

**City of Philadelphia**  
**Department of Behavioral Health  
and Mental Retardation Services**  
**Policy Regarding the Screening for and Treatment of  
the Components of Metabolic Syndrome**

***Bulletin # 07-07***

***November 1, 2007***

**Policy**

All contracted Department of Behavioral Health and Mental Retardation Services provider agencies will establish a policy with accompanying procedures enabling physicians to screen patients being treated with anti-psychotic medications for the components of Metabolic Syndrome and, when necessary, appropriately refer for treatment. This requirement will be effective January 1, 2008.

**Intent of Policy**

To provide the citizens of Philadelphia who are receiving behavioral health services, treatment consistent with best practice standards. This policy will increase the likelihood that people with psychotic disorders will receive appropriate care for the metabolic syndrome through:

- Health and lifestyle education
- Screening
- Monitoring
- Treatment

It is understood this practice standard will necessitate collaboration with the member's source of primary care.

People with psychotic disorders have been noted to have an increased risk for developing obesity, hyperlipidemia and diabetes (components of the metabolic syndrome). This risk is further increased by the use of antipsychotics and increased even more by atypical (second generation) antipsychotics. The atypical antipsychotics have been an extremely important and effective addition to the array of treatments available for treating a population in need. This policy is designed to be consistent with a recovery-based orientation that addresses significant health issues in the treatment planning process.

## GENERAL PROCEDURES OF POLICY

The recommendations of *Consensus Development Conference on Antipsychotic Drugs and Obesity and Diabetes* constitute the guidelines that are to be followed in developing this policy and procedure.

These guidelines recommend that each provider will insure the adoption of both policy and procedures that will address the screening and monitoring of Metabolic Syndrome. Such procedures will, at a minimum, include:

- Criteria for initial and follow-up screening,
- Notification of abnormal results,
- Referral for definitive diagnosis,
- Treatment and coordination between the psychiatrist and the source of primary care.

In addition, criteria and procedures will be established for the regular review of psychotropic regimens of all patients with abnormal results. Such reviews can trigger alteration of dosage or change of medication.

Status review of this policy and practice will occur during regularly scheduled DBH/MRS monitoring visits and chart reviews.

There are several evidence-based strategies to manage screening and monitoring for Metabolic Syndrome. Required under this policy is that contracted providers implement a procedure(s) for which there is demonstrable evidence of effectiveness.

Examples of effective screening protocols include:

[1] Comprehensive recommendations come from:

*Consensus Development Conference on Antipsychotic Drugs and Obesity and Diabetes: American Diabetes Association, American Psychiatric Association, American Association of Clinical Endocrinologists, and North American Association for the Study of Obesity. Diabetes Care, Vol. 27 No. 2, February 2004*

<b>Screening for Metabolic Syndrome Components</b>							
	Baseline	4 weeks	8 weeks	12 weeks	Quarterly	Annually	Every 5 years
Personal Hx	X					X	
Weight/BMI	X	X	X	X	X		
Waist Size	X					X	
Blood Pressure	X			X		X	
Fasting glucose	X			X		X	
Fasting lipid	X			X			X

[2] Tracking waist circumference and weight correlates well with the other measures of the metabolic syndrome:

Moreno, et al *Waist circumference for the screening of the metabolic syndrome in children* Acta Paediatrica Volume 91, Number 12 / 2002 Pages: 1307 - 1312

[3] Another approach is a combination of waist circumference and fasting blood sugar:

Straker et al, *Cost-Effective Screening for the Metabolic Syndrome in Patients Treated With Second-Generation Antipsychotic Medications* Am. J. Psych 2005; 162:1217-1221

The procedures mentioned above are only examples of ways in which screening can be effectively accomplished. It is understood that environmental factors will necessitate different patterns of screening. The basic requirement of this policy is that the screening program developed will be based on demonstrable effectiveness.

*\* The Medical Director of the Philadelphia Department of Behavioral Health and Mental Retardation Services and the Chief Medical Officer of Community Behavioral Health jointly issues this policy.*