

IMPROVING SCREENING FOR METABOLIC SYNDROME IN MEMBERS TAKING ANITPSYCHOTIC MEDICATIONS

Metabolic Syndrome is a cluster of features (hypertension, central obesity, glucose intolerance/insulin resistance and dyslipidemia) that is predictive of both Type 2 Diabetes and cardiovascular disease. Such features are prevalent in people with psychotic disorders who are receiving antipsychotic medication. The precise relationship between antipsychotic drugs, glucose homeostasis, obesity, and the metabolic syndrome remains uncertain. But it is clear that individuals with bipolar, schizophrenia, and other related disorders treated with antipsychotic medication have a high rate of the individual features of the metabolic syndrome and the syndrome itself. (Schizophrenia Bulletin vol. 33, no 6, pp.397-1403).

Individuals with psychotic disorders on average have a sedentary lifestyle involving lack of regular physical activity, poor diet, substance use, and high rates of smoking, which increase their risk for development of metabolic syndrome. In addition to the risk from using antipsychotic medications, these lifestyle factors are partly influenced by aspects of the illness such as negative symptoms and the vulnerability to stress. There is a critical need for active routine health screening of all individuals receiving treatment with antipsychotic drugs which can substantially improve the health of patients with metabolic syndrome. (East Asian Archives of Psychiatry: Yogaratnam, J; Biswas, N; Vadivel, R; Jacob, R: 2013)

Studies suggest that screening rates for metabolic syndrome in people prescribed antipsychotic medication are below those recommended. Considerable evidence indicates that those with behavioral health diagnoses often do not receive adequate recognition or monitoring of care for their medical illnesses.

Reviews of the association between psychotic disorder, metabolic syndrome, diabetes, and antipsychotic drugs conclude that there is a critical need for active, routine physical health screening for patients' prescribed antipsychotic drugs, including appropriate management of metabolic adverse events associated with psychiatric medications.

Baseline monitoring measures should be obtained before (or as soon as clinically feasible) the initiation of any antipsychotic medication:

- Personal and family history of obesity, diabetes, dyslipidemia, hypertension or cardiovascular disease
- Height and weight
- BMI calculation (Weight in Pounds/ (Height in inches' x Height in inches)) x 703



- Waist circumference (at umbilicus)
- Blood pressure
- Fasting plasma glucose
- Fasting lipid profile

Ongoing monitoring and recommendations include:

- Baseline screening and regular monitoring for metabolic syndrome
- Consideration of metabolic risks when starting second generation antipsychotic medication
- Patient, family and caregiver education
- Referral to specialized services when appropriate
- Discussion of medication changes with patient and family

Based on the 2016 North Carolina Engagement Center (NCEC) annual provider treatment record audit review, the overall compliance for Medical Management indicators in 2016 with the threshold of 80 percent. Although the threshold was not met for bipolar disorder, and the schizophrenia guidelines, there was a significant increase in the overall scores.

Clinical Adherence Guideline	2014 Overall Score	2015 Overall Score	2016 Overall Score
Metabolic Monitoring Management of Bipolar	40%	54%	70%
Metabolic Monitoring Management of Schizophrenia	57%	42%	73%

The NCEC and other provider stakeholders feel this is an important issue to continue to evaluate and educate providers on. Please download a copy of the Metabolic Monitoring form by visiting the link below:

https://www.beaconhealthoptions.com/providers/beacon/network/ncoc-stategovernment-and-healthplans/

The Center for Disease Control (BMI) Calculator is viewable at: http://www.cdc.gov/healthyweight/assessing/bmi/index.html