

Monitoring Parameters for Behavioral Health Medications

Monitoring Parameters – Second Generation Antipsychotics								
	Baseline	Week 4	Week 8	Week 12	Quarterly	6 months	Annually	As Clinically Indicated
Personal Family History	✓						✓	
Medication Review	✓						✓	
Fasting Plasma Glucose	✓			✓			✓	✓
Fasting Lipid Profile	✓	*		✓			✓	✓
Blood Pressure/Pulse	✓			✓			✓	✓
Waist circumference	✓			✓			✓	
Weight/BMI	✓	✓	✓	✓	✓			
Tardive Dyskinesia***	✓			✓		✓	✓	✓
EPS	✓							✓
Sexual function	✓							✓
Pregnancy status	✓							✓
Prolactin Level (risperidone and paliperidone; or <u>if symptomatic</u>)								✓
Cardiac Monitoring (EKG: chlorpromazine**, Haloperidol**, thioridazine**, ziprasidone, quetiapine, risperidone, olanzapine)	✓							✓
Ocular Evaluations (chlorpromazine**, quetiapine)	✓							✓

*For patients taking olanzapine, quetiapine, clozapine

** 1st generation antipsychotics

*** after week 12 done at month 6 and then at 6month intervals and as clinically indicated

Monitoring Parameters - Antidepressants							
	Baseline	During dose titration	Annually	As Clinically Indicated			
Blood pressure/pulse	✓	✓	✓	✓			
Weight/waist circumference	✓		✓				
Pregnancy status	✓			✓			
Suicidal ideation or behavior	✓	✓		✓			
Liver function tests (bupropion, Cymbalta, fluvoxamine, MAOIs, nefazodone, mirtazapine, TCAs, venlafaxine)	✓			✓			
Cardiac Monitoring (ECG: TCAs, escitalopram, citalopram)	✓			✓			
Renal function (bupropion, MAOIs, mirtazapine, venlafaxine)	✓		✓				
Seizure risk (bupropion, maprotiline)	✓		✓				
Plasma levels (TCAs)				✓			
Sexual dysfunction	✓			✓			
Medication Review	✓		✓				
Monitoring Parameters – Mood stabilizers							
	Baseline	1 Week	3 Months	6 Months	At Dosage Change	Annually	As Clinically Indicated
General physical assessment (BP, pulse, height, weight)	✓					✓	
Pregnancy status	✓						✓

Suicidal behavior and ideation	✓						✓
Therapeutic Drug Levels – Mood Stabilizers and Anticonvulsants							
Lithium	0.6-1.2 mEq/L						
Carbamazepine	4-12 mcg/mL (Steady state: 2-5 days)						
Valproic acid, total	50-125 mcg/mL (Steady state: 2-4 days)						
Valproic acid, free	5-15 mcg/ml						
Ethosuximide	40-100 mcg/mL						
Phenytoin	10-20 mcg/mL						
Phenobarbital	15-40 mcg/mL (Steady state: 20-30 days)						
Primidone	5-12 mcg/mL						
Lithium							
	Baseline	1 Week	3 Months	6 Months	At Dosage Change	Annually	As Clinically Indicated
Plasma level	✓			✓	✓ (5-7 days after dose increase)	✓	✓
CBC	✓					✓	✓
Pregnancy status	✓						✓
TSH	✓			✓	✓	✓	✓
BUN/CrCl	✓		✓	✓	✓	✓	✓
EKG (if age 40+ or high risk)	✓						✓
Urinalysis	✓						
Calcium						✓	

Valproic Acid							
	Baseline	1 Week	3 Months	6 Months	At Dosage Change	Annually	As Clinically Indicated
Plasma level	✓				✓	✓	✓
CBC with platelets	✓				✓	✓	✓
Pregnancy status	✓						✓
Liver function tests*	✓				✓	✓	
*Elevated ammonia levels may occur with chronic use of valproic acid. Providers should consider measuring ammonia levels if unexplained lethargy, vomiting, or changes in mental status, and also with concomitant topiramate use							
Carbamazepine							
	Baseline	1 Week	Every 2 weeks	3 months	At Dosage Change	Annually	As Clinically Indicated
Plasma level		✓			✓	✓	✓
Liver and renal function tests	✓					✓	✓
CBC	✓				✓	✓	✓
Ophthalmic exam	✓					✓	✓
Lamotrigine							
	Baseline	1 Week	3 Months	6 Months	At Dosage Change	Annually	As Clinically Indicated
BUN/CrCl	✓						✓
Liver function tests	✓						✓
Rash assessment and education	✓						✓

References:

1. <https://www.clinicalkey.com/pharmacology/monograph/508?sec=monmp>
2. <https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2019.1760501>

3. <https://crediblemeds.org/healthcare-providers/>
4. https://www.uptodate.com/contents/acquired-long-qt-syndrome-definitions-pathophysiology-and-causes?search=QT§ionRank=2&usage_type=default&anchor=H8&source=machineLearning&selectedTitle=1~150&display_rank=1#H8 Accessed August 31, 2022
5. Walkup J et al, *Practice parameter on the Use of Psychotropic Medication in Children and Adolescents*. *American Academy of Child and Adolescent Psychiatry*. *J Am Acad Child Adolesc Psychiatry*, 2009. 48:9: p. 961-973.
6. American Academy of Child and Adolescent Psychiatry. Recommendations about the Use of Psychotropic Medications for Children and Adolescents Involved in Child-Serving Systems. 2015.
7. <https://pharmacist.therapeuticresearch.com/Content/Segments/PRL/2014/Jun/Lab-Monitoring-for-Common-Medications-7073>