

### Suggested Monitoring Schedule for Second-generation Antipsychotic Medications.

	Baseline	4 weeks	8 weeks	12 weeks	Quarterly	Annually
Personal/Family history	X					X
Treatment adherence	X				X	
Sexual dysfunction	X			X		X
Weight (BMI)	X	X	X	X	X	
Waist circumference	X	X		X		X
Blood pressure	X	X		X		X
Blood cell count*	X	X		X		X
Fasting blood glucose	X			X		X
Fasting lipid profile	X			X		Every 5 years
Movement Disorders	X					X
Electrocardiogram**	X					X
<b>When clinically appropriate</b>						
Pregnancy test						
Prolactin						
Liver function tests						
Basic metabolic panel						
Urine drug screen						

More frequent assessments may be warranted based on patient history, clinical status (e.g., at risk for hypertension, hyperglycemia, leukopenia, neutropenia, cardiovascular disease, etc.) or as outlined by the [clozapine REMS](#).

#### Notes:

- Family history includes assessment of obesity, diabetes mellitus, dyslipidemia, hypertension, cardiovascular disease. Screen for family history of bipolar disorder, history of suicide and depression. Assess family tolerability with specific medications, if applicable.
- Treatment adherence should include assessment of any new social risk factors that might affect adherence. Reassess treatment if pathological gambling and other compulsive behaviors emerge.
- \* A blood cell count at 4 weeks may not be necessary in most patients. Neutropenia, thrombocytopenia, and agranulocytosis can typically occur not only with clozapine but also with other antipsychotics such as risperidone and quetiapine, in particular when the patient is concurrently on mood stabilizer medications.
- Extrapyramidal symptoms include dystonic reactions, akathisia, parkinsonism, and tardive dyskinesia. [Abnormal Involuntary Movement Scale \(AIMS\)](#) can be used to track symptom severity of tardive dyskinesia.
- \*\*Obtain ECG when treating with a medication associated with QT prolongation like ziprasidone or risperidone (see [Relative Adverse Effect Profiles Table](#)).
- There is a [national pregnancy exposure registry](#) that monitors pregnancy outcomes in individuals exposed to antipsychotics and other psychiatric medications.

#### References:

- Hasan A, et al.; WFSBP Task force on Treatment Guidelines for Schizophrenia. World Federation of Societies of Biological Psychiatry (WFSBP) guidelines for biological treatment of schizophrenia, part 2: update 2012 on the long-term treatment of schizophrenia and management of antipsychotic-induced side effects. *World J Biol Psychiatry*. 2013 Feb;14(1):2-44. doi: 10.3109/15622975.2012.739708.

- American Diabetes Association; American Psychiatric Association; American Association of Clinical Endocrinologists; North American Association for the Study of Obesity. Consensus development conference on antipsychotic drugs and obesity and diabetes. *Obes Res.* 2004 Feb;12(2):362-8. doi: 10.1038/oby.2004.46.
- Solmi M, Murru A, Pacchiarotti I, Undurraga J, Veronese N, et al. Safety, tolerability, and risks associated with first- and second-generation antipsychotics: a state-of-the-art clinical review. *Ther Clin Risk Manag.* 2017 Jun 29;13:757-777. doi: 10.2147/TCRM.S117321.