

STABLE Performance Measure

<p>Measure: Bipolar Disorder: Monitoring for extrapyramidal symptoms</p>	
<p>Summary: This measure assesses the percentage of patients diagnosed with bipolar disorder and treated with an antipsychotic agent who were assessed for the presence of extrapyramidal symptoms twice within the first 24 weeks of treatment.</p>	
<p>Clinical Rationale:</p> <p>Extrapyramidal Symptoms</p> <ul style="list-style-type: none"> ▪ Extrapyramidal symptoms refer to movement disorders that occur when there is a disruption of the brain's extrapyramidal system. Extrapyramidal Symptoms are referred to as EPS^(1,5) ▪ EPS neurological side effects include akathisia, a motor restlessness, and muscle rigidity and tremor, which are sometimes referred to as drug-induced Parkinsonian symptoms^(1,4,5) ▪ EPS also includes tardive dyskinesia and acute dystonia, rare but severe side effects that also relate to disruption of the extrapyramidal system. Sometimes these symptoms are referred to as distinct side effects due to their severity^(1,4,5) <p>Extrapyramidal Symptoms and Antipsychotic Agents</p> <ul style="list-style-type: none"> ▪ Typical antipsychotics are associated with significant acute neurologic side effects^(1,3) ▪ Tardive dyskinesia (TD) is the principal adverse effect of long-term typical (first generation) antipsychotic treatment; however, studies indicate that TD still occurs with atypical (second generation) antipsychotic agents⁽⁵⁾ ▪ Atypical (second generation) antipsychotics have been reported to have a lower rate of EPS, particularly acute dystonia and drug-induced Parkinsonism⁽²⁾ <p>Monitoring for Extrapyramidal Symptoms</p> <ul style="list-style-type: none"> ▪ Patients with bipolar disorder should be regularly monitored for iatrogenic adverse effects of antipsychotic medication including extrapyramidal symptoms⁽⁴⁾ ▪ Regular examination for early signs of tardive dyskinesia is an appropriate monitoring plan⁽⁵⁾ 	
<p>Denominator Population: Patients diagnosed and treated for bipolar disorder with an antipsychotic agent</p> <p>Data Sources:</p> <ul style="list-style-type: none"> ▪ Administrative data ▪ Medical Record 	<p>Numerator Population: Patients assessed for extrapyramidal symptoms (EPS) twice during initial 24 weeks of treatment</p> <p>Data Source:</p> <ul style="list-style-type: none"> ▪ Medical Record
<p>Initial Case-finding Guidance: Patients with a diagnosis involving bipolar disorder ICD9CM or DSM IV TR: 296.0x; 296.1x; 296.4x; 296.5x; 296.6x; 296.7; 296.80-82; 296.89; or 301.13</p>	
<p>STABLE Resource Toolkit: The following instruments are recommended by the STABLE National Coordinating Council for use in assessing extrapyramidal symptoms. The tools are available in the STABLE Resource Toolkit.</p> <ul style="list-style-type: none"> ▪ Abnormal Involuntary Movement Scale (AIMS): Clinician tool used to assess tardive dyskinesia. ▪ Antipsychotic Symptom Checklist (ASC): Captures adverse effects of antipsychotic agents 	
<p>References</p> <ol style="list-style-type: none"> 1. Wirshing W, Movement disorders associated with neuroleptic treatment. J. Clin Psychiatry 2001; 62 (Suppl.21): 15-18 2. Miller D, Yatham L, Lam R, Comparative efficacy of typical and atypical antipsychotics as add-on therapy to mood stabilizers in the treatment of acute mania. J Clin Psychiatry 2001; 62: 975-980 3. Keck PE, Perlis R, Otto M, Carpenter D, Ross R, Docherty J, Treatment of Bipolar Disorder 2004; The Expert Consensus Guideline Series, Postgraduate Medicine, A Special Report, December 2004 4. Yatham LN, Kenned, SH, et al.; Canadian Network for Mood and Anxiety Treatments (CANMAT) guidelines for the managements of patients with bipolar disorder: consensus and controversies, Bipolar Disorders 2005; 7(Suppl. 3): 5-69 5. Tarsy D, Baldessarini R, Epidemiology of Tardive Dyskinesia: Is Risk Declining with Modern Antipsychotics?, Movement Disorders Vol 21, No 5, 2006, 589-598 	

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<p>Measure Specifications:</p> <p>Denominator:</p> <p>Patients 18 years of age or older with an initial or new episode of bipolar disorder</p> <p>AND</p> <p>Documentation of a diagnosis involving bipolar disorder; to include at least one of the following:</p> <ul style="list-style-type: none"> ▪ Codes 296.0x; 296.1x; 296.4x; 296.5x; 296.6x; 296.7; 296.80; 296.81; 296.82; 296.89; 301.13 documented in body of chart, such as a pre-printed form completed by a clinician and/or codes documented in chart notes/forms ▪ Diagnosis or impression documented in chart indicating bipolar disorder ▪ Use of a screening/assessment tool for bipolar disorder with a score or conclusion that patient has bipolar disorder and indication that this information is used to establish or substantiate the diagnosis <p>AND</p> <p>Documentation of treatment with an antipsychotic agent (See data dictionary reference below)</p> <p>Numerator:</p> <p>Assessment of extrapyramidal symptoms to include a documented reference of at least one of the following: (See data dictionary reference below)</p> <ul style="list-style-type: none"> ▪ Clinician narrative information concerning patient's EPS symptoms documented in chart ▪ Clinician scored EPS tool is present in chart ▪ Patient's self-reported symptoms (may be included on an assessment tool or preprinted form) are documented in chart <p>AND</p> <p>Timeframe: Documentation must include at least two recordings within the first 24 weeks of treatment</p>																												
<p>Data Dictionary References: Antipsychotic agents available as of January 2007</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Atypical</th> <th style="width: 25%;"></th> <th colspan="2" style="width: 50%;">Typical</th> </tr> </thead> <tbody> <tr> <td>aripiprazole</td> <td>quetiapine</td> <td>chlorpromazine</td> <td>molindone</td> </tr> <tr> <td>clozapine</td> <td>risperidone</td> <td>fluphenazine</td> <td>thioridazine</td> </tr> <tr> <td>olanzapine</td> <td>ziprasidone</td> <td>haloperidol</td> <td>thiothixene</td> </tr> <tr> <td></td> <td></td> <td>loxapine HCL</td> <td>trifluoperazine</td> </tr> <tr> <td></td> <td></td> <td>mesoridazine</td> <td></td> </tr> <tr> <td colspan="4">Atypical-Combination: olanzapine-fluoxetine</td> </tr> </tbody> </table> <p>EPS reference: For the purposes of this STABLE performance measure, EPS includes:</p> <ul style="list-style-type: none"> ▪ Akathisia: Motor restlessness; inability to resist the urge to move; pacing and inability to sit still ▪ Drug-induced Parkinsonism: Tremors and muscular rigidity or extreme slowness of movement ▪ Dyskinesia (Tardive Dyskinesia): Impairment of control over ordinary muscle movement, spasmodic involuntary movements often affecting the mouth, lips and tongue; can affect trunk and rest of body ▪ Acute Dystonia: Sudden muscular contractions producing distortions, often affects neck, eyes, trunk 	Atypical		Typical		aripiprazole	quetiapine	chlorpromazine	molindone	clozapine	risperidone	fluphenazine	thioridazine	olanzapine	ziprasidone	haloperidol	thiothixene			loxapine HCL	trifluoperazine			mesoridazine		Atypical-Combination: olanzapine-fluoxetine			
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