



Metabolic Monitoring for Children and Adolescents on Antipsychotics

What?

Metabolic monitoring in children and adolescents receiving antipsychotic therapy is a Healthcare Effectiveness Data and Information Set (HEDIS) quality of care measure. The measure assesses the percentage of children and adolescents from the ages of 1 to 17 years that have had two or more antipsychotic prescriptions and have received metabolic testing during the year.¹

Three rates are reported for this measure:

- Percentage of patients who received blood glucose testing.
- Percentage of patients who received cholesterol testing.
- Percentage of patients who received both blood glucose and cholesterol testing.

The American Academy of Child and Adolescent Psychiatry Practice Parameter recommends monitoring the following at baseline and regular intervals:²

- Body mass index or weight
- Blood pressure
- Fasting blood glucose
- Fasting lipid profile
- A screen for movement disorders

Why?

The prescribing rates of atypical antipsychotics in the pediatric population has been increasing. **Atypical antipsychotics have been associated with metabolic effects including weight gain, type 2 diabetes mellitus, and hyperlipidemia.**³ These members are at an increased risk for developing poor cardiometabolic outcomes in adulthood.¹

How?

Aetna Health plans are here to support providers and ensure pediatric members can safely receive needed medications. Making baseline and regular monitoring for signs of adverse metabolic effects of antipsychotic therapy part of the care plan is key to minimizing long term risks of these medications.

References:

1. Metabolic Monitoring for Children and Adolescents on Antipsychotics. National Committee for Quality Assurance. Updated November 10th, 2021. Accessed November 10th, 2021. <https://www.ncqa.org/hedis/measures/metabolic-monitoring-for-children-and-adolescents-on-antipsychotics/Findling>
2. RL, Drury SS, Jensen PS et al. Practice parameter for the use of atypical antipsychotic medications in children and adolescents. *Acad Psychiatry*. 2012;31(2):119–121.
3. Singhal S, Kloosterman C, Billian J, Bailey T, Soares N. Most Second-Generation Antipsychotic Prescriptions in Community Practice Are Neither FDA-Approved nor Within Prescribing Guideline Recommendations. *J Pediatr Pharmacol Ther*. 2021;26(5):460-466. doi:10.5863/1551-6776-26.5.460