

METABOLIC ASSESSMENT, SCREENING AND MONITORING TOOL



BC Mental Health & Addiction Services
An Agency of the Provincial Health Services Authority



P1

Client Details	Client Name (last, first):	PHN:	DOB: (dd/mm/yyyy)
	Hospital/Clinic ID:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female → <input type="checkbox"/> Menstrual <input type="checkbox"/> Pre-menstrual	Assessment Date: (dd/mm/yyyy)

Target Symptoms	(Check all that apply with respect to starting Second Generation Antipsychotic (SGA))	
	<input type="checkbox"/> Mania <input type="checkbox"/> Mood/affect lability <input type="checkbox"/> Mood stabilization (Bipolar Disorder) <input type="checkbox"/> Oppositionality <input type="checkbox"/> Psychosis <input type="checkbox"/> Self-injurious behaviour	<input type="checkbox"/> Motor/vocal tic <input type="checkbox"/> Sedation/sleep <input type="checkbox"/> Aggression <input type="checkbox"/> Augmentation of _____ (i.e. Antidepressant, anti-anxiety, mood stabilizer, psychostimulant) <input type="checkbox"/> Other (list) _____

Diagnoses	Axis I Diagnosis (Primary)	Axis I Diagnosis (Comorbid)	Axis II Diagnosis	Axis III (other medical conditions)	Axis IV	Axis V (GAF score)

Ethnicity	<input type="checkbox"/> Aboriginal* <input type="checkbox"/> Mexican/Hispanic* <input type="checkbox"/> Caucasian	<input type="checkbox"/> South Asian* (i.e. Indian/Pakistani/Bangladesh) <input type="checkbox"/> African/Caribbean* <input type="checkbox"/> Arab (i.e. Saudi Arabian/Egyptian/Iraqi)	<input type="checkbox"/> Asian* (i.e. Japanese/Chinese) * = high risk ethnicity
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Risk Factor Evaluation	Family History					
		No	Yes	Unknown	1st degree relative*	2nd degree relative*
	Diabetes		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Gestational			
	Hyperlipidemia					
	Cardiovascular Disease					
	Schizophrenia					
	Schizoaffective Disorder					
	Psychosis Not Otherwise Specified					
	Bipolar Disorder					

* 1st degree relative (mother/father/sibling), 2nd degree relative (grandmother/grandfather/cousin/aunt/uncle)

Individual Risk Factors	
Smoking	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____ cigarettes/day
Physical Activity eg. Exercise (walking)	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____ min/day
Screen Time eg. computers, tv, video games	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____ min/day
Sugar-sweetened beverages	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____ cans of pop/day <input type="checkbox"/> Yes, _____ juice boxes/day



Parameter		Pre-treatment Baseline	1 month	2 month	3 month	6 month	9 month	12 month
Assessment Date (dd/mm/yyyy): →								
Height (cm) ⁽¹⁾								
Height percentile								
Weight (kg) ⁽¹⁾								
Weight percentile								
BMI: (Wt (kg) / Ht (cm ²) x10,000) ⁽¹⁾								
BMI percentile								
Waist Circumference (At the level of the umbilicus) ⁽²⁾								
Waist Circumference percentile								
Blood Pressure ⁽³⁾ (systolic/diastolic)		/	/	/	/	/	/	/
Blood Pressure percentile (systolic/diastolic)		/	/	/	/	/	/	/
Neurological Examination ⁽⁴⁾		<input type="checkbox"/> completed	<input type="checkbox"/> completed	<input type="checkbox"/> completed	<input type="checkbox"/> completed	<input type="checkbox"/> completed	<input type="checkbox"/> completed	<input type="checkbox"/> completed
Laboratory Evaluations:	Normal Values							
Fasting Plasma Glucose	≤ 6.1 mmol/L ⁽⁵⁾							
Fasting Insulin ⁽⁶⁾	≤ 100 pmol/L ⁽⁷⁾							
Fasting Total Cholesterol	< 5.2 mmol/L							
Fasting LDL-C	< 3.35 mmol/L							
Fasting HDL-C	≥ 1.05 mmol/L							
Fasting Triglycerides	< 1.5 mmol/L							
AST								
ALT								
TSH (Quetiapine ONLY)								
Prolactin ⁽⁸⁾								
Other _____ (eg. Amylase, A1C, OGTT) ⁽⁹⁾								
Physician Initials: →								
Interventions (continue checking as conducted throughout the year)	Pre-treatment <input type="checkbox"/> Discuss metabolic risks <input type="checkbox"/> Discuss diet <input type="checkbox"/> Discuss physical activity <input type="checkbox"/> Risk/benefit assessment <input type="checkbox"/> Discuss smoking cessation	Post-treatment <input type="checkbox"/> Discuss diet <input type="checkbox"/> Refer to dietitian <input type="checkbox"/> Discuss signs and symptoms of diabetes/DKA <input type="checkbox"/> Discuss physical activity <input type="checkbox"/> Refer to rehab/groups for lifestyle management		<input type="checkbox"/> Switch antipsychotic medication <input type="checkbox"/> Refer to specialized services (via GP) e.g. lipid clinic, diabetes clinic <input type="checkbox"/> Liaise with GP re: abnormal labs <input type="checkbox"/> Other _____				
Comments								
Frequency of follow up after 12 month assessment recommended as yearly or sooner if clinically indicated								

= not recommended

¹ To determine height, weight and BMI percentiles, use age and sex-specific growth charts at: www.cdc.gov/growthcharts

² To determine age and sex-specific percentiles, go to: www.idf.org/webdata/docs/Mets_definition_children.pdf (pages 18-19); Use Adult cut-off (page 10) if lower

³ To determine age and sex-specific percentiles, go to: keltymentalhealth.ca/sites/default/files/HighBPGuidelines.pdf

⁴ Tools available for monitoring extrapyramidal symptoms that may be used: AIMS (Abnormal Involuntary Movement Scale) go to: keltymentalhealth.ca/sites/default/files/AIMS.pdf, SAS (Simpson-Angus Scale) go to: keltymentalhealth.ca/sites/default/files/SAS.pdf, ESRS (Extrapyramidal Symptom Rating Scale) go to: keltymentalhealth.ca/sites/default/files/ESRS.pdf, BARS (Barnes Akathisia Rating Scale) go to: keltymentalhealth.ca/sites/default/files/BARS.pdf

⁵ For FPG values of 5.6 – 6.0 mmol/L, consideration should be given to performing an oral glucose tolerance test (OGTT)

⁶ Note that this assessment is NOT recommended for Aripiprazole or Ziprasidone, but IS appropriate for all other SGAs

⁷ For fasting insulin levels > 100 pmol/L, consideration should be given to performing an OGTT. Normal reference range may vary between centres

⁸ Note that assessment of prolactin levels should be completed according to protocol EXCEPT when the patient is displaying clinical symptoms of hyperprolactinemia (ie: menstrual irregularity, gynecomastia, or galactorrhea), in which case more frequent monitoring may be warranted. Please also note that Risperidone is the SGA with the greatest effect on prolactin

⁹ It is recommended that Amylase levels be monitored in cases where the patient presents with clinical symptoms of pancreatitis (ie: abdominal pain, nausea, vomiting)



P3

	Drug Initiation	1 month	2 month	3 month	6 month	9 month	12 month
SGAs							
Assessment Date (dd/mm/yyyy): →							
Risperidone (Risperdal)	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____
Quetiapine (Seroquel)	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____
Olanzapine (Zyprexa)	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____
Paliperidone (Invega)	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____
Clozapine (Clozaril)	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____
Ziprasidone (Zeldox)	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____
Aripiprazole (Abilify)	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____
Other Medications							
Assessment Date (dd/mm/yyyy): →							
	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____
	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____
	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____
	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____
	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____
	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____
	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____	Dose _____ Freq _____
Physician Initials: →							
Comments and description of changes made to medication dose at other time interval							
Additional Comments							