

**GLUCOSE TESTING IN PATIENTS RECEIVING ANTIPSYCHOTIC PHARMACOTHERAPY**

Dear Editor,

In the December 2007 issue of the *Bulletin*, Suppes et al. reported the results of an online physician survey, regarding their awareness of metabolic concerns in patients with bipolar disorder.<sup>1</sup> They reported results from 500 psychiatrist respondents, ranging from awareness of metabolic syndrome to metabolic monitoring pre- and postmedication treatment. Of special interest is the finding that 57% responded as having performed a fasting or nonfasting plasma glucose at baseline, while 69% reported monitoring fasting or nonfasting plasma glucose during treatment.

We performed a similar study with one unique difference. Rather than relying on physician report, we retrospectively reviewed medical lab claims of patients receiving antipsychotics. The study included adult members of a large regional managed care organization in the mid-Atlantic region. These members were enrolled in the special needs Medicare plan and were identified as having received an antipsychotic, regardless of diagnosis, for which the Consensus Guidelines are indicated. The defined time period used in extracting lab claims allowed for either 4 weeks pre- or 4 weeks post initial fill date of antipsychotic treatment. Additionally, an all-inclusive CPT code list was utilized when retrieving fasting or nonfasting plasma glucose claims (e.g., included metabolic panels, etc). Our findings suggested that 14% of patients ( $N = 42$ ) received either a pre- or post-treatment glucose test.

This is contradictory to the physician's self-reported results. To the authors' credit, they suggest that an inherent limitation of the study design was the reliance on physicians' self-reports and do cite data suggesting that actual monitoring of metabolic safety parameters may be less common than what self-reports indicate.<sup>2</sup> Though these results may not be representative of psychiatrists-only, it is concerning that given the overwhelming evidence of metabolic concerns with antipsychotics and established monitoring guidelines,<sup>3</sup> the adherence to practice guidelines is poor, suggesting that the creation and publication of treatment guidelines is insufficient by itself to change physician practices. This is consistent with similar reports, suggesting a slow translation of treatment guidelines into clinical practice.<sup>4-6</sup>

Sincerely,

Lisa Strouss, Pharm D, RPh

James Schuster, MD, MBA

Judith Dogin, MD

Mark Sorbero, MS

Mark Mihalyo, MS

Community Care Behavioral Health Organization, Pittsburgh, PA

## LETTER TO THE EDITOR

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### REFERENCES

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