



COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 11, POLICY 002-H

ATTACHMENT H – PARAMETERS FOR GENERAL HEALTH-RELATED MONITORING AND INTERVENTIONS IN ADULTS

A. Purpose

1. These monitoring parameters are established to determine the presence of specific risk factors and general medical conditions in adult clients that may require specific educational and behavioral interventions, medication changes, or referral to a primary care provider (PCP).

B. Introduction

1. Adults with schizophrenia and other serious mental disorders are at significantly higher risk for several health problems, including: diabetes; coronary artery disease (CAD); hypertension (HTN); and untoward effects of antipsychotic medications. Causes for increased health risk include:

- Lifestyle, often associated with poor diet, obesity, smoking, substance abuse, decreased activity, and homelessness
- Relatively less access to healthcare
- Effects of antipsychotic medication
- Possible genetic predispositions

Antipsychotic medications may increase vulnerability to several general medical conditions.

2. Relevant laboratory studies should be obtained at appropriate intervals for other adults in ongoing treatment who have concurrent general medical conditions, health risk factors, or who are receiving medications that require prudent physiologic monitoring by treating mental health professionals. Findings should be documented in the medical record.
3. The following parameters are designed to monitor for specific conditions in adults with schizophrenia, who are taking antipsychotic medication:

a. General Physiologic Status

- i. Adults with serious mental disorders are at greater risk for metabolic abnormalities due to poor healthcare, substance abuse, and exposure to untoward effects of medication.

- ii. At a minimum, the following laboratory studies should be obtained at least annually for all adults in ongoing treatment who are receiving antipsychotic medications: Complete Blood Count (CBC); electrolytes; glucose level; Blood Urea Nitrogen (BUN) and creatinine; Liver Function Tests (LFTs); and lipid panel.
- iii. For adults with abnormal laboratory values, document consideration of referral to a PCP, and document relevant consideration of impact on mental health service interventions.
- iv. For adults who refuse laboratory studies, document refusal, reasons, and consideration of risks of further medication services in absence of adequate laboratory monitoring.

b. Weight Gain and Obesity

- i. Schizophrenia and antipsychotic medications are associated with obesity, leading to increased risk for general medical problems, and impaired self-image and social adjustments.
- ii. For adults who are being started on antipsychotic medication, measure height, baseline weight, and calculated body mass index (BMI) at baseline. Record weight and BMI at each medication visit for the first three (3) months, then at least annually.
- iii. For adults with a BMI > 25, who are receiving antipsychotic medication, weight should be obtained at each visit, and BMI calculated.
- iv. Choose antipsychotic medications with less associated weight gain if BMI > 25, unless reasons for using an antipsychotic more associated with weight gain despite current obesity is clearly documented in the medical record.
- v. When baseline BMI increases by 1 over the initial value, counsel on weight reduction and change to an antipsychotic medication with less associated weight gain if clinically feasible. If not feasible, document the reason.

c. Diabetes

- i. Obesity, newer antipsychotic (second generation) medications, and inactivity associated with schizophrenia increase risk for diabetes mellitus type II.
- ii. Obtain baseline and annual fasting blood sugar (FBS) or HgbA1c for all adults taking antipsychotic medication.
- iii. For BMI > 25, obtain HgbA1c or FBS four (4) months after initiation of antipsychotic medication, and repeat at least annually.
- iv. Ask about diabetes symptoms at least every six (6) months – weight change, polyuria, polydipsia – and document responses in the medical record.

- v. For clients with FBS > 126 or random FBS > 200 or HgbA1c > 7%, refer to PCP and obtain follow-up laboratory studies at three (3) month intervals if findings remain elevated.
- vi. For clients who report symptoms of diabetes, obtain blood glucose or HgbA1c. Refer to PCP if FBS > 126 or random FBS > 200 or HgbA1c > 7%.
- vii. Urge adults with symptoms of diabetes to seek general health care services, and counsel about modifiable risk factors.
- viii. For adults who are taking an antipsychotic medication and FBS > 126 or random FBS > 200 or HgbA1c > 7%, change to a different antipsychotic medication to decrease the likelihood that the laboratory findings are medication-induced, if clinically indicated. If not clinically indicated, document the reason. Monitor every three (3) months, as necessary.

d. Hyperlipidemia

- i. Antipsychotic medications are associated with hyperlipidemia and hypercholesterolemia, which increases risk for cardiovascular disease.
- ii. Obtain baseline and annual lipid panel for adults with a diagnosis of schizophrenia or taking antipsychotic medication.
- iii. Obtain repeat lipid panel every six (6) months if LDL cholesterol level > 130, total cholesterol level is > 200, or triglycerides level is > 200.
- iv. Refer adults to PCP if LDL cholesterol > 130 for consideration of cholesterol-lowering medications.
- v. Initiate lifestyle counseling for weight loss, diet change, and exercise if LDL cholesterol > 130.

e. QT Interval Prolongation

- i. Some antipsychotic medications cause EKG changes (QTc interval prolongation) that increases risk of fatal arrhythmias.
- ii. Obtain cardiac history, including heart disease, syncope, and family history of sudden death or prolonged QTc. Consider the effect of any QT prolonging medications (i.e., TCAs) or possible medication interactions when prescribing an antipsychotic medication known to cause EKG changes.
- iii. Obtain baseline EKG for adults with positive history started on ziprasidone. If there is evidence of syncope or other signs of QT prolongation after initiation of ziprasidone, the EKG should be repeated.

- iv. Do not prescribe thioridazine, mesoridazine, or pimozide in adults with positive cardiac history.

f. Prolactin and Sexual Side Effects

- i. Some antipsychotic medications, especially first generation antipsychotics and risperidone, raise prolactin levels, which may cause galactorrhea, menstrual irregularities, sexual dysfunction, and osteoporosis.
- ii. For adults taking antipsychotic medication, take annual sexual history: changes in menstruation; libido; galactorrhea; and erectile and ejaculatory dysfunctions.
- iii. When history suggests sexual dysfunction, obtain a prolactin level.
- iv. Switch to prolactin-sparing antipsychotic medication (e.g., olanzapine, clozapine, quetiapine, and ziprasidone) if there is a history of sexual dysfunction and prolactin level is elevated.
- v. Refer to PCP for endocrine workup if sexual dysfunction and elevated prolactin level persist after switch to prolactin-sparing antipsychotic medication.