

Metabolic Syndrome in Psychiatric Care

What is metabolic syndrome?

A cluster of conditions that raise the risk for cardio disease and type 2 diabetes. Diagnosis is made when **3 out of 5 criteria** are present:

- **Abdominal obesity by waist circumference:**
 - Men ≥ 40 in (102 cm)
 - Women ≥ 35 in (88 cm)
- **Triglycerides: ≥ 150 mg/dL or on treatment**
- **HDL-C:**
 - Men < 40 mg/dL
 - Women < 50 mg/dL
- **Blood pressure: $\geq 130/85$ mmHg or on treatment**
- **Fasting glucose: ≥ 100 mg/dL or on treatment**

Psychiatric Medications Associated with Metabolic Risk

Highest Risk:

Second-Generation Antipsychotics (SGAs)

- Clozapine
- Olanzapine

Moderate Risk:

- Quetiapine, Risperidone, Paliperidone

Lower Risk:

- Aripiprazole, Ziprasidone, Lurasidone, Cariprazine

Mood Stabilizers:

- **Valproate (Divalproex):** weight gain, insulin resistance
- **Lithium:** weight gain, may affect thyroid
- **Carbamazepine:** mild metabolic impact

Antidepressants:

- **Mirtazapine:** notable for weight gain
- **SSRIs/SNRIs:** mild to moderate weight changes
- **TCAs:** higher metabolic and cardiac burden

APA & ADA/APA Consensus Monitoring Guidelines 0-12 Weeks

Baseline (before starting medication):

- Personal/family metabolic history
- Weight/BMI
- Waist circumference
- Blood pressure
- Fasting plasma glucose (or HbA1c)
- Fasting lipid panel

4 Weeks AND 8 Weeks

- Weight/BMI

12 Weeks:

- Weight/BMI
- Blood pressure
- Fasting glucose
- Fasting lipid panel (if not done at 12–16 weeks)

APA & ADA/APA Consensus Monitoring Guidelines

Long Term Care

Quarterly:

- Weight/BMI

Annually:

- Personal/family metabolic history
- Waist circumference
- Blood pressure
- Fasting glucose
- Fasting lipid panel

At Every Visit:

- Assess lifestyle habits, diet, exercise, and medication adherence
- Evaluate new symptoms that may suggest metabolic changes (fatigue, polydipsia, rapid weight gain)