

Psychiatric Consultation to Primary Care

A behavioral health integration partnership program of Vista Hill, funded by San Diego County Department of Behavioral Health Services Call PC2 at (858) 880-6405 or email us at pc2@vistahill.org



E-Weekly
December 10, 2015

Important Monitoring Guidelines for Psychotropic Medications

Medication	Lab/Measurement	Frequency
Antipsychotics		
All atypical and typical antipsychotics, especially olanzapine and clozapine	Weight, BMI	Baseline, monthly for first 3 months, then quarterly; after dose changes
	Fasting glucose, lipid profile, HgbA1c, blood pressure, waist circumference	Baseline, at 12 weeks, then yearly if stable
Particularly high potency typical antipsychotics	AIMS (Abnormal Involuntary Movement Scale) to assess for EPS	Observe for involuntary movements routinely; Assess formally Yearly
Clozapine	CBC	Weekly for 6 months, then biweekly
Mood Stabilizers		
Lithium	Thyroid function, renal function, CBC, weight, serum level, EKG in older patients	Baseline, quarterly; after dose changes; monitor serum levels more frequently at first. Monitor for tremor, cognition
Valproic Acid	Liver function, CBC, weight, serum level, observe for cognitive changes. Not recommended for girls/teens	Baseline, after one month, then quarterly; after dose changes; monitor serum levels more frequently at first
Carbamazepine	Liver function, CBC, electrolytes, EKG in older patients, serum levels	Baseline, at 1 month then quarterly; check CBC if signs of bleeding abnormality; check serum levels more frequently at first
Oxcarbamazepine	Sodium (hyponatremia)-> confusion	No need to monitor sodium level but check if clinical symptoms are present
Gabapentin	Kidney function	Baseline, yearly
Lamotrigine	Kidney and liver function	Baseline. Monitor for rash
Topiramate	Kidney and liver function	Baseline
Antidepressants		
SSRIs	gradual weight gain in some patients	Quarterly / Annually
SNRIs	Blood pressure	Quarterly
Wellbutrin	n/a	n/a
Remeron	Weight, blood pressure	Baseline, then quarterly
Trazodone	Monitor blood pressure at higher doses	Quarterly
Tricyclic Antidepressants	EKG, serum levels if at higher doses	Consider at baseline, dose increases
Alpha agonists		
Clonidine, guanfacine	Blood pressure, hypotensive sxs	Quarterly and with dose changes
Stimulants		
Methylphenidate, dextroamphetamine, lisdexamfetamine	Weight (appetite), blood pressure, HR and rhythm check	At one month, then quarterly EKG if + fam hx or indiv hx of cardiac abnormalities