

6<sup>th</sup> June 2019

### Metabolic 'Screen and Intervene'

#### **Why is metabolic monitoring important for our inpatients?**

Metabolic syndrome comprises the development of dyslipidaemia, hypertension, insulin resistance and obesity. It carries a marked adverse decline in quality of life as well as increasing the risk of developing diabetes or suffering from cardiometabolic events, such as stroke or myocardial infarction. We know that by virtue of socioeconomic status, lifestyles and physical neglect, our patients are generally at a higher risk for developing metabolic syndrome. Compounding this, it is known that many of the medications we prescribe carry a tendency to induce metabolic syndrome. On a positive note, when metabolic irregularities are detected early, there are a range of lifestyle and pharmacological interventions available to prevent or even reverse the condition. As such, the importance of appropriately screening for metabolic parameters in our patients is paramount.

#### **What do our guidelines prescribe?**

RANZCP, NSW Health and HETI guidelines state that mental health professionals have a responsibility to ensure that metabolic monitoring is undertaken on all patients admitted to a mental health facility or at 3-6 monthly intervals, or at any change of psychotropic medication. Similarly, it is imperative that communication occurs with primary care physicians and community health teams about the patient's baseline metabolic data, the ongoing requirement for metabolic monitoring and importance of timely intervention.

#### **What do we currently achieve in [REDACTED] inpatient units?**

A two-month audit that included 106 high risk patients across [REDACTED] inpatient units in 2019 demonstrated that both the current metabolic screening completion rates and frequency of communicating these results in discharge summaries was below the expected standards. See Table 1. Only 21% of discharge (D/C) summaries made recommendations regarding ongoing metabolic monitoring or interventions.

**Table 1 – Audit Results**

Parameter	% Completed	% of results in DC Summary
BMI	83	0
Waist Circumference	37	0
Blood Pressure	99	1
Fasting Glucose or HbA1c	22	65
Fasting Lipids	21	41

#### **What should we achieve for all [REDACTED] inpatients?**

What	When	Comment
Physical Examination	On admission and then weekly	BP, Waist Circumference, BMI
Fasting Metabolic Blood work	On admission and then every 3-6 months, or more frequently when high risk medication dictates	Fasting Lipids; HbA1c and/or fasting glucose
Lifestyle Intervention	When metabolic risks are identified from screening and when patients are agreeable	Social Work and OT can assist with referral to 'Get Healthy' government initiative
Pharmacological Intervention	When lifestyle interventions have failed or when significant metabolic derangements are identified.	Antipsychotic switching if appropriate and with consultant input. Consider statins, antihypertensives, diabetic medication with endocrine input if warranted.
Discharge Summary	On Discharge	Include all relevant blood work and physical parameters. Communicate recommendations for ongoing metabolic monitoring and interventions.