

# APA Guidelines: Metabolic Syndrome Monitoring

Prepared by Clara Slaughter, MS4 • Ross University School of Medicine

## Why This Matters in Psychiatry

Second-generation antipsychotics significantly increase the risk for metabolic syndrome. Early detection and structured monitoring are essential for preventing long-term cardiovascular, endocrine, and metabolic complications in psychiatric patients.

## Core Diagnostic Criteria (≥3 Required)

Indicator	Threshold
Waist circumference	Men >102 cm    Women >88 cm
Triglycerides	≥150 mg/dL or receiving treatment
HDL cholesterol	Men <40 mg/dL    Women <50 mg/dL
Blood pressure	≥130/85 mmHg or on treatment
Fasting glucose	≥100 mg/dL or receiving treatment

## APA Recommended Monitoring Schedule

Baseline	Weight and body mass index, waist circumference, blood pressure, fasting glucose, and fasting lipid panel
4 weeks	Weight and body mass index
8 weeks	Weight and body mass index
12 weeks	Weight and body mass index, blood pressure, fasting glucose, and fasting lipid panel
Quarterly	Weight and body mass index
Annually	Blood pressure, fasting glucose, fasting lipid panel, and a full metabolic assessment

## High-Risk Antipsychotics

- Clozapine (highest risk)
- Olanzapine (highest risk)

## Moderate Risk

- Quetiapine
- Risperidone

- Paliperidone

## Lower Risk

- Aripiprazole
- Ziprasidone
- Lurasidone
- Cariprazine

## Evidence-Based Management Strategies

- Lifestyle counseling: nutrition, physical activity, and sleep optimization
- Switch to a lower-risk antipsychotic when clinically appropriate
- Consider metformin to address antipsychotic-associated weight gain
- Coordinate with primary care for glucose, lipid, and blood pressure follow-up
- Discuss annual cardiovascular risk and long-term metabolic health