Physical Health Monitoring for Psychotropic Medication (not High Dose)

This guidance has been developed using BNF No 77 and summary of product characteristics for essential monitoring for psychotropic medication in Adult Mental Health. Annual health check is recommended.

Responsibility of secondary care.
Responsibility for medication monitoring and physical health checks lies with secondary care where a patient has been under their care for less than 12 months and/or their condition has not yet been stabilised.

Medication	Frequency	BMI/weight	TFTs	U&Es/ eGFR	ECG	Li levels	FBC	HbA_{1c} Glucose	LFTs	BP	Lipids
Lithium*	Initiation/dose change	√	√	√	B	weekly until stable	√				
	3 monthly					√ for 1st year or risk					
	6 monthly	√	√	√	B	√ after 1st year					
	Annually										
Valproate**	Initiation - PPP and consent form						C		A		
	Annually										
Lamotrigine	Initiation – skin reaction advice						C				
Venlafaxine	Initiation									√	
	Post dose increase									√	
	6 monthly After yr1									√	
Citalopram	Initiation				B						
Escitalopram	Initiation				B						
Tricyclics	Initiation			D	X						
Antipsychotics (for the most recent info check SPC for the specific drug)	Initiation	√		√	B		√	√	√	√	√
	Post dose increase									√	
	After 1 month	√						olanzapine			
	3 months	√									√
	6 months	olanzapine						√			olanzapine
	9 months	olanzapine									olanzapine
	Annually	√		√	B		√	√	√		√

A = before therapy and during first six months
B = only if suspected, risk factors or existing cardiac problem
C = recognise signs of blood disorders (anaemia/bruising - info for patients). Check before surgery
D = to rule out hypokalaemia if using clomipramine
X = avoid if pre-existing cardiac disease as can be harmful even at clinical doses
Clozapine - see separate guidance (sign post to SHfT intranet/ local dissemination)
HDAT (High Dose Antipsychotic Therapy) = majority monitoring in secondary care. See separate guidance

** For women/girls of child bearing age – a consent form and PPP needs to be in place. To be reviewed annually by secondary care

Risk Groups with Lithium Therapy*
- Older people
- Concurrent interacting drugs (NSAIDs, ACEIs, diuretics)
- At risk of renal or thyroid dysfunction, increasing Ca etc.
- Significant disease or change in fluid/food intake
- Poor adherence or symptom control

Created by Southern Health NHS Foundation Trust | Agreed by all clinical commissioning groups across Hampshire and Southampton.

General principles in Physical health monitoring for Psychotropic medication

The following are key recommendations from the Physical health monitoring task and finish group led by Adult mental health Clinical Service directors (Southern Health NHS Foundation Trust) and CCG Clinical leads.

The guidance is a minimum recommendation only and clinical need should override decisions on monitoring. Where systems are in place and working for investigations and monitoring, these should not be destabilised in the interest of patient care.

1. Clinicians should use medications that are cost effective and require the least monitoring.
2. The general principle is that monitoring should be done by the prescriber.
3. An essential monitoring guide has been agreed and reflects recommendations in the British National Formulary (BNF March 15) and summaries of product characteristics (SPC).
4. Where there are comorbid physical health issues, key specialists should be involved in the monitoring and information shared, as appropriate.
5. Clozapine is a secondary care medication. Primary care need to be aware that their patients are on it and potential interactions. See separate guidance.
6. When medications are initiated in secondary care (mental health) and need monitoring, medical staff should give a blood form that patients can either take to their GP surgeries or general hospitals dependent on local arrangements and copied to primary care. This is agreed as best care for patients and acknowledging that blood services are not available in mental health outpatient clinics.
7. In situations when the patient is at a GP surgery and medication is being commenced with telephone advice from secondary care, investigations on initiation would rely on where the patient is - i.e. primary care.
8. Information sharing regarding investigations should be robust and a two way process. The practice of safe faxing/safe email medication information is a prompt way of information sharing. This should include name of medication, was a prescription given, when should GP prescribe and next appointment.
9. A consistent process should be followed with advice around medication on discharge from secondary care including how to access services again.
10. ECGs are only required when clinically indicated.

The general principles and impact of shared working will be reviewed.

CCG Leads and Southern Health NHS Foundation Trust AMH CSDs; July 2015