

MDS Alert

Drug Monitoring: Be A Private Eye: Use The MDS To Flag Antipsychotic ADRs

Detect conditions that may really be drug-induced.

What do Parkinson's symptoms, diabetes, orthostatic hypotension and prolactinemia all potentially have in common? The answer is key to monitoring for antipsychotic drug adverse reactions.

That's because any one of the conditions listed above can be caused by certain antipsychotic medications. And you can be the first person to connect the dots between diagnoses in Section I and other MDS assessment items to give the prescribing clinician a heads-up.

When looking for new diagnoses that may be caused by antipsychotics, keep in mind that timing is everything. "For example, if the physician diagnoses Parkinson's symptoms or disease, look at the relationship of the onset of symptoms and the medication," suggests **Angela Lobreto, PhD, RN**, a consultant in Benbrook, TX.

Look for gait disturbances or falls four to six weeks after the person starts a neuroleptic, advises **Adam Rosenblatt, MD**, a geropsychiatrist at **Johns Hopkins Medical Center** in Baltimore.

Check Section G to see if the resident's ADL function has worsened. Is he walking less? Look closely at Section G3 (balance test) and G9 (change in ADL status).

Clinical tip: Take a sitting and standing blood pressure on patients for a few weeks after they start an antipsychotic or other psychotropic drug or one known to cause orthostatic hypotension, such as antihypertensives. "This simple intervention can identify residents who may have a change in mental status, dizziness or balance problems caused by drug-induced changes in blood pressure," advises Lobreto.

Watch out for this diagnosis: Some antipsychotic medications can cause gynecomastia and prolactinemia (with galactorrhea or milk production). "Some patients have received imaging studies due to galactorrhea and elevated prolactin levels that are really caused by the medication," Lobreto cautions.

Check Sections K3b and P9

If the patient is taking a second-generation antipsychotic, check Section K3b for weight gain and P9 for abnormal lab values (hyperglycemia).

The atypical antipsychotics (especially Clozaril and Zyprexa) can cause hyperglycemia, weight gain and signs of diabetes - even diabetic ketoacidosis in some patients, according to a consensus statement by a panel of professional organizations, including the **American Psychiatric Association** and **American Diabetes Association** (ADA).

People with bipolar disease or schizophrenia appear to be more at risk for developing SGA-related hyperglycemia or diabetes, according to information presented at the June 2004 **National Association of Directors of Nursing in Long-Term Care Administration** conference in Orlando.

Tip: Pay close attention to patients taking SGAs who begin to gain quite a bit of weight - greater than 7 percent of their baseline weight - within one to two months, if the weight gain puts them over their ideal body weight, advises **Lori Daiello, PharmD**, a consultant in Orlando.

