

# Metabolic Syndrome Screening Program Description

The Mayo Clinic defines metabolic syndrome as a cluster of conditions, including increased blood pressure, a high blood sugar level, excess body fat around the waist and abnormal cholesterol levels that occur together, increasing a person’s risk of heart disease, stroke and diabetes. According to the Nevada Medicaid Drug Transparency Report for Behavioral Health, as many as 63% of individuals diagnoses with schizophrenia and 49% of individuals diagnosed with Bi-Polar Disorder are at risk for developing metabolic syndrome. Therefore, behavioral health members on atypical antipsychotics such as Abilify, Zyprexa, Geodon, Risperdal, Latuda, Invega, Saphris, Seroquel, and Fanapt should be routinely monitored for symptoms of metabolic syndrome. Nevada Behavioral Health has created this Screening Program for practitioners to use as a guide when serving members who are prescribed atypical antipsychotics.

# Eligible Members

Eligible members will be identified from pharmacy data when they have been prescribed atypical antipsychotics. Any NBH member over the age of 18 who is at risk for developing metabolic syndrome who is treated with atypical antipsychotics can be included.

# Frequency of Monitoring

Table 1: Guidelines for Monitoring Metabolic Syndrome for patients on Atypical antipsychotics

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Baseline | Each Visit | At 6  Weeks | At 3  Months | At 12  Months | Annually (after first  12 months) |
| Personal/Family  Medical History | ✓ |  |  |  | ✓ | ✓ |
| Weight (BMI) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Waist  Circumference | ✓ |  | ✓ | ✓ | ✓ | ✓ |
| Blood Pressure  and Pulse | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Fasting Glucose or Hemoglobin  A1c | ✓ |  | ✓ | ✓ | ✓ | ✓ |
| Fasting Lipid  Profile | ✓ |  |  | ✓ | ✓ | ✓ |

# Conditions

All patients on atypical medications should be screened as indicated in the Table above.

Given the serious health risks, patients taking atypical antipsychotics should receive appropriate baseline screening and ongoing monitoring. Clinicians who prescribe atypical antipsychotics for

patients with psychiatric illnesses should have the capability of determining a patient’s height and weight (BMI) and waist circumference. These values should be recorded and tracked for the duration of treatment. Clinicians should also encourage patients to monitor and chart their own weight. It is particularly important to monitor any alteration in weight following a medication change. The patients’ psychiatric illness should not discourage clinicians from addressing the metabolic complications for which these patients are at increased risk.

# Practitioner Input

Practitioner input on NBH’s Metabolic Syndrome Program is acquired through the Quality Improvement Committee and consultation with network psychiatrists.

# Promotion

NBH’s Metabolic Screening Program is promoted to practitioners via the NBH website, where the table may be accessed freely by both members and providers.

# References

1. Roberts E, Jones L, Blackman A, et al.  [The prevalence of diabetes mellitus and abnormal glucose metabolism in the inpatient setting: a systematic review and meta-analysis](http://www.ghpjournal.com/article/S0163-8343(16)30210-9/fulltext) [published online January 11, 2017]. *Gen Hosp Psychiatry* doi:10.1016/j.genhosppsych.2017.01.003.
2. Global status report on noncommunicable diseases 2014. Geneva:World Health Organization; 2012. www.who.int/nmh/publications/ncd-status-report-2014/en/. Accessed June 30, 2017.
3. Vancampfort D, Correll CU, Galling B, et al. [Diabetes mellitus in people with schizophrenia, bipolar disorder and major depressive disorder: a systematic review and large scale meta-analysis](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4911762/). *World Psychiatry.* 2016;15(2):166-174. doi:10.1002/wps.20309
4. Galling B, Roldán A, Nielsen RE, et al. [Type 2 diabetes mellitus in youth exposed to antipsychotics: a systematic review and meta-analysis](http://jamanetwork.com/journals/jamapsychiatry/fullarticle/2483011)*. JAMA Psychiat* 2016;73(3):247-259. doi:10.1001/jamapsychiatry.2015.2923.
5. Leslie DL, Rosenheck RA. [Incidence of newly diagnosed diabetes attributable to atypical antipsychotic medications](http://file/C:/Users/Sea%20Sprite/AppData/Local/Microsoft/Windows/Temporary%20Internet%20Files/Content.IE5/EJE0ZJFT/Incidence%20of%20newly%20diagnosed%20diabetes%20attributable%20to%20atypical%20antipsychotic%20medications). *Am J Psychiatry* 2004;161(9):1709-1711. doi:10.1001/jamapsychiatry.2015.2923.