INTRODUCTION
This sheet serves as a quick guide to using the DCFS Metabolic Syndrome Monitoring Form. All children taking atypical antipsychotic medications should be monitored for developing Metabolic Syndrome. Although much is known about adult Metabolic Syndrome, data now confirms children can indeed develop this clinical picture. Both children as well as adults with Metabolic Syndrome are at a significantly greater risk of developing Type 2 Diabetes Mellitus. Metabolic Syndrome in children is defined as a child having any 3 (three) of the 5 (five) features:

1) Body Mass Index: BMI ≥ 85th percentile
2) Blood Pressure: SBP and/or DBP on ≥3 occasions ≥ 95th percentile
3) Fasting Plasma Glucose: ≥ 6.1 mmol/L or ≥ 110mg/dl
4) Cholesterol: Total Cholesterol, LDL, or HDL are abnormal
5) Triglycerides: ≥200

Children on psychotropic drugs, particularly the class of Atypical Antipsychotics, are at a 30-fold greater risk of developing Metabolic Syndrome, and therefore these children should be consistently monitored for this while taking any dose of these medications.

DCFS, HFS, DHS/DMH and UIC have developed this tool, the Pediatric Metabolic Syndrome Monitoring form which will allow clinicians to easily document their efforts in tracking patients who are wards of the State of Illinois and, due to a prescription of the Atypical Antipsychotic class of medications, are at an increased risk of developing Metabolic Syndrome.

3 Per recommendations from National Cholesterol Education program.

ESTABLISH and DOCUMENT PATIENT BASELINE MEASURES

Add appropriate data to EACH BOX
If all baseline data is “normal”, simply fax the completed metabolic monitoring form to the consent unit with the consent request.
If baseline data is not normal, please fax the completed metabolic monitoring form with any abnormal lab reports to the consent unit with the consent request.
Incomplete forms will result in a denial of consent and will prevent patient from being able to fill your prescription.
Fax completed form to DCFS Consent Unit (312-814-7015).

Do Not attempt to email this document

AFTER BASELINE DATA - NEXT STEPS
Continue to fill in appropriate boxes at the intervals listed.
Columns with an asterisk must be completed for consent approval.
Boxes with normal/abnormal outside of asterisked columns can be used to monitor but are not required for consent.

OTHER MANDATORY MONITORING DOCUMENTATION
After Baseline and first year of Interval Monitoring is completed, documented, and faxed to the DCFS Consent Unit, children should be monitored for Metabolic Syndrome at least annually.
After month 12 of prescribing any of the atypical antipsychotic medications for children in DCFS custody, complete all monitoring elements.

MANAGEMENT OF ABNORMAL MONITORING DATA
For each Risk Factor, recommendations are listed on separate sheets for management. Where there are not established guidelines for care, we have listed the most consistent recommendations.
With high BMI and/or excessive weight gain from baseline types of abnormalities, first-line recommendations are generally to put the child on a weight management or diet plan.
In general, an abnormal lipid panel and/or an abnormal fasting blood glucose is an indication to try another more weight neutral atypical antipsychotic medication such as Abilify. If issues persist, consider reducing the dose, cross tapering or immediate discontinuation of the current atypical antipsychotic medication.
Managing physicians always have the option to call Illinois DocAssist (800-986-2778) during business hours 9 AM to 5 PM for additional assistance in managing patients on any psychotropic medication.