

Psychotropic Medication Monitoring

Psychotropic medications are known to affect health parameters. Depending on the specific psychotropic medication(s) prescribed, these parameters must be monitored according to current national guidelines, taking into account individualized factors. At a minimum, these must include:

On initiation of any medication and at each BHMP evaluation and monitoring visit:

- Heart Rate
- Blood Pressure
- Weight

On initiation of any medication and at least every six months thereafter, or more frequently as clinically indicated:

- Body Mass Index (BMI)

On initiation of any medication affecting this parameter and at least annually thereafter *or more frequently as clinically indicated*:

- Fasting glucose
- Lipids
- Complete Blood Count (CBC)
- Liver function
- Lithium level, including with any significant change in dose
- Thyroid function, including within one month of initiation of lithium or a thyroid medication
- Renal function, including within one month of initiation of lithium
- Valproic acid or divalproex level, including with any significant change in dose
- Carbamazepine level, including with any significant change in dose
- Abnormal Involuntary Movements (AIMS), including for members on any antipsychotic medication

Children are more vulnerable than adults with regard to developing a number of antipsychotic induced side effects. These included higher rates of sedation, extrapyramidal side effects (except for akathisia), withdrawal dyskinesia, prolactin elevation, weight gain and at least some metabolic abnormalities. (Journal of Clinical Psychiatry 72:5 May 2011)

Persons with developmental disabilities on antipsychotic medications need to be identified for risk of, or development of, Metabolic Syndrome prior to, and while, being prescribed a “new generation/second generation” antipsychotic medication regardless of the reason that medication is being prescribed.

- Documentation must include justification of the choice of and continued use of the specific medications prescribed.

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- Basic health parameter screening requirements are the same as for all persons on psychotropic medications (heart rate, weight, blood pressure, BMI, waist circumference, fasting glucose and/or Hgb A1c, and lipids).
- At-risk members showing emerging abnormalities, Metabolic Syndrome, or trends towards Metabolic Syndrome, need to be followed more closely, including educating the member, guardian and caregivers on self-management strategies, such as diet, exercise, sleep hygiene, stress management and consideration of alternatives to antipsychotic medications for symptom management.
- Results of lab values, especially abnormal labs, should be coordinated with the member's primary care practitioner as per [Chapter 18.30 –Coordination of Care with AHCCCS Health Plans, PCPs and Medical Providers](#).
- For risk factors and lab values indicating additional interventions, see Metabolic Syndrome Screening and Monitoring Tool developed by the State of Missouri Department of Mental Health. Use of this tool is not required, but identifying risk, Metabolic Syndrome and interventions are required.
- Links to Pediatric Growth Charts and Child and Adult BMI calculators are available on AHCCCS Medical Policy Manual Appendix 1-
<http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/AppendixI.pdf> o The boys and girls BMI charts were obtained from the Centers for Disease Control at <http://www.cdc.gov/growthcharts/>.
- The Adult BMI chart was obtained from the national Institutes of Health (National Heart, Lung and Blood Institute) at <http://www.nhlbi.nih.gov/>