

Secondary care Baseline	Secondary Care weekly for first 6 weeks where possible	Secondary Care at 12 weeks or discharge	Primary Care at 12 months	Primary Care Annually	considerations
Weight, height (BMI) or waist measurement	Weight, height (BMI) or waist measurement	Weight, height (BMI) or waist measurement	Weight, height (BMI) or waist measurement	Weight, height (BMI) or waist measurement	Abnormal result BMI $\geq 25\text{kg/m}^2$ (23 if Asian or Chinese) and/or weight gain $>5\text{kg}$ over 3 month period Lifestyle advice. Consider referral to secondary care for medication review or seek advice. NICE guidelines for obesity www.nice.org.uk/CG43
BP pulse		BP pulse	BP pulse	BP Pulse	Abnormal result $>140\text{mmHg}$ systolic and/or 90mmHg diastolic Lifestyle advice Medication review Follow NICE guidance for hypertension http://publications.nice.org.uk/hypertension-cg127 consider antihypertensive therapy diet: limit salt intake
HbA1c		HbA1c	HbA1c	HbA1c	HbA1c threshold: HbA1c $\geq 42\text{ mmol/mol}$ ($\geq 6\%$) Lifestyle advice Consider referral to secondary mental health care medication review or seek advice Endocrine review NICE guidelines for diabetes www.nice.org.uk/CG87
Lipid screen			Lipid screen	Lipid screen	Total cholesterol $>6.0\text{ mmol/l}$ or High ($>20\%$) risk of CVD Lifestyle advice. Consider referral to secondary care or advice on medication review NICE guidelines for lipid modification www.nice.org.uk/nicemedia/pdf/CG67NICE_guideline.pdf and consider lipid modification for any patient with known diabetes or CVD
Prolactin			Prolactin* (Only repeat if symptomatic- see below)	Prolactin* (only repeat if symptomatic- see below)	Normal 25-629 mIU/L* Mild $<1000\text{ mIU/L}$ Decreased Libido, Infertility Moderate 1000 – 1600 mIU/L Oligomenorrhoea

					Severe > 2120 mIU/L Hypogonadism, Galactorrhoea Amenorrhoea * Homerton university hospital reference range July 2011 Mild/moderate changes may not need action Consider referral to secondary care for dose reduction or switching of medication. Consider seeking endocrine advice.
TFTs			TFTs (If on Quetiapine)	TFTs (If on Quetiapine)	Consider effect of antipsychotic Manage finding appropriately clinically, communicate and/or refer if necessary to appropriate MH and/or other secondary care team
FBC			Hb	Hb	Consider effect of antipsychotic Manage finding appropriately clinically, communicate and/or refer if necessary to appropriate MH and/or other secondary care team
Renal function			eGFR	eGFR	Consider effect of antipsychotic Manage finding appropriately clinically, communicate and/or refer if necessary to appropriate MH and/or other secondary care team
LFTs			LFTs (ALT sufficient)	LFTs (ALT sufficient)	Consider effect of antipsychotic Manage finding appropriately clinically, communicate and/or refer if necessary to appropriate MH and/or other secondary care team
ECG* (Only if indicated- see below)			ECG* (only repeat if indicated- see below)	ECG* (only repeat if indicated- see below)	Abnormal result QTc interval >440 ms Men, >470ms women Refer to secondary care for medication review or seek urgent advice QTc interval >500ms Treatment should be withdrawn, contact secondary care for advice
Assessment of any movement disorders	Regularly throughout treatment Assessment of any movement disorders, or side effects of treatment				Communicate/.refer as appropriate to ELFT/physician
Assessment of nutritional status, diet and level of physical activity	Regularly throughout treatment Overall physical health				
Mental state	Regularly throughout treatment Response to treatment, including changes in symptoms and behaviour				

