**Appendix 1 Physical Health and Drug Safety Modified Recommendations**

**NICE 1.1.3.6/Recommendation 4** Routinely monitor weight, and cardiovascular and metabolic indicators of morbidity in people with psychosis and schizophrenia. ~~These should be audited in the annual team report.~~

Reason for modification: Annual team reports are not universally performed in Canadian centres providing to care to individuals with psychosis and schizophrenia.

**SIGN5.2/Recommendation 5** Suggested monitoring schedule for ~~service users taking~~ antipsychotic medication~~s for schizophrenia~~ **safety**

| Test | Baseline | At 1 month | At 3 months | Annually |
|---|---|---|---|---|
| Individual and family history of physical illness | ✓ | | | ✓ |
| Smoking history | ✓ | | ✓ | ✓ |
| Body mass index/weight/waist circumference | ✓ | ✓ | ✓ | ✓ |
| Blood pressure | ✓ | As clinically indicated | ✓ | ✓ |
| HbA1C/fasting glucose | ✓ | As clinically indicated | ✓ | ✓ |
| Random lipids/fasting lipids | ✓ | As clinically indicated | ✓ | ✓ |
| Prolactin | As clinically indicated | | | |
| ~~ECG~~ | ~~As clinically indicated~~ | | | |

Reason for modification: We changed the title of the table. We made a separate recommendation for ECGs, as we felt it was important to add more background information on when and why ECGs should be performed. We did not feel that "as clinically indicated" provided adequate information. We added examination for extrapyramidal symptoms to the monitoring schedule as this is often overlooked.

**NICE 1.5.3.2/Recommendation 7** GPs and other primary healthcare professionals should monitor the physical health of people with psychosis or schizophrenia ~~when responsibility for monitoring is transferred from secondary care, and then~~ at least annually. The health check should be comprehensive, ~~focusing on physical health problems that are common in people with psychosis and schizophrenia.~~ **including a cardiovascular risk assessment.**

Reason for modification: There is no standardized procedure across Canada for transferring the responsibility of monitoring from psychiatrists to family physicians in Canada, so this statement was deleted. We felt the statement "focusing on physical health problems that are common in people with psychosis and schizophrenia" was vague, and felt it was more appropriate to specify that the cardiovascular risk assessment should be performed.

**NICE 1.1.3.2/Recommendation 10** If a person has rapid or excessive weight gain, abnormal lipid levels or problems with blood glucose management, offer interventions in line with relevant ~~NICE guidance (see~~

~~Obesity [NICE clinical guideline 43], Lipid modification [NICE clinical guideline 67] and Preventing type 2 diabetes [NICE public health guidance 38]).~~

Reason for modification: We felt it was more appropriate to recommend Canadian guidelines on these topics since they are available, rather than the NICE guidelines.

**NICE 1.3.6.2/Recommendation 11** Before starting antipsychotic medication, offer the person with psychosis or schizophrenia an electrocardiogram (ECG) if:

- specified in the summary of product characteristics
- a physical examination has identified specific cardiovascular risk (such as diagnosis of high blood pressure)
- there is a personal history of cardiovascular disease or
- ~~the service user is being admitted as an inpatient~~
- **if there is a family history of QT prolongation**

Reason for modification: We believe that the evidence supports the performance of ECGs in both inpatients and outpatients, and that ECGs should also be performed when there is a family history of QT prolongation.

**SIGN/Recommendation 12** Service users should be informed of the risk of extra-pyramidal side effects (EPSE) and encouraged to report any symptoms suggestive of EPSE. Healthcare professionals should be vigilant for the presence of EPSE, even if this is not mentioned by the service user for example by use of a validated side effect scale **(at least annually)**.

Reason for modification: The panel felt that specifying a frequency would be helpful.

**SIGN/Recommendation 13** If extra-pyramidal side effects (EPSE) are of particular concern to a service user then SGAs **especially olanzapine, quetiapine, clozapine or asenapine** or low potency FGAs should be considered.

Reasons for modification: The panel felt that since there is now evidence that the risk of extrapyramidal adverse effects varies within the class of SGAs, we should emphasize the choice of SGAs that have been documented to have a lower risk.