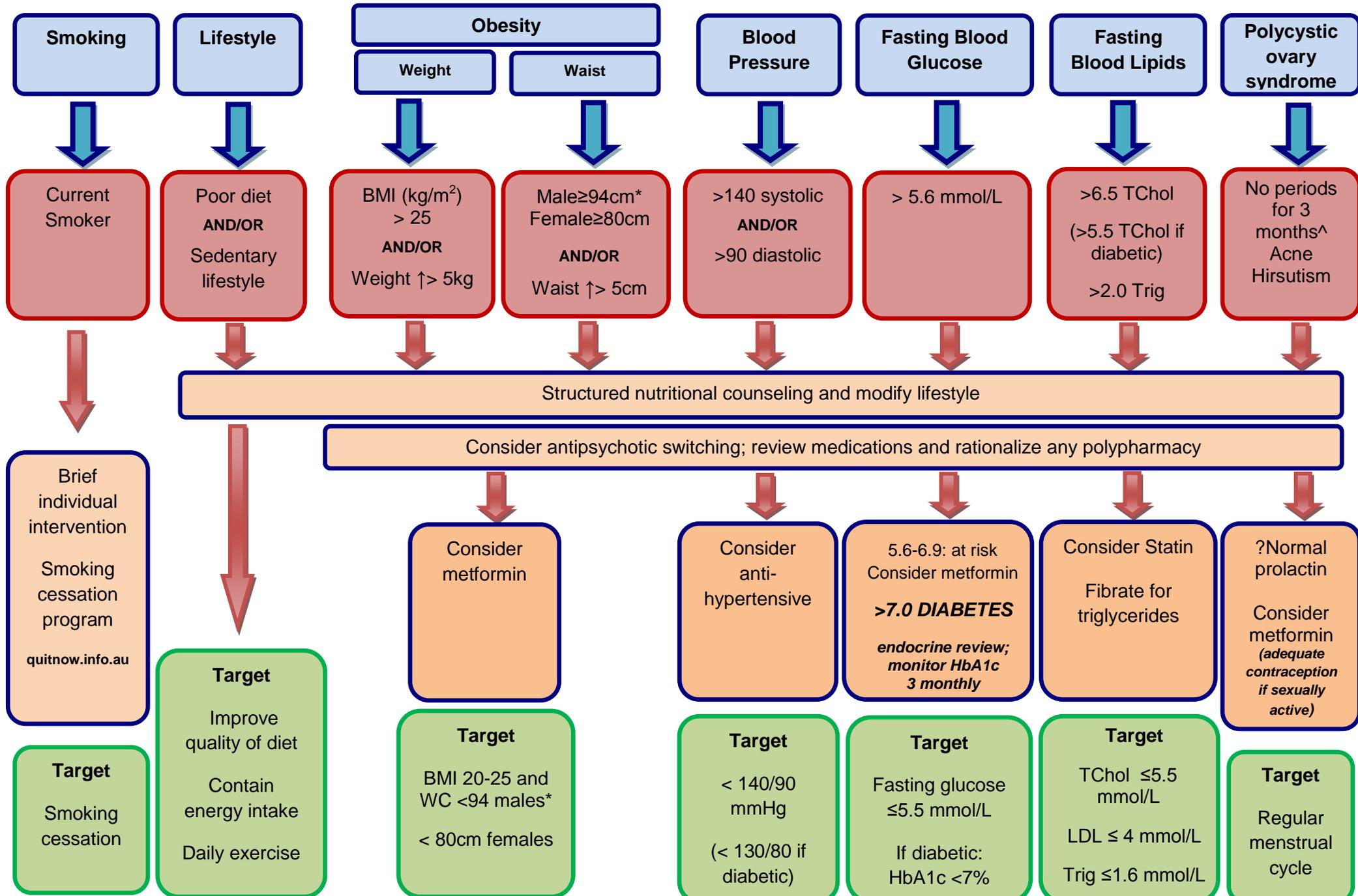


Positive Cardiometabolic Health :

an early intervention framework for patients on psychotropic medication



* for south Asians, Chinese, south and central American and Japanese individuals, recommend WC target < 90cm

^ for premenopausal women

History: smoking, exercise, diet, FHx (diabetes, obesity, CVD), gestational diabetes, ethnicity, Polycystic ovary syndrome

Then at least 3 monthly

Examination: weight, BMI, waist circumference, BP

Investigations: Fasting blood glucose and lipids: total cholesterol (TChol); LDL, HDL, triglycerides (Trig);

Vitamin D (twice per year).

Interventions:

Nutritional counseling: reduce take away and junk food, reduce energy intake to prevent weight gain, stop soft drinks and juices, increase fibre intake.

Physical activity: structured education-lifestyle intervention. Advise daily physical activity: eg 30 minutes of walking.

If unsuccessful after 3 months in reaching targets, then consider switching and medication interventions below

Switching: Consider switching to a more weight neutral medication. Review diagnosis and ensure ongoing need for all psychotropic medications.

Don't just SCREEN →

INTERVENE

**for all patients in the
"red zone"**

Screen cardiometabolic risk factors using screening tool (eg Waterreus, et al 2009, Curtis et al 2009 SESLHD); examine and investigate 3 monthly on all clients on psychotropic medications.

NB additional considerations for those on mood stabilizers & clozapine not included here and need to be performed (eg medication plasma levels, TFT's UEC's, ECHO, etc)

Always involve general practitioner, and, where appropriate and possible refer to specialist (eg dietitian/ physician/ diabetic clinic/ exercise physiologist).

NB: Some drugs used in metabolic disease treatment are contraindicated in pregnancy (eg some antihypertensives and lipid lowering drugs). If your patient on any metabolic medications is considering pregnancy, please discuss with their GP

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Specific Pharmacological Interventions:

Consider metformin if:

- impaired glucose
- PCOS
- obesity or rapid weight gain

Metformin therapy: start at 500mg x ½ tablet before breakfast and dinner for two weeks then increase to 500mg bd. Dose can be increased to a maximum of 3 grams daily, though as this is off label treatment, no adverse effects should be tolerated. If side-effects of nausea, abdominal cramping, shift to after meal.

Lipid lowering therapy: (use PBS guidelines)

Statin initiation doses for cholesterol lowering:

simvastatin 10 mg nocte	atorvastatin 10mg nocte
pravastatin 10mg nocte	rosuvastatin 10 mg nocte

Fibrate therapy for triglyceride lowering:

gemfibrozil 600 mg bd	fenofibrate 145 mg mane
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Anti hypertensive therapy: Multiple agents are available. Liaise with the GP who can monitor.

Vitamin D:

- <50 nmol/L: replenish stores: cholecalciferol 4,000 IU per day for one month;
- maintenance: 1,000 IU daily. Target >80nmol/L.

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