

Minimum Physical Health Monitoring Requirements for Commonly Prescribed Psychotropic Medications

For further information - see NICE guidelines and product SPCs for additional advice. Based on NICE CG178, CG185, product SPC

If medications are not listed below then no specific monitoring requirements have been identified (last reviewed February 2017)

Medication	Monitoring requirements	Frequency
Antidepressants		
Agomelatine	Liver function tests	Baseline, 3, 6 12 and 24 weeks & thereafter when clinically indicated
Citalopram / Escitalopram	ECG (if there are cardiovascular risk factors)	If patients with stable cardiac disease are treated, an ECG review should be considered before treatment is started
Duloxetine Tricyclic Antidepressants (i.e. amitriptyline, clomipramine, dosulepin, imipramine, lofepramine, nortriptyline and Trimipramine) Venlafaxine	ECG (if there are cardiovascular risk factors)	It is good practice to perform an ECG before treatment is started if a physical examination has identified specific cardiovascular risk (such as diagnosis of high blood pressure) or there is a personal or family history of cardiovascular disease, a history of sudden collapse, or other cardiovascular risk factors such as cardiac arrhythmia <i>Note: dose-related increases in blood pressure have been commonly reported with venlafaxine and duloxetine</i>
Antipsychotics:		
Amisulpride Aripiprazole Chlorpromazine Flupentixol (Depixol) Fluphenazine (Modecate) Lurasidone Olanzapine Paliperidone Quetiapine Risperidone Sulpiride Zuclopenthixol (Clopixol)	BP & pulse Fasting blood glucose and HbA1c Lipids (fasting if possible) Full blood count Liver function Urea and electrolytes (including creatinine or estimated GFR) Waist circumference ECG Prolactin Weight (including BMI)	Baseline, at 3 months, 1 year then annually Baseline & annually as part of physical health check *See below Baseline, then if indicated Baseline, weekly for 6 weeks, then at 3 months, 1 year then annually
Clozapine As for other antipsychotics PLUS:	BP & pulse Full blood count Weight (including waist measurement and BMI)	See clozapine policy Weekly for 18 weeks, fortnightly for up to one year then 4 weekly Baseline, weekly for 6 weeks, 3 monthly for 1 year then annually
Haloperidol As for other antipsychotics PLUS:	ECG	Recommended for all at baseline & annually
Mood stabilisers:		
Lithium	BP and pulse Fasting blood glucose and HbA1c Lipids (fasting if possible) Liver function Calcium (adjusted for albumin) Thyroid function Urea and electrolytes (including creatinine or estimated GFR) Weight (including waist measurement and BMI) ECG Lithium level	Baseline then annually (if bipolar) Baseline then 6 monthly Baseline then annually *See below Weekly following initiation or dose change until stable, 3 monthly for 1 year, then 6 monthly. Continue 3 monthly for older people; people taking drugs that interact with lithium; who are at risk of impaired renal or thyroid function, raised calcium levels or other complications; people who have poor symptom control; people with poor adherence; people whose last plasma lithium level was 0.8 mmol per litre or higher
Valproate (Depakote or Epilim)	BP and pulse Fasting blood glucose and HbA1c Lipids (fasting if possible) Full Blood Count Liver function Weight (including waist measurement and BMI)	Baseline then annually (if bipolar) Baseline, at 6 months then annually
Dementia drugs:		
Donepezil Galantamine Rivastigmine	ECG (if there are cardiovascular risk factors)	It is good practice to perform an ECG before treatment is started if a physical examination has identified specific cardiovascular risk (such as diagnosis of high blood pressure) or there is a personal or family history of cardiovascular disease, a history of sudden collapse, or other cardiovascular risk factors such as cardiac arrhythmia

*ECG is required Baseline and yearly if:

- Physical examination has identified specific cardiovascular risk (such as diagnosis of high blood pressure) or
- There is a personal or family history of cardiovascular disease, a history of sudden collapse, or other cardiovascular risk factors such as cardiac arrhythmia or
- The service user is being admitted as an inpatient or
- If specified in the summary of product characteristics (SPC). See individual drugs above
- Service Users on High Dose Antipsychotics i.e. one or more antipsychotics above the recommended 100% BNF dose. This is detailed in the trust policy which can be found on the formulary