

# RECOMMENDED MEDICAL TESTS TO MONITOR THE SIDE EFFECTS OF PSYCHOTROPIC AND NEUROLOGICAL MEDICATIONS\*

Class	Medication	Medical tests	Frequency		
<b>Antidepressants</b>	Amitriptyline	If clinically indicated such as: <ul style="list-style-type: none"> <li>Sodium levels if symptoms of hyponatremia.</li> <li>ECG if TCAs used in a person at risk of cardiac diseases.</li> <li>Weight in an overweight person etc.</li> </ul>	Before starting or for monitoring purposes.		
	Fluoxetine				
	Sertraline				
	Clomipramine				
<b>Antipsychotics</b>	Chlorpromazine	Weight, pulse and blood pressure	Before starting, and then once monthly during the first 3 months, at 1 year and then annually thereafter.		
	Haloperidol	Blood lipids and fasting glucose (especially when risk factors are present and second generation antipsychotics used).	After 6 months of starting, then at 1 year and yearly thereafter.		
	Risperidone				
	Zuclopenthixol decanoate				
	Clozapine	Full blood count (if these regular checks are not feasible, clozapine should not be prescribed, due to the risk of life-threatening agranulocytosis).	Weekly for 18 weeks, then every 2 weeks until a year, and monthly thereafter.		
				Weight, pulse and blood pressure.	Before starting, and then once monthly during the first 3 months, at 1 year and then annually thereafter.
				Blood lipids and fasting glucose (especially when risk factors are present).	After 6 months of starting, then at 1 year and yearly thereafter.
				ECG if clinically indicated (high blood pressure or personal history of cardiac disease).	Before starting, after 3 months, at 1 year then annually thereafter.
	<b>Anxiolytics</b>	Diazepam	No need for baseline or monitoring tests.		
		Clonazepam			
<b>Antiepileptics</b>	Phenytoin	Weight, urea, electrolytes, SGPT, SGOT, gammaGT, FBC.	Before starting. Repeat annually or if clinically indicated.		
	Levetiracetam				
<b>Antiepileptics / mood stabilizers</b>	Carbamazepine	Weight, urea, electrolytes, SGPT, SGOT, gammaGT, FBC.	Before starting. Repeat annually or if clinically indicated.		
	Sodium valproate	Sodium valproate level (not required in epilepsy compared to bipolar affective disorder unless there is suspicion of non adherence, toxicity, or in case of persistence of seizures).	Until dose stabilization in the first weeks of treatment. No need for continuous monitoring unless evidence of ineffectiveness, non adherence, or toxicity.		
		Weight, SGPT, SGOT, gammaGT, FBC	Before starting, then at 6 months, 1 year and then annually.		
		Pregnancy test	Before starting (where applicable).		
		Blood ammonia level	If signs of hyperammonemia (confusion, lethargy, vomiting, seizures).		
	Lamotrigine	No need for baseline or monitoring tests.			
<b>Mood stabilizers</b>	Lithium (do not start lithium if the tests are not feasible)	Lithium level (before the morning dose and 12 hours after the evening dose)	For every dose change in the first weeks, then every 3 months for first year then every 6 months.		
		Weight, FBC, urea, creatinine, TSH	Before starting, then every 6 months.		
		ECG	Before starting, if clinically indicated.		
		Pregnancy test	Before starting (where applicable).		

\*Based on the "National list of psychotropic and neurological medications for humanitarian response" available at: [www.moph.gov.lb](http://www.moph.gov.lb)  
 Refer to the "Guide for the rational prescription of medications for priority mental and neurological conditions for specialists in the public health system" also available on MOPH website.