will send a copy of this guideline and the person's care plan with latest blood results to the GP.

U&Es; FBC; LFTs; Fasting/random glucose/HbA1C; Lipids/CVD risk calculation
BP & pulse; Weight/BMI; waist circumference; lifestyle (smoking (no/day), diet, physical activity)

Annual monitoring in primary care for those not in contact with secondary care (discharged or solely under care of primary services) and those under secondary care for 12 months whose condition has stabilised

Annual monitoring in primary care

General physical and cardiometabolic health; national screening programmes; medicines reconciliation and monitoring

1. enquire about smoking, alcohol and drug use
2. enquire about diet and activity levels
3. check blood pressure & pulse
4. cv risk assessment
5. measurement of body mass index (BMI)
6. check for the development of diabetes
7. check renal function
8. follow up national screening where appropriate eg breast/cervical/bowel
9. sexual health screening, contraception etc
10. check the accuracy of the record of medication prescribed by the General Practitioner and the Psychiatrist
11. if new medicines or changes to physical health have increased the risk of prolonged QTc arrange ECG.

Remember to ask about sexual side effects.
Check prolactin if symptomatic

Remember to ask about smoking habits.
Cigarette smoke can alter the metabolism of medicines particularly clozapine. Plan quit attempts with the psychiatrist



Collaborate with specialist services where:

- Poor response to treatment
- Non adherence to medication
- Intolerable side effects of medication
- Co-morbid substance misuse
- Physical health concerns indicate review required eg deteriorating CKD and dose prescribed

Physical health monitoring in people with serious mental illness prescribed antipsychotics

Background

Life expectancy in people with severe mental illness (SMI) is reduced by 15-20 years compared with the general population. Individuals with SMI have double the risk of obesity and diabetes, three times the risk of hypertension and metabolic syndrome and five times the risk of dyslipidaemia than the general population.

There is a concern that some antipsychotic drugs, particularly atypicals, have metabolic consequences that contribute to the risk. Atypical antipsychotics are known to cause weight gain and impact on the lipid profile. They may also have a direct effect on insulin function, independent of weight gain. Metabolic effects are also seen in patients prescribed typical antipsychotics.

DHCFT supports the use of the cardiometabolic health resource known as the LESTER framework for patients prescribed all antipsychotics. This is in line with the NHS England guidance for CCGs published in February 2018 'Improving physical health care for people living with severe mental illness in primary care'.

This policy is based on LESTER, the NHS England guidance for CCGs and with additional recommendations to guide safe care appropriate to antipsychotic use.

Monitoring

This policy outlines the minimum recommended standards and does not preclude the monitoring of additional parameters tailored to individual patients as clinically indicated. Patients may require more frequent monitoring e.g those patients with increased cardiac risk or existing diagnosis of diabetes.

QTc

Antipsychotics may prolong the QTc interval; normal QTc intervals are <450 milliseconds (ms) for men and <460 ms for women. A QTc between these values and 500 ms is considered prolonged. A prolonged QTc or one that is increasing over time should be monitored, see [FAQs: What issues should be considered regarding drug induced QTc prolongation.](#) A QTc of >499mSec is a **RED FLAG** and should be acted upon. (1. Check the machine has worked it out correctly by doing the calculation yourself. 2. Review other QTC lengthening meds (www.crediblemeds.org) and get a K, Mg & Ca blood test and correct. 3. Consider reducing dose of antipsychotic immediately (and then thinking what to do next wrt effective meds) and repeat ECG in a week. 4. Consult cardiologist if in doubt.)¹

Smoking

Cigarette smoke is a potent inducer of the liver enzyme known as cytochrome P450 1A2 (CYP1A2). Drug levels in the blood may be affected if a patient stops smoking tobacco and this effect will also apply if Nicotine Replacement therapy (NRT) is being used. Mental health practitioners will also need to consider the potential for fluctuation in effect when tobacco use is not consistent. Significant effects have been reported in patients who change smoking habits while prescribed Clozapine. Quit attempts should be planned in conjunction with the psychiatrist ([FAQs: clinically significant drug interactions with tobacco smoking](#)).

Reference

1. Advice from Dr Sandler, Cardiologist, CRH July 2012

NHS England [‘improving physical health care for people living with severe mental illness in primary care’](#)
guidance for CCGs February 2018

[LESTER positive cardiometabolic health resource](#)