

Introduction

Quality Concerns in Psychotropic Prescribing: Reducing the Use of Antipsychotics with High or Moderate Risk of Metabolic Side Effects in Individuals with Cardiometabolic Risk Factors

Source: https://www.omh.ny.gov/omhweb/psyckes_medicaid/quality_concerns/reference_guide/cardiometabolic.pdf

Recommendations for Reducing Cardiometabolic Risk

1. Consumers with cardiometabolic conditions who are currently receiving high or moderate risk antipsychotic medications should be engaged by their prescribers in a conversation about the cardiometabolic risks associated with their regimen, and the benefits of making a change. A switch to a medication posing a lower risk for cardiometabolic complications should be considered if clinically appropriate.

2. Consumers with preexisting cardiometabolic risks should be started initially on low risk medications

3. Alternate non-antipsychotic treatments should be considered for children and adolescents with cardiometabolic risk. If an antipsychotic medication is indicated, a low risk medication is the first-line choice. Emphasize to the clinical staff the importance of asking consumers about both their medical and family history of cardiometabolic disease at intake.

4. Psychoeducation in varied formats should be available to all consumers. Brochures, scientific summaries, information sessions, and ongoing medication education groups can be helpful in providing information helpful to consumers and promote dialogue with prescribers.

5. Cross tapers are recommended when switching medications. To decrease the risk of relapse, the new antipsychotic drug should be started first and titrated to a therapeutic

Revised 6/29/2011 7dose (if tolerated) before beginning the taper of the first medication. Medication changes are tolerated best by consumers when the changes start low and go slow. A common clinical practice is to change a medication by no more than 1/3 of the current dose, no more frequently than every 2-3 weeks.

****6. Consumers and families will benefit**** from supportive services from the clinic during periods of medication change. These services may include frequent check-in calls with the clinic nurse, increased appointment frequency with the prescriber and therapist, medication groups with other consumers, and psychoeducation about side effects or symptoms likely to be experienced. Specific interventions for management of common difficulties including sleep problems, anxiety, and other changes in wellbeing may be developed by the clinical staff to provide clients with tools to use during the change.. **7. Rating scales filled out by the client** can be very helpful during medication changes. Rating scales can educate consumers in understanding and observing symptom constellations over time; and provide clinicians with accurate longitudinal information about the effect of medication change or discontinuation on symptoms and function.

8. Clinics should develop processes to liaise with primary care providers, including facilitation of appointment scheduling for clients who have not had regular medical consultation.



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