

METABOLIC MONITORING TOOL* (1st Year)

Please complete whenever a client begins a first trial of an antipsychotic or when switching antipsychotics

Client Name (last, first)	DOB (dd/mm/yyyy)	PARIS ID:	PHN:
Atypical:	Start Date (d/m/y):	Stop Date (d/m/y):	
Atypical:	Start Date (d/m/y):	Stop Date (d/m/y):	
Atypical:	Start Date (d/m/y):	Stop Date (d/m/y):	
Risks: <input type="checkbox"/> smoking <input type="checkbox"/> increased lipids <input type="checkbox"/> obesity <input type="checkbox"/> high blood pressure <input type="checkbox"/> physical inactivity <input type="checkbox"/> history of gestational diabetes <input type="checkbox"/> male <input type="checkbox"/> Aboriginal, Hispanic, Asian, African or South Asian descent <input type="checkbox"/> history diabetes <input type="checkbox"/> cardiovascular disease <input type="checkbox"/> family history of diabetes or cardiovascular disease <input type="checkbox"/> schizophrenia or mood Disorder <input type="checkbox"/> Other (list) _____			
Comments:			

Metabolic Parameters

Parameter (Normal Values)	True Pre-treatment Baseline*	Current Baseline	1 month	2 month	3 month	6 month	9 month	12 month
Test Date (dd/mm/yyyy): →								
Height (cm):	---							
Weight (kg):	---							
Waist Circumference: <small>(At the level of the umbilicus)</small>	<small>(See ethnic specific values on reverse)</small>							
Blood Pressure:	< 130/85							
Fasting Plasma Glucose:	< 5.6 mmol/L							
Fasting Total Cholesterol:	< 5.2 mmol/L							
Fasting LDL-C:	< 3.4 mmol/L							
Fasting HDL-C:	M: > 1.0 mmol/L F: > 1.3 mmol/L							
Total Cholesterol/ HDL-C Ratio:	< 5.0							
Fasting Triglycerides:	< 1.7 mmol/L							
Other _____: <small>(eg. HgbA1C, OGTT etc.)</small>								
Physician Initials: →								

Interventions: (continue checking as conducted throughout the year)	<input type="checkbox"/> Discuss metabolic risks <input type="checkbox"/> Discuss signs and symptoms of diabetes <input type="checkbox"/> Discuss signs and symptoms of DKA <input type="checkbox"/> Discuss smoking cessation <input type="checkbox"/> Other _____	<input type="checkbox"/> Discuss diet <input type="checkbox"/> Refer to dietician <input type="checkbox"/> Discuss physical activity <input type="checkbox"/> Refer to rehab/groups for lifestyle management	<input type="checkbox"/> Risk/benefit assessment <input type="checkbox"/> Switch antipsychotic medication <input type="checkbox"/> Liaise with GP re: abnormal lab. <input type="checkbox"/> Refer to specialized services (via GP) e.g. lipid clinic, diabetes clinic
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Comments:

* See **Guidelines For Metabolic Monitoring**

WAIST CIRCUMFERENCE: Ethnic Specific Values

Central obesity is most easily measured by waist circumference using the guidelines in the following table which are gender and ethnic-group (not country of residence) specific. The consensus group acknowledges that there are pragmatic cut-points taken from various different data sources and that better data will be needed to link these to risk.

Ethnic Group		Waist Circumference *
Europids <i>In USA, the ATP III values (102 cm male; 88 cm female) are likely to continue to be used for clinical purposes</i>	Male	≥ 94 cm
	Female	≥ 80 cm
South Asians <i>Based on a Chinese, Malay and Asian-Indian population</i>	Male	≥ 90 cm
	Female	≥ 80 cm
Chinese	Male	≥ 90 cm
	Female	≥ 80 cm
Japanese	Male	≥ 85 cm
	Female	≥ 90 cm
Ethnic South and Central Americans	Use South Asian recommendations until more specific data are available	
Sub-Saharan Africans	Use European data until more specific data are available	
Eastern Mediterranean and Middle East (Arab) populations	Use European data until more specific data are available	

** In future epidemiological studies of populations of Europid origin, prevalence should be given using both European and North American cut-points to allow better comparisons.*

Although a higher cut-point is currently used for all ethnic groups in the USA for clinical diagnosis, it is strongly recommended that for epidemiological studies and, wherever possible, for case detection, ethnic group specific cut-points should be used for people of the same ethnic group wherever they are found. Thus the criteria recommended for Japan would also be used in expatriate Japanese communities, as would those for South Asian males and females regardless of place and country of residence.

Note: For Indigenous ethnic group, they will follow the same cut-points as South Asians.