Sentara® Health Plans

BEHAVIORAL HEALTH GUIDELINE

Guidelines for Monitoring Metabolic Syndrome for Adult and Pediatric Patients treated with Atypical Antipsychotics

Guideline History

Date Approved	07/07
Date Revised	07/09, 07/11, 09/22, 09/26
Date Reviewed	04/07, 07/13, 07/15,07/17, 07/19,09/22, 9/24, 09/26
Next Review Date	09/28

These Guidelines are promulgated by Sentara Healthcare (SHC) as recommendations for the clinical management of specific conditions. Clinical data in a particular case may necessitate or permit deviation from these Guidelines. The SHC Guidelines are institutionally endorsed recommendations and are not intended as a substitute for clinical judgement.

Key Points

- ✓ Individuals with major mental health illnesses often have concurrent major risk factors for cardiovascular disease. These may include obesity, hypertension, diabetes, hyperlipidemia, hypercortisolemia and cigarette smoking.

- ✓ The association between atypical antipsychotics and adverse metabolic
- ✓ effects is well established. Therefore, baseline and periodic monitoring is advised for both adults and pediatric patients. Patients and/or their parents/guardians should be advised of this risk and the need for ongoing monitoring.

- ✓ A baseline personal and family history of cardiovascular disease, vital signs including BMI & waist circumference, EKG, Hgb AIC, BMP and Lipid profile should be obtained. Therefore, baseline and periodic monitoring is advised for both adults and pediatric patients. Patients and/or their parents/guardians should be advised of this risk and the need for ongoing monitoring.

- ✓ Please see Table 2 for recommended monitoring intervals.

- ✓ Supportive counseling and coordination with their Primary Care Team, Nutritionists, Physical Therapists, etc. may be needed. See also Clinical Guidelines of the care of Diabetes, Lipid Management on https://www.sentarahealthplans.com/

	RECEPTOR BINDING PROFILE																					RISK		
	D_1	D_2	D_3	D_4	H_1	H_2	H_3	5-HT_{1A}	5-HT_{1B}	5-HT_{2A}	5-HT_{2B}	5-HT_{2C}	5-HT_6	5-HT_7	M_1	M_3	α_1	α_{2A}	α_{2B}	α_{2C}	Transporter	Weight Gain	Glucose Abn	Lipid Abn
Olanzapine	++	++	++	++	+++	++	+		+	+++	++	++	+++	++	++	++	++	+	++	++		++++	++	++
Zotepine	++	+++	+++	+	+++	+		+	++	+++		+++	+++	++	+	+	+++	+	+++	++	SERT, NET	+++/++++	(LD)	(LD)
Clozapine	+	+	+	++	+++	+		+	+	++	+++	++	++	++	+++	++	+++	++	++	++		+++/++++	++	++
Chlorpromazine	++	+++	+++	+++	+++	+	+			+++	+++	++	+++	+++	++	++	+++	+	++	++		+++/++++	+/++	+/++
Sertindole		+++	+++	+++	+			+	++	++++		+++		++			+++	+	+	+		+++/++++	+/++	+/++
Iloperidone	+	+++	+++	++	+			++	++	+++		++	+	+			+++	+	+	++		+++/++++	+/++	+/++
Risperidone	+	+++	+++	+++	+++	+		+	++	++++	++	++		+++			+++	++	++	+++		+++	+/++	+/++
(Nor)quetiapine	+	+	+		+++			++		++		+	+	++	+	+	++	+	+	++	NET	+++	+/++	++
Paliperidone	+	+++	+++	+++	++	+		+	++	+++		++	+	+++			+++	+++	+++	+++		+++	+/++	+/++
Asenapine	+++	+++	++++	+++	+++	+++		+++	+++	++++	++++	++++	++++	++++			+++	+++	++++	+++		++	+	+
Amisulpride		+++	+++	+++							++			++								++	+	++(LD)
Aripiprazole		+++	+++	+	++			+++	+	++	++++	++	+	++			++	++	++	++	SERT	++	+	+
Brexpiprazole	+	++++	+++	+++	++			++++	++	++++	+++	+	++	+++			+++	++	++	++++	SERT, NET	+(LD)	+(LD)	+(LD)
Cariprazine		++++	++++		++			+++		++	++++	+		+			+					+(LD)	+(LD)	+(LD)
Haloperidol	+	+++	+++	+++		+			+	+				+			++	+	+	+		+	+	+
Lurasidone	+	+++						+++		+++		+		++++			++	++		+++		+	+	+
Ziprasidone	+	+++	+++	++	++			+++	+++	++++	++	++++	++	+++			++	+	++	++	SERT, NET	+	+	+

A. Receptor-binding profile. Antagonism and inverse agonism are indicated by blue color whereas partial agonism by yellow. The number of crosses and color intensity are correlated to binding affinity. Quetiapine is demonstrated along

Table 2

Recommended monitoring for a patient taking an atypical antipsychotic

Parameter	Baseline	1 Mo	2 Mo	3 Mo	6 Mo	Annually
Body Mass Index	X	X	X	X	X	X
Waist Circumference	X	X	X	X	X	X
HbA	X			X		X
Fasting plasma glucose	X			X		X
Fasting lipid panel	X			X		X

Encourage patients to monitor their weight in addition to being weighed at the clinic.

Unless patient develops diabetes mellitus, in which case American Diabetes Association guidelines for managing diabetes are recommended. SOURCE: References 2,10

Kathryn Zeier, PharmD, Robert Connell, PharmD, BCPS, William Resch, DO, FAPA, and Christopher J. Thomas, PharmD, BCPS, BCPP, CGP https://cdn.mdedge.com/files/s3fs-public/Document/ September-2017/051_0913CP_SavvyPsych_FINAL.pdf

Antipsychotic Drugs: From Receptor-binding Profiles to Metabolic Side Effects. Spyridon Siafis,a Dimitrios Tzachanis,a,b Myrto Samara,c and Georgios Papazisisa. Current Neuropharmacol. 2018 Oct; 16(8): 1210–1223. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6187748/

While the foundational timeline for standard physical and metabolic monitoring (tracking BMI, blood glucose, and lipid profiles) remains unchanged, notable shifts in monitoring thresholds, insurance metrics, and administrative programs have taken effect.

1. **Overhauled Weight-Gain Monitoring Thresholds (Adults)**
   Lower Bar for Action: Major schizophrenia practice guidelines lowered the threshold defining clinically significant weight gain from a 7% body weight increase down to 3%.
   Early Intervention: Crossing this 3% threshold now triggers an immediate mandate for early intervention (such as a strong recommendation for prescribing metformin or lifestyle adjustments) rather than waiting for higher weight gains to manifest.
2. **Streamlined Clozapine Monitoring (Adults)**
   Elimination of the FDA REMS Submission: As of June 2025 the FDA officially eliminated the strict requirement for prescribers to submit Absolute Neutrophil Count (ANC) results to the Clozapine Risk Evaluation and Mitigation Strategy (REMS) program.
   New 2-Year Cease-Monitoring Standard: International consensus guidelines now support dropping frequent ANC monitoring entirely after 2 years of treatment stability (recommending only an annual complete blood count thereafter).
   Expanded Clozapine Safety Flags: Guidelines added rigorous protocols to monitor for clozapine-associated myocarditis (using a combined marker of C-Reactive Protein >100 mg/L and troponin >2x upper limit) during the first 4 weeks, alongside new monitoring parameters for clozapine-induced pneumonia and bowel obstructions.
3. **Heightened Metabolic Lab Mandates & Quality Audits (Pediatric & Young Adult)**
   Combined Glucose and Lipid Enforcement: Quality assurance groups (including HEDIS) and regional healthcare entities have integrated strict Electronic Health Record (EHR) "Best Practice Alerts". This is in response to data showing that clinicians often mistakenly order a Comprehensive Metabolic Panel (CMP) assuming it covers metabolic screening, whereas a CMP lacks the required lipid panel. Guidelines reiterate that fasting glucose/HbA1c AND lipids must be explicitly run together annually.
   Federal Medicaid Monitoring Expansion: Legislative and policy updates have expanded federal mandates requiring state Medicaid programs to aggressively monitor and track atypical antipsychotic side effects in pediatric patients. This is

part of a broader push targeting safety in high-risk groups, including foster care youth.

4. **Regulatory Tracking in Long-Term Care (Adults)**
   CMS Quality Measure Updates: Effective January 1, 2026, the Centers for Medicare & Medicaid Services (CMS) updated the methodology for the Long-Stay Antipsychotic Quality Measure. CMS now cross-references electronic medical records with actual claims data to catch and audit instances where providers try to "overreport" or falsely claim exclusions (such as diagnosing a patient with schizophrenia without evidence to bypass antipsychotic reduction mandates)

References:

Center for Evidence-Based Policy
Partners for Kids
Frontiers In Psychiatry
Use of Atypical Antipsychotics in Pediatric Populations Journal of Pediatric Health Care Huer et al May-June 2026
Open Evidence