Cardiometabolic Risk Management

Antipsychotics (Mood Stablizers & Antidepressants*)

*Despite less available evidence, similar principles apply to these medication classes

Lifestyle

Smoking

Diet

Activity

Weight

Blood Pressure

Glucose

Lipids

Lifestyle Intervention (Diet, Physical Activity and Smoking Cessation); Refer for assessment and intervention by appropriate health professional if necessary

Current **Smoker**

Poor Diet

Physical Inactivity

Monitor for:

Weight gain Rapid early weight gain or >= 7% from baseline BMI (kg/m2)

25 -29: Overweight > 30: Obese **Waist Circum:** ≥ 88 cm women

≥102 cm men

> 140/90 mm Hg(over repeated measurements)

HbA1C 6-6.4% F. Glu 6.1- 6.9 mmol/L Diabetes*: HbA1C ≥ 6.5% F. Glu ≥ 7 mmol/L Rand. ≥ 11.1 mmol/L

Pre-Diabetes:

*2 tests, different days

Metabolic **Syndrome** Estimate 10-year Anv 3 of: CV risk using an

Waist Circum¹:

≥ 88 cm women ≥102 cm men **F.Trig**²³: ≥1.7 mmol/L F. HDL²³:

< 1 mmol/L men < 1.2 women

F.Gluc²³: \geq 5.6 mmol/L **BP**³: ≥ 130/85 mmHg A1C >=5.7 %

¹Lower threshold

Smoking cessation counseling and pharmacotherapy

Monitor changes in mental status/ medication efficacy and side-effects (e.g. olanzapine and clozapine)

smoke-free.ca knowledge.camh.net

lacksquare

Eliminate sugary drinks & processed snack foods

Increase consumption of fruits, vegetables, & fibre

3 meals/day including breakfast, refer to dietitian if available.

eatrightontario.ca

Walking is safe; aim for 10,000 steps/day. Progress as appropriate to moderate (sweating, able to talk) to vigorous (increased sweating, difficulty talking)

Consider medical clearance for those at risk

csep.ca

activity

Screen for eating disorder, sleep apnea, and NAFLD

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Reduce daily intake by 500-1000 kcal/day

Cognitive behavioural therapy

Consider bariatric surgery for BMI >= 40 kg/m 2 or>= 35 with comorbid disease

See 2006 Canadian Clinical Practice Guidelines on the Management and Prevention of Obesity in Adults and Children [CMAJ 176(8): S1-13

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Sodium reduction

See 2012 Canadian **Hypertension Education Program** recommendations for the management of hypertension: BP measurement, diagnosis, assessment of risk and therapy. Can J Cardiol

28(3):270-287

Pre-diabetes:

Increased frequency of glucose monitoring Consider metformin

Diabetes:

HbA1C q3months Refer to Diabetes Education Program See Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. Can J Diabetes 2013;37 (suppl 1):S1-S212.

Interventions are based on 10-year calculated CV risk

established tool

See 2012 update of the Canadian Cardiovascular Society guidelines for the diagnosis and treatment of dyslipidemia for the prevention of cardiovascular disease in the adult. Can J Cardiol 29(2):151-167

Treat individual factors using relevant guidelines

V

Smoking Cessation **Balanced** Diet

150 minutes of activity/ week In increments of at least 10 min. Aerobic: Moderate to vigorous activity

Muscle-strengthening

Resistance:

exercises

BMI of 18.5 - 24.9 kg/m²

Waist circumference in healthy range

For Most: <140/90 mmHg

V

Diabetes/CKD/ **CV** Disease: <130/80 mmHq HbA1C < 6.5-7 % reflecting tighter control for the first 5 years

Fasting glucose 4-5.9 mmol/L

Non-fasting HDL 2.6 mmol/l

Refer to Framingham and Reynolds Risk values: http://cvdrisk checksecure.com/ Default.aspx

Treat to individual BMI, BP, glucose, and lipid targets Global CV Risk Management

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