

ANTIPSYCHOTIC MONITORING TOOL

Monitoring for patients taking antipsychotics long term

Patients with mental illness often experience poor physical health. Systematic monitoring and prompt management of adverse drug reactions can assist in patients' adherence to antipsychotics and optimising the physical health of patients.

Regular review of a mental health patient's physical health is recommended at intervals specified in Table 1. More frequent review may be necessary based on the patient's clinical status. Additional tests or monitoring agreed between the GP and psychiatrist or mental health team may also be required.

Preventive health screening programs are best assessed opportunistically by the general practitioner although details are not included in this tool.

Go to www.nps.org.au/antipsychotics for more information and resources.

Table 1. Suggested frequency of review and ongoing monitoring for community-dwelling people taking antipsychotics long term*

Parameter	Frequency			
Weight and waist circumference	Every visit			
Blood pressure	Olanzapine - 6 monthly All others - annually			
Fasting serum lipids	Olanzapine - 6 monthly All others - annually			
Fasting blood glucose	Olanzapine - 6 monthly All others - annually			
Electrocardiogram	Annually			
Ask about extrapyramidal symptoms and examine for rigidity, tremor and abnormal involuntary movements (i.e. tardive dyskinesia)	Every 6 months			
Ask about menstrual and sexual problems, gynaecomastia and galactorrhoea. Test prolactin levels if symptoms suggest hyperprolactinaemia.	Annually			
Ask about any other adverse events e.g. sedation, anticholinergic effects	Every visit			
Ask about smoking status	Every visit			
Ask about alcohol and illicit drug consumption	Every visit			

^{*} Additional monitoring is recommended when treatment is started, or for people with risk factors for adverse events (e.g. hepatic impairment). Patients receiving clozapine have specific, mandatory monitoring requirements that are not described in this publication.

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Patient's name: Medical history	,							:						
	•													
							Allergies:							
Date of birth: Height (m):														
Parameter	Recommended frequency	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:		
Weight (kg)	Every visit													
BMI (kg/m²)	Every visit													
Waist (cm)	Every visit													
ECG	Annually													
BP (mm Hg)														
Total cholesterol (mmol/L)														
Triglycerides (mmol/L)	Olanzapine - 6 monthly All others - annually													
HDL (mmol/L)														
LDL (mmol/L)														
Fasting blood glucose (mmol/L)														
Smoker Y/N number/day	Every visit	Y: N: N: No.:	Y:□ N:□ No.:	Y: N: N: No.:	Y:□ N:□ No.:	Y: N: N: No.:	Y:□ N:□ No.:							
Alcohol and/or illicit drug use	Every visit													
Medicine adherence	Every visit													
Adverse events	Date:	/ /	Date:	/ /	Date:	/ /	Date:	/ /	Date:	/ /	Date:	/ /		
(e.g. extra- pyramidal, anticholinergic effects, menstrual and sexual problems)														
Other test	Date:	/ /	Date:	/ /	Date:	/ /	Date:	/ /	Date:	/ /	Date:	/ /		
As required (e.g. prolactin level, TFT)												_		