

Tracking Sheet for Patients on Atypical Antipsychotics

Patient name _____

Medication prescribed _____ Date started _____

Personal and family history (baseline, annually) _____

TRACKING COMPONENTS

Weight (BMI) (Baseline + every visit for 6 months after medication initiation)

Date								
Measurement Normal Target ¹ BMI ≤ 25 kg/m ²								

Adapted from Canadian Diabetes Association¹

Waist circumference – measure at level of umbilicus (Baseline + annually)

Date								
Measurement Normal Target ¹ <102 cm (men) <88 cm (women)								

Adapted from Canadian Diabetes Association¹

Blood pressure (Baseline + 12 weeks + annually)

Date								
Measurement Normal Target ¹ $\leq 130/80$ mmHg								

Adapted from Canadian Diabetes Association¹

Fasting plasma glucose (Baseline + 12 weeks + annually)

Date								
Measurement Normal Target ¹ 4-6 mmol/L								

Adapted from Canadian Diabetes Association¹

Postprandial glucose (Baseline + 12 weeks + annually)

Date								
Measurement Normal Target ¹ 5.0-8.0 mmol/L								

Adapted from Canadian Diabetes Association¹

A1C (Baseline + 12 weeks + annually)

Date								
Measurement Normal Target ¹ $\leq 6\%$								

Adapted from Canadian Diabetes Association¹

Fasting lipid profile (Baseline + 12 weeks + every 5 years)

Date								
Measurement Target ² LDL-C <3.5 mmol/L*								
Measurement Target total cholesterol ² : HDL-C <5.0 mmol/L*								

* Targets specified for patients with moderate risk²

Adapted from Genest J, et al.²

Diet discussed. Plan: _____ Exercise discussed. Plan: _____

Recommendations for Screening and Monitoring

Patients with schizophrenia possibly have an increased risk for diabetes mellitus; additionally, incidences of the disease are increasing in the general population. Due to these confounders, the relationship between atypical antipsychotic use and hyperglycemia-related adverse events is not completely understood. Although an increased risk of these adverse events has been suggested by epidemiological studies, precise risk estimates are not available. Therefore, appropriate clinical monitoring is advisable in diabetic patients and in patients with risk factors for the development of diabetes mellitus.³

Recommendations for Monitoring Patients Treated With Atypical Antipsychotics

Patients with pre-existing diabetes ³	Patients with risk factors for diabetes (e.g. schizophrenia, family history, obesity) ^{1,3}	All patients initiated on an atypical antipsychotic ³
<ul style="list-style-type: none"> Monitor regularly for worsening of glucose control 	<ul style="list-style-type: none"> Fasting blood glucose at baseline then periodically during treatment 	<ul style="list-style-type: none"> Monitor for symptoms of hyperglycemia (polydipsia, polyuria, polyphagia, and weakness)
		<ul style="list-style-type: none"> Fasting blood glucose in patients who develop symptoms of hyperglycemia

ADA Consensus Development Conference on Antipsychotic Drugs and Obesity and Diabetes

Monitoring protocol for patients on atypical antipsychotics.⁴
More frequent assessments may be warranted based on clinical status.⁴

	Baseline	4 Weeks	8 Weeks	12 Weeks	Quarterly	Annually	Every 5 Years
Personal family history	•					•	
Weight (BMI)	•	•	•	•	•		
Waist circumference	•					•	
Blood pressure	•			•		•	
Fasting plasma glucose	•			•		•	
Fasting lipid profile	•			•			•

Adapted from American Diabetes Association⁴

1. Canadian Diabetes Association. Clinical practice guidelines for the prevention and management of diabetes in Canada. *Can J Diab* 2003;27(suppl 2):S1-S140. 2. Genest J, Frohlich J, Fodor G, et al. Recommendations for the management of dyslipidemia and the prevention of cardiovascular disease: 2003 update. *CMAJ* 2003;169(9):Online1-Online10. 3. ZYPREXA® Product Monograph, Eli Lilly Canada Inc. March 3, 2005. 4. American Diabetes Association. Consensus development conference on antipsychotic drugs and obesity and diabetes. *Diabetes Care* 2004;27(2):596-601.