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- Your Academic Detailers are available to work with you and your clinic manager to help overcome barriers to better patient care.
- We work to enhance patient access to care, provide clinical and administrative support, and develop CPRS tools to streamline your work.
- All of our efforts are targeted at making it easier for you to provide the best possible care to our veterans.

Contacting Your Academic Detailer

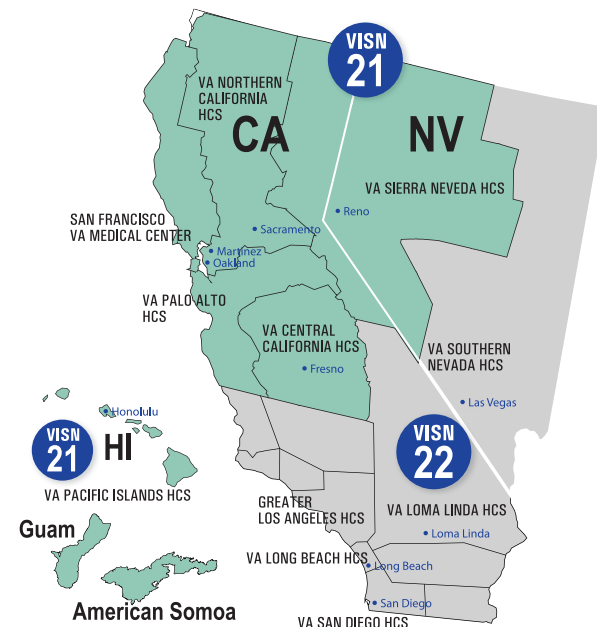
VISN 21

SIERRA PACIFIC HEALTHCARE NETWORK

VISN 22

DESERT PACIFIC HEALTHCARE NETWORK

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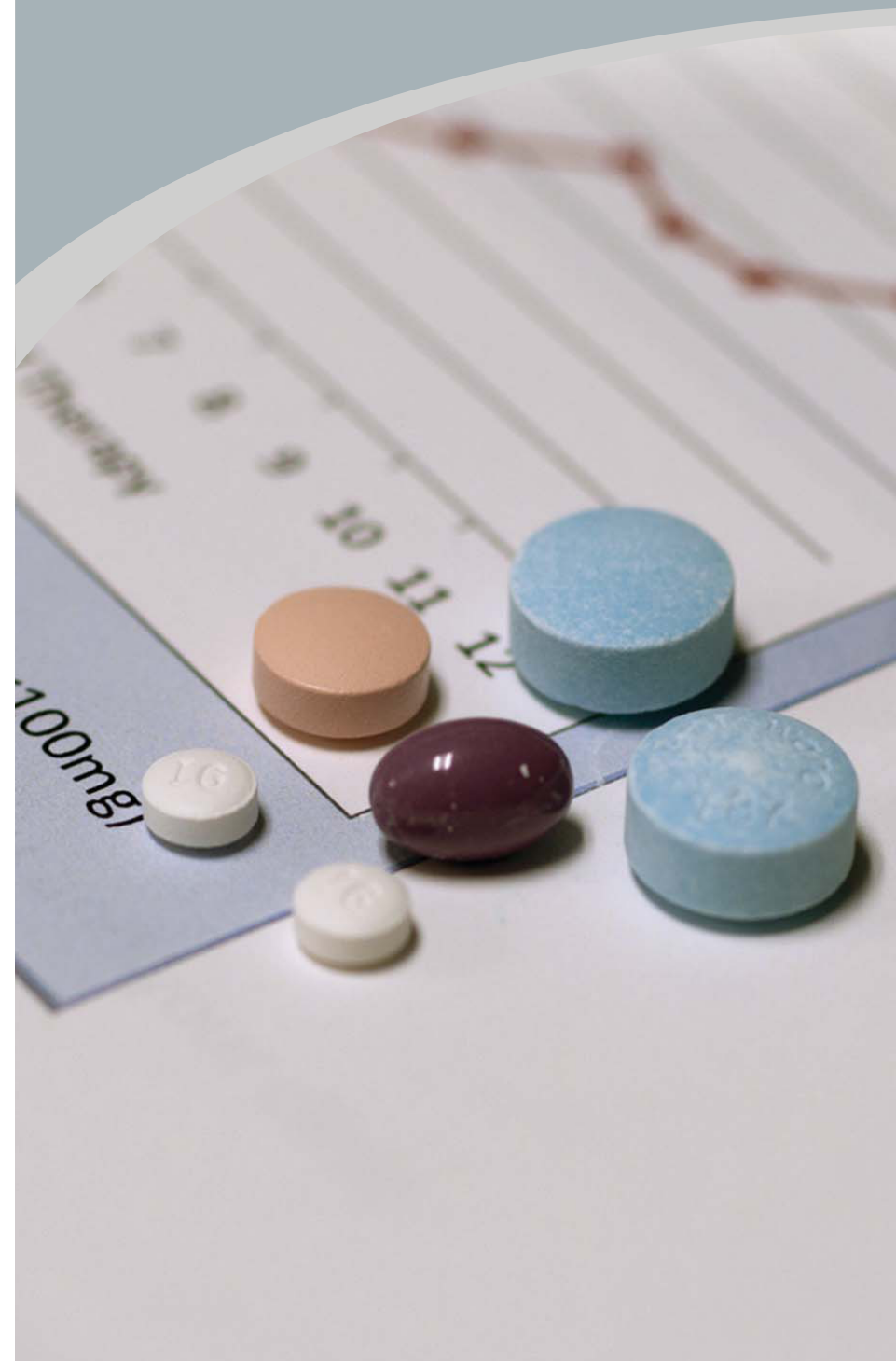
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VA Academic Detailing Service

Real Provider Resources
Real Patient Results

Evidence-Based Best Practices
for the Monitoring and
Management of Metabolic Effects
of Antipsychotics



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Metabolic Effects of Antipsychotics

- **The adverse effects of antipsychotics on weight, blood glucose, and lipids have been well documented in the literature.**^{1,2,3}
- Although the second generation antipsychotics (SGA) are commonly associated with more metabolic abnormalities, first generation antipsychotics (FGA) are not without metabolic effects.⁴
 - All antipsychotics are associated with weight gain in treatment naïve, or first episode patients.^{5,6}
 - The low-potency antipsychotic, chlorpromazine, is associated with significant cardiometabolic adverse effects.⁷
 - High- to mid-potency antipsychotics may have similar cardiometabolic risk as the low risk second generation antipsychotics.
- *At a minimum, patients on antipsychotic therapy should be monitored annually, with more frequent monitoring as indicated.*^{8,9}
- A1C and direct-LDL can be ordered when fasting labs are impractical.¹⁰

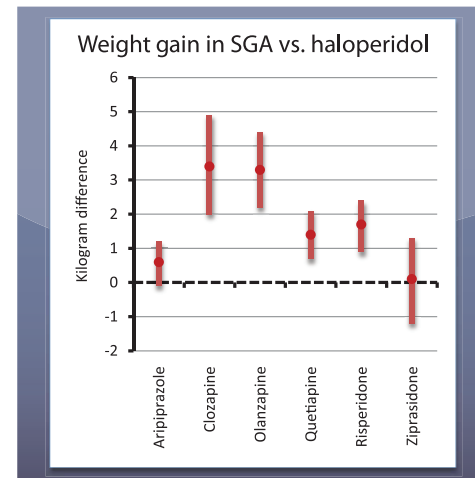


Figure 1. Weight gain associated of select SGA vs. haloperidol.⁴

Veterans Affairs MIAMI monitoring protocol for patients on antipsychotics							
	Baseline	4 weeks	8 weeks	12 weeks	6 months	Yearly	
Weight (BMI)	X	X	X	X	X	X	
Blood Pressure	X			X		X	
Fasting glucose or A1C	X			X		X	
Fasting Lipids	X			X		X	

More frequent assessments should be conducted for those who have gained more than 5% of their body weight

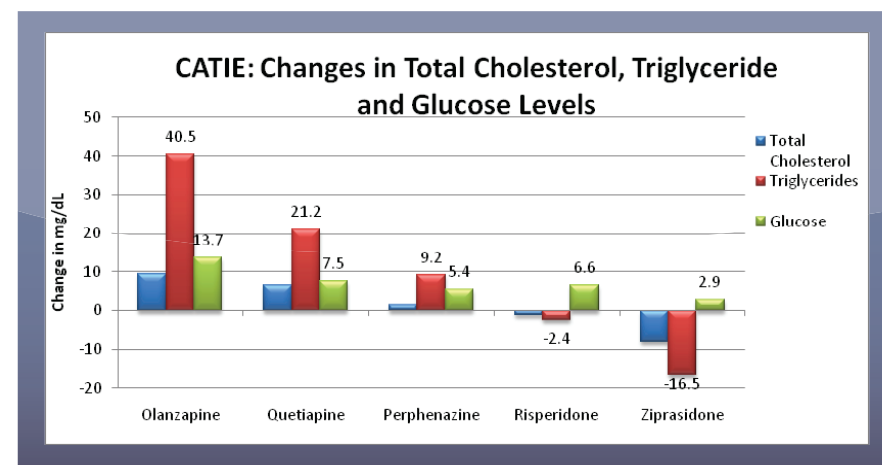


Figure 2. Changes in total cholesterol, triglycerides, and glucose during the CATIE Trial.¹

Low Dose Antipsychotics Produce Metabolic Side Effects

- **Available evidence suggests that low dose SGA, like quetiapine, can produce significant weight gain** (Figure 3).^{11,12}
- **Consider alternative medications with more favorable side effect profiles for indications without a strong evidence base.**

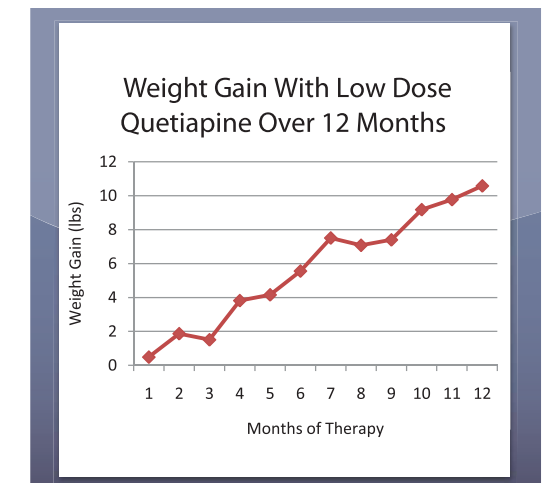


Figure 3. Weight gain associated with low dose (<100mg) quetiapine. (n=534, weight gain significant at 6 months, p<0.001)¹²

Metabolic Abnormalities are Partially Reversible

- **Switching from one antipsychotic to another may provide partial, but incomplete reversal of metabolic side effects.**¹
- Prospective studies have failed to demonstrate full reversal of weight gain after switching from high weight gain SGA to low weight gain SGA.^{13,14}
- The National Institute for Mental Health completed the Comparison of Antipsychotics for Metabolic Problems (CAMP) trial, but results are still pending.^{15,16}
- **SGAs with the highest incidence of weight gain and metabolic dysregulation (e.g. olanzapine, clozapine) should be reversed for treatment resistant patients.**

Monitoring and Management of Metabolic Abnormalities

- Effective management requires patient involvement, as well as support from primary care, psychiatry and pharmacy services.
- Print and online tools like the metabolic dashboard are available for use in your practice.
- **Consider referrals to supporting services for assistance monitoring and managing metabolic parameters:**

- Primary care
- Pharmacy specialty clinics
- MOVE!
- Nutrition

Parameter	% Monitored	Monitored Target
Blood Pressure <130/85	93%	95%
Blood Sugar <100 or A1c<5.7	93%	91%
Body Mass Index <30	93%	94%
HDL Cholesterol <40 (M) or <50 (F)	87%	82%
Triglycerides <150	87%	82%