Antipsychotics — Monitoring & Side Effects

Cardiometabolic monitoring is the GP's core share-care role

CLINICAL PATHWAY

People with schizophrenia die 15–20 years earlier than the general population, mostly from cardiovascular disease. Metabolic monitoring is the GP's most important share-care contribution — co-commence metformin with olanzapine or clozapine.

METABOLIC MONITORING SCHEDULE

- **Baseline:** weight, BP and waist circumference; fasting glucose, HbA1c and lipids; ECG; prolactin if risperidone
- **Week 4:** weight and BP; fasting glucose; side-effect review
- **Week 12:** full metabolic panel (weight, BP, glucose, HbA1c, lipids); repeat ECG if the dose has changed
- **6-monthly:** weight, BP and waist circumference; glucose, HbA1c and lipids; mental health review
- **Annually:** full physical assessment and metabolic panel, plus cervical screening, dental review, vaccinations and smoking status

EMERGING: GLP-1 FOR METABOLIC RISK

GLP-1 receptor agonists are increasingly used adjunctively for antipsychotic-associated weight gain, per the 2025 INTEGRATE schizophrenia pharmacotherapy algorithm (Lancet Psychiatry). Evidence is still emerging and PBS access for this indication is limited — discuss eligibility with the treating psychiatrist if metabolic risk persists despite lifestyle measures and metformin.

CRITICAL SIDE EFFECTS

- **Neuroleptic malignant syndrome:** fever, rigidity, autonomic instability, raised CK → EMERGENCY, send to ED
- **Acute dystonia:** sudden muscle spasms (jaw, eyes, neck) — give IM benztropine 1–2mg
- **Akathisia:** inner restlessness, often misread as agitation — reduce the dose or consider propranolol
- **Tardive dyskinesia:** late-onset involuntary movements, often irreversible — refer to psychiatry
- **Clozapine agranulocytosis:** sore throat or fever → urgent FBC; cease if neutropenia
- **QT prolongation:** especially with ziprasidone or IV haloperidol — baseline and interval ECG

CLOZAPINE & LAI SHARE-CARE

- **FBC monitoring (Australian schedule):** weekly for the first 18 weeks, then 4-weekly for the duration of treatment, via the mandatory clozapine patient monitoring registry
- **Other clozapine risks:** myocarditis (mostly in the first month — check local protocol for baseline/interval troponin and CRP), seizures, sialorrhoea, and constipation (can be fatal if it progresses to bowel obstruction)
- **Long-acting injectables:** aripiprazole, paliperidone, risperidone and olanzapine are available as LAIs — improve adherence and reduce relapse; confirm current PBS authority requirements at pbs.gov.au

■ SAFETY

- Suspected NMS is a medical emergency — stop the antipsychotic and arrange immediate ED transfer
- Any sore throat or fever on clozapine needs an urgent FBC — don't wait for the scheduled monitoring date
- Clozapine-associated constipation can progress to bowel obstruction and death — ask about it proactively and treat early

■ RED FLAGS / REFER

- Tardive dyskinesia suspected → refer to psychiatry; often only partially reversible
- Rising HbA1c, weight gain over 7% of baseline, or new dyslipidaemia → co-manage with metformin and lifestyle support, looping in psychiatry
- Considering clozapine after 2 failed trials → psychiatry referral for work-up and registry enrolment

For health-professional use. Framework: RANZCP/ANZJP GRADE Schizophrenia Guideline (2026); clozapine FBC schedule per NIMC/ACSQHC. Companion sheet: MH-04A Psychosis — Recognition & Treatment.