Psychosis and schizophrenia:

What monitoring is required?

Last revised in September 2021

- **When antipsychotics are initiated, baseline measurements should be taken in secondary care. People with a psychotic disorder will remain under the responsibility of the secondary care team for the first 12 months, or until their condition has stabilized (whichever is longer).**
- **Regular monitoring may subsequently be done in primary care on specialist advice or depending on the person's care plan.** This may include:
  - Bodyweight, or body mass index (BMI) — weekly for the first 6 weeks, then at 3 months. Thereafter every 12 months, or more often if the person is gaining weight rapidly.
  - Serum electrolytes and urea including creatinine and estimated glomerular filtration rate — every 12 months.
  - Full blood count — every 12 months.
  - Blood lipids — 3 months after starting treatment, then every 12 months.
  - Plasma glucose or HbA1c — 3 months after starting treatment, then every 12 months. Additionally for clozapine and olanzapine repeat after the first month of treatment. Ask about symptoms of hyperglycaemia (such as polydipsia, polyuria, and increased appetite).
    - In some cases both plasma glucose and HbA1c may be monitored.
  - Pulse and blood pressure — during dose titration and at each dose change.
    - Not required for amisulpride, aripiprazole, trifluoperazine, and sulpiride.
  - Electrocardiography (ECG) — after dose changes. Ideally, also annually.
    - Mandatory for haloperidol, pimozide, and sertindole; not required for antipsychotics with no effect, or a low-to-moderate effect on the QT interval and where there are no other risk factors for arrhythmia.
  - Prolactin — 6 months after starting treatment, then every 12 months. Also ask about symptoms of raised prolactin (these include low libido, sexual dysfunction, menstrual abnormalities, gynaecomastia, and galactorrhoea).
    - Not required for aripiprazole, clozapine, quetiapine, or olanzapine (less than 20 mg daily).
  - Liver function tests – every 12 months.
  - Creatinine kinase if neuroleptic malignant syndrome (/topics/psychosis-schizophrenia/prescribing-information/adverse-effects/) is suspected.
  - Monitoring for the emergence of movement disorders.

- **Tests which need to be done every 12 months may be carried out at the annual physical review.**
- **Clozapine**
  - People taking clozapine are managed exclusively in secondary care. Clozapine can cause neutropenia or agranulocytosis, and frequent monitoring of the full blood count is required. This is carried out by the clozapine monitoring service.
  - Clozapine has been associated with varying degrees of impairment of intestinal peristalsis, ranging from constipation, which is very common, to very rare intestinal obstruction, faecal impaction, and paralytic ileus. People taking clozapine and their carers should be advised to seek immediate medical advice before taking the next dose of clozapine if constipation develops.
  - Note: following fatal cases involving toxicity of clozapine and other antipsychotic medicines, the MHRA advises that monitoring blood concentration of amisulpride, aripiprazole, clozapine, olanzapine, quetiapine, risperidone, and sulpiride may be helpful in certain circumstances, such as patients presenting symptoms suggestive of toxicity, or when concomitant medicines may interact to increase blood concentration of these medicines.

[NICE, 2014 (/topics/psychosis-schizophrenia/references/); Joint Formulary Committee, 2020 (/topics/psychosis-schizophrenia/references/)]