

# Physical Health Monitoring for Psychotropic Medication (not High Dose)



This guidance has been developed using BNF and summary of product characteristics for essential monitoring for psychotropic medication in Adult Mental Health. Annual health check is recommended.

Medication	Frequency	BMI/weight	TFTs	U&Es/ eGFR	ECG	Li levels	FBC	HbA <sub>1c</sub> Glucose	LFTs	BP	Lipids
Lithium*	Initiation/dose change		√	√	B	weekly until stable					
	3 monthly					√ for 1 <sup>st</sup> year or risk					
	6 monthly		√	√	B	√ after 1 <sup>st</sup> year					
	annually										
Valproate	initiation						C		A		
	annually										
Lamotrigine	Initiation – skin reaction advice						C				
Venlafaxine	initiation									√	
	post dose increase									√	
	6 monthly									√	
Citalopram	initiation				B						
Escitalopram	initiation				B						
Tricyclics	initiation			D	X						
Antipsychotics (for the most recent info check SPC for the specific drug)	initiation	√		√	B		√	√	√	√	√
	post dose increase									√	
	After 1 month	√						olanzapine			
	3 months	√									√
	6 months	olanzapine						√			olanzapine
	9 months	olanzapine									olanzapine
	annually	√		√	B		√	√	√		√

**A = before therapy and during first six months**

**B = only if suspected or existing cardiac problem**

**C = recognise signs of blood disorders (anaemia/bruising - info for patients). Check before surgery**

**D = to rule out hypokalaemia if using clomipramine**

**X = avoid if pre-existing cardiac disease as can be harmful even at clinical doses**

**Clozapine - see separate guidance (sign post to...)**

**HDAT (High Dose Antipsychotic Therapy) = majority monitoring in secondary care. See separate guidance...**

### Risk Groups with Lithium Therapy\*

- Older people
- Concurrent interacting drugs (NSAIDs, ACEIs, diuretics)
- At risk of renal or thyroid dysfunction, increasing Ca etc.
- Significant disease or change in fluid/food intake
- Poor adherence or symptom control