



PROVIDER ALERT



Alert # 7 10-12-2011 – HCAL, HCCH, HCYA, HCBK, HCCK, HCER, HCNE, HCNC
UPDATED: January 2012

ATTENTION PROVIDERS:

Assessment and Monitoring of Weight and other Physical Health Indicators

Why monitor weight and other physical indicators?

Many people who have mental health problems also have significant physical health concerns. Significant factors in physical health impairment include exposure to adverse childhood experiences, lifestyle, side effects of treatment interventions e.g. antipsychotics and other medications, and inadequate access to preventive health care. It is important for behavioral health care providers to recognize co-morbid medical problems and common risk factors for physical health disorders, and to provide necessary assessments and referrals.

Second generation antipsychotic (SGA) medications are widely prescribed for a variety of FDA approved indications as well as for off label indications. SGAs have potential benefits as well as significant metabolic side effects. Antipsychotics and in particular SGAs are often a significant focus for both individuals in treatment and clinicians because they are frequently prescribed for behavioral health disorders and they have been noted to cause or exacerbate metabolic disorders. In addition to antipsychotic medications, other causes of weight gain include other psychotropic medications such as many antidepressants, and mood stabilizers, diet, inactivity related to mental health conditions, and exposure to adverse childhood experiences. Morbidity associated with obesity includes cardiovascular disease, diabetes mellitus, and dyslipidemia. Youth who are initially exposed to antipsychotic medication have been found to have rapid and significant weight gain; metabolic changes varied among the antipsychotic medications¹.

What should we measure and how often?

Medical monitoring guidelines for individuals receiving antipsychotic medications have been published by the American Diabetes Association (see attached table 2), the American Psychiatric Association², and the American Academy of Child and Adolescent Psychiatry³. These guidelines include:

¹ Correll CU et al. Cardiometabolic risk of second-generation antipsychotic medications during first time use in children and adolescents. *Journal of American Medical Association* 302(16): 1765-1773, 2009.

² 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.

- Obtaining a personal and family history of obesity, diabetes, dyslipidemia, hypertension, and cardiovascular disease;
- Routine assessment of weight and height (in order to calculate BMI, and identify whether the BMI places the individual in a healthy, overweight, obese or underweight);
- Routine assessment of blood pressure;
- Fasting plasma glucose at initiation of treatment and in periodic follow-up; and
- Fasting lipid profile at initiation of treatment and when otherwise clinically indicated

It is particularly important to engage clients as well as family members in this monitoring process. Providers are encouraged to obtain informed consent for these medications and to support the member's active participation with these monitoring guidelines. Behavioral health providers are also encouraged to take a lead role in fostering collaboration with physical health providers on this very important topic

Due to the wide range of medications and behavioral health disorders associated with weight gain, Community Care requests that all mental health and drug and alcohol facility based, partial hospital and outpatient providers and other services that include physician services, such as CTT teams, **check weight and height to calculate BMI with each new adult, child and adolescent assessment.** If the adult or child is NOT prescribed medications that pose risk of weight gain or increased metabolic abnormalities such as elevated serum glucose, lipid levels, or prolactin levels, please follow the guidelines noted in Table 1. If the child or adult is receiving anti-psychotic medications or other medications that pose risks of these abnormalities, please follow the guidelines noted in Table 2. For all ages these providers should identify whether the BMI places them at a normal weight or not. If you are unsure about whether a medication has a risk of weight gain, information is available at <http://druginfo.nlm.nih.gov/drugportal/drugportal.jsp>

BMI is interpreted differently for children and adolescents as it must be examined in a way that is age and gender specific, referred to BMI for age or BMI percentiles. The Centers for Disease Control (CDC) BMI for age growth charts take into account the amount of body fat that changes with age and that the amount of body fat differences between boys and girls. Online BMI calculators and additional information can be found at: <http://www.cdc.gov/healthyweight/assessing/bmi/>

³ AACAP Practice Parameter on the Use of Psychotropic Medication in Children and Adolescents. Journal of the American Academy of Child and Adolescent Psychiatry 48 (9): 961-973, 2009.

Table 1

Monitoring weights at time of initial assessment and at follow up visits for all individuals in treatment

| | | | |
|--|-----------------------|-----------|----------|
| Adults – record height and measure weight to calculate BMI, ID weight category | At initial Assessment | Quarterly | Annually |
| Youth* – measure height** & weight to calculate BMI, ID weight category | X | | |
| Re-measure of above items for Youth and Adults – normal weight & on no medications that pose risks noted above | | | X |
| Re-measure of above items for Youth and Adults– overweight & on no medications that pose risks noted above | | X | |

* youth BMI is age and gender specific

** Because children are still growing, it is important to re-measure height at the time that weight is being re-measured

Table 2

ADA Consensus Development Conference on Antipsychotic Drugs and Obesity and Diabetes Monitoring protocol for patients on second-generation antipsychotics. More frequent assessments may be warranted based on clinical studies.

| Measure | Baseline | 4 Weeks | 8 Weeks | 12 Weeks | Quarterly | Annually | Every 5 years |
|-------------------------|----------|---------|---------|----------|-----------|----------|---------------|
| Personal/family history | X | | | | | X | |
| Weight (BMI) | X | X | X | X | X | | |
| Waist circumference | X | | | | | X | |
| Blood pressure | X | | | X | | X | |
| Fasting plasma glucose | X | | | X | | X | |
| Fasting lipid profile | X | | | X | | | X |

Mental Health and Drug and Alcohol Providers who do not fall into the above categories (e.g. Behavioral Health Rehabilitation Services (BHRS), Multisystemic Therapy (MST), Family Functional Therapy (FFT), Multidimensional Treatment Foster Care (MDTFC), Family Based Mental Health Services (FBMHS), Psychiatric Rehabilitation, Case Managers, and Peer Specialist providers) are encouraged to educate members and guardians (as appropriate)

about the importance of medication monitoring if the member is receiving medications that pose a risk of weight gain and to encourage them to follow up regularly with the prescriber. Community Care will expect these providers to request this information (height and weight) from the member or guardian at least annually and to encourage the member to be assessed by his or her primary care physician (PCP) or school if such an assessment has not been completed.

We encourage providers to use clinical judgment about the best and most appropriate strategies about tracking weight for individual members. We also ask that providers provide appropriate counseling at these times or, if the provider's services do not include physician services, that he or she document that he or she has encouraged the member or member's family to discuss this item at least annually with the member's PCP.

Providers can also make referrals to the primary care provider or physical health managed care organization (PH MCO) for follow up about elevated BMI, weight or any other indicator when there is a concurrent physical health issue which needs to be addressed. The provider could also decide to recommend, after review with a physician, that the client participate in an exercise routine, weight loss program or another approach which could foster improved physical health for the client and then monitor the progress. Please note that Behavioral Health physicians and nurse practitioners can order indicated laboratory assessments.

Community Care will monitor the success of provider implementation of these recommendations. Community Care expects that each provider will establish a policy that addresses them. Community Care will review the policy as part of its usual quality monitoring processes. Community Care may request, from facility based services partial hospital, and outpatient providers, the height, weight and BMI of the member during the provider authorization process for services. (Information will be requested from drug and alcohol providers to the extent allowed by Regulation 255.5). If the BMI demonstrates excess weight or obesity, the care manager may ask the provider to address the issue directly with the member (e.g. by providing weight management strategies) or through encouraging follow up through the PCP or PH MCO. Community Care may also request BMI information annually from other providers.

We recognize that many providers will need to modify processes (e.g. add weight assessment to office visits) and implement staff training. We are happy to discuss any assistance needed to support these steps for improved physical health for our members. The contents of this alert will be discussed at forthcoming regional provider meetings. Community Care will provide resources on our website as well as training opportunities to support the implementation of this initiative. We appreciate your assistance and partnership as we continue our goal of greater behavioral health and physical health integration.

Thank you.