

P1

Body Mass Index (BMI)		
NORMAL BMI (5th to 85th percentile)	OVERWEIGHT BMI (≥85th and <95th percentile)	OBESE BMI (≥95th percentile)
Repeat BMI measurement at next scheduled screen.	Re-evaluate use of SGAs to minimize weight. Consider lifestyle intervention aimed at weight loss.	Re-evaluate use of SGAs to minimize weight. Consider lifestyle intervention aimed at weight loss. Consider metformin in consultation with a specialist.

Waist Circumference (WC)		
NORMAL (5th to 75th percentile)	ABDOMINALLY OVERWEIGHT (≥75th and <90th percentile)	ABDOMINALLY OBESE (≥90th percentile)
Repeat waist circumference measurement at next scheduled screen.	Re-evaluate use of SGAs to minimize weight. Consider lifestyle intervention aimed at weight loss.	Re-evaluate use of SGAs to minimize weight. Consider lifestyle intervention aimed at weight loss. Consider metformin in consultation with a specialist.

Blood Pressure (BP)		
NORMAL (SPB and DPB <90th percentile)	PRE-HYPERTENSION (SBP or DPB ≥90th and <95th percentile OR BP exceeds 120/80 mmHg)	STAGE 1 HYPERTENSION (SBP and/or DPB 95th to 99th percentile + 5 mmHg)
Repeat BP check at next scheduled screen.	Recheck BP reading in 6 months; if still elevated, consider specialist consultation.	Recheck BP reading in 1-2 weeks or sooner if symptomatic. If persistently elevated on 2 additional occasions, consider specialist consultation for evaluation and treatment within 1 month.
STAGE 2 HYPERTENSION (SBP and/or DBP >99th percentile + 5 mmHg)	SEVERE HYPERTENSION (SBP or DBP >95th percentile + >20 mmHg or symptomatic)	
Consult specialist within 1 week, or immediately if patient is symptomatic.	Immediate assessment by specialist for investigation and management. Patients with symptomatic malignant hypertension should be referred to the nearest emergency room.	

Fasting Plasma Glucose (FPG) & Insulin		
NORMAL (FPG <6.1 mmol/L)	IMPAIRED (FPG 6.1 – 6.9 mmol/L)	ABNORMAL (FPG ≥ 7 mmol/L)
Repeat FPG at next scheduled screen. If fasting insulin is above the upper limit of normal for the assay being used, consider OGTT and specialist consultation. For an FPG value of 5.6 – 6.0 mmol/L consideration should be given to an OGTT.	Consider OGTT and specialist consultation if abnormal. Consider metformin in consultation with a specialist.	Consult with specialist for the management of diabetes.

P2

Low Density Lipoprotein (LDL)

NORMAL LDL (LDL < 3.35 mmol/L)	ABNORMAL LDL (LDL ≥ 3.35 mmol/L or a non-HDL cholesterol (total cholesterol – HDL) ≥ 3.75 mmol/L)	ELEVATED LDL (LDL ≥ 4.15 mmol/L despite aggressive lifestyle/ diet/exercise modification for 3-6 months)
Repeat LDL measurement at next scheduled screen.	Re-evaluate use of SGAs to minimize weight. Consider cognitive/behavioural lifestyle intervention aimed at weight loss.	Consider consultation with specialist for possible medical therapy.

High Density Lipoprotein (HDL)

NORMAL HDL (HDL ≥ 1.05 mmol/L)	ABNORMAL HDL (HDL < 1.05 mmol/L)
Repeat HDL measurement at next scheduled screen.	Re-evaluate use of SGAs to minimize weight. Consider cognitive behavioural lifestyle intervention aimed at weight loss.

Triglycerides (TG)

NORMAL TG (TG < 1.5 mmol/L)	ABNORMAL TG (TG ≥ 1.5 mmol/L)
Repeat TG measurement at next scheduled screen.	Re-evaluate use of SGAs to minimize weight. Consider cognitive behavioural lifestyle intervention aimed at weight loss. Consider consultation with specialist if TG ≥ 5 mmol/L for possible medical therapy.

Liver Function (AST/ALT)

NORMAL AST/ALT	ABNORMAL AST/ALT
Repeat AST/ALT measurement at next scheduled screen.	Consider repeating AST/ALT. Consider specialist consultation for further investigation and management.

Thyroid Stimulating Hormone (TSH)

NORMAL TSH	ABNORMAL TSH
Repeat TSH measurement at next scheduled screen.	Consider assessment of free thyroxine level. Consider specialist consultation for further investigation and management.

Prolactin

NORMAL PROLACTIN	ELEVATED PROLACTIN
Repeat prolactin measurement at next scheduled screen.	<p>Re-evaluate use of SGAs:</p> <ol style="list-style-type: none"> Is the lowest effective dose of the SGA being used? There is evidence to suggest that higher doses of both risperidone and olanzapine cause more prolactin elevation and prolactin-related side effects in comparison to lower doses. Can the SGA be switched to a prolactin-sparing agent? Risperidone is the second generation antipsychotic with the greatest effect on prolactin. Switching to a prolactin-sparing agent results in return to normal levels of prolactin within weeks. If continued treatment with the current SGA is essential for the patient's psychiatric illness, consult with a specialist regarding further management of the hyperprolactinemia If clinical concerns, consider specialist consultation for further investigation regarding other causes of hyperprolactinemia and/or amenorrhea.