

STABLE Performance Measure

Measure: Bipolar Disorder: Monitoring for weight gain	
Summary: This measure assesses the percentage of patients with bipolar disorder who were monitored for weight gain during initial 12 week period of treatment.	
Clinical Rationale: General Population Issues; Overweight and Obesity <ul style="list-style-type: none"> ▪ Data from the National Center for Health Statistics show that 30% of U.S. adults 20 years of age and older—over 60 million—people are obese Metabolic Effects Associated with Overweight or Obese Conditions <ul style="list-style-type: none"> ▪ Increases in adiposity, particularly visceral abdominal fat, are associated with decreases in insulin sensitivity in individuals both with and without psychiatric disease⁽¹⁾ ▪ Increasing prevalence rates of overweight or obese individuals raise concerns regarding the risks of many health conditions associated with insulin resistance, including hyperglycemia and hyperlipidemia leading to Type 2 diabetes and/or cardiovascular disease⁽²⁾ Bipolar Disorder and Weight Gain <ul style="list-style-type: none"> ▪ The estimated prevalence of obesity in persons with bipolar disorder ranges from 13.0-49.0 percent in various studies; with an unknown percentage attributable to lifestyle-related issues associated with the condition^(3,4) ▪ Treatment with pharmacotherapy associated with bipolar disorder, particularly the various antipsychotics, has been associated with an additional increase in weight ranging from less than 2 lbs up to 10 lbs⁽⁵⁾ 	
Denominator Population: Patients diagnosed with bipolar disorder Data Sources: <ul style="list-style-type: none"> ▪ Administrative data ▪ Medical Record 	Numerator Population: Patients who have had actual weight documented twice within the initial 12 weeks of treatment Data Source: <ul style="list-style-type: none"> ▪ Medical Record
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	
STABLE Resource Toolkit: The STABLE National Coordinating Council has recommended metabolic monitoring when treating with antipsychotic agents. The following documentation tool is available in the STABLE Resource Toolkit . <ul style="list-style-type: none"> ▪ Metabolic Monitoring Flow Sheet: Brief documentation tool for office-based practice 	
References: <ol style="list-style-type: none"> 1. Newcomer, JW, Medical Risk in Patients with Bipolar Disorder and Schizophrenia; J Clin Psychiatry 2006; 67 (Suppl 9) 25-30 2. American Diabetes Association. Consensus development conference on antipsychotic drugs and obesity and diabetes. Diabetes Care 2004; 27:596-601 3. Fagiolini A, Frank E, Scott JA, et al. Metabolic syndrome in bipolar disorder, findings from the Bipolar Disorder Center for Pennsylvanians. Bipolar Disord 2005;7:424-430 4. McElroy SL, Frye MA, Suppes T, et al. Correlates of overweight and obesity in 644 patients with bipolar disorder. J Clin Psychiatry 2002; 63:207-213 5. Newcomer JW, Haupt DW, The Metabolic Effects of Antipsychotic Medications, Can J Psychiatry, Vol 51, No 8, July 2006; 480-491 	

STABLE Performance Measure

Measure:

Bipolar Disorder: Monitoring for weight gain

Measure Specifications:**Denominator:**

Patients 18 years of age or older with an initial diagnosis or new presentation or episode of bipolar disorder

AND

Documentation of a diagnosis involving bipolar disorder; to include at least one of the following:

- 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

Numerator:

- Two instances of documentation of weight (See data dictionary reference below)

AND

Timeframe:

Documentation must include at least two recordings of weight within the first 12 weeks of treatment

Data Dictionary Reference:

Measure developers did not accept self-report or clinical estimation as meeting numerator criterion for monitoring weight; obtaining actual weight is recommended