**Supplemental table 4. MOPHAR monitoring protocol selective serotonin and noradrenaline reuptake inhibitors (SNRIs)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | T = 0 | During dose adjustment | At least one measurement between T=3 weeks and T=2 months | T = 3 months | T = 6 months | Every 3 months | Yearly | On indication |
| *Anthropometrics* | | | | | | | | |
| Length | X |  |  |  |  |  |  |  |
| Body weight | X |  | X | X | X |  | X |  |
| BMI | X |  | X | X | X |  | X |  |
| Waist circumference | X |  | X | X | X |  | X |  |
| *Cardiovascular measurements* | | | | | | | | |
| Blood pressure (sitting/supine/standing) | X |  | X | X | X |  | X |  |
| Heart rate | X |  | X | X | X |  | X |  |
| Electrocardiogram | X1 |  | X1 |  |  |  |  | X2 |
| *Blood cells* | | | | | | | | |
| Hemoglobin | X |  |  |  |  |  |  | X3 |
| Hematocrit | X |  |  |  |  |  |  | X3 |
| Leucocytes | X |  |  |  |  |  |  | X3 |
| Differential | X |  |  |  |  |  |  | X3 |
| Thrombocytes | X |  |  |  |  |  |  | X3 |
| *Electrolytes* | | | | | | | | |
| Sodium | X |  | X |  | X |  | X |  |
| Potassium | X |  | X |  | X |  | X |  |
| Calcium | X |  |  |  |  |  |  |  |
| *Kidney function4* | | | | | | | | |
| Creatinin | X |  | X |  | X |  | X |  |
| Estimated Glomerular Filtration Rate (eGFR) | X |  | X |  | X |  | X |  |
| *Liver function* | | | | | | | | |
| Alkaline phosphatase | X |  |  |  |  |  |  | X |
| Alanine transaminase | X |  |  |  |  |  |  | X |
| Gamma-glutamyltransferase | X |  |  |  |  |  |  | X |
| *Schildklierfunctie* | | | | | | | | |
| Thyroid-stimulating hormone + free thyroxine 4 (FT4)5 | X |  |  |  |  |  |  |  |
| *Blood lipids* | | | | | | | | |
| Triglycerides (fasting) | X |  |  |  | X |  | X |  |
| Cholesterol | X |  |  |  | X |  | X |  |
| Low Density Lipoprotein | X |  |  |  | X |  | X |  |
| High Density Lipoprotein | X |  |  |  | X |  | X |  |
| *Glucose* | | | | | | | | |
| Fasting glucose6 | X |  |  |  | X |  | X |  |
| *Therapeutic drug monitoring* | | | | | | | | |
| SNRI trough level, 12±1 hour after last (evening) dose |  |  |  |  |  |  |  | X7 |
| *Other measurements* | | | | | | | | |
| Albumin | X |  |  |  |  |  |  |  |
| Vitamin B12 | X8 |  |  |  |  |  |  |  |
| Folic acid | X8 |  |  |  |  |  |  |  |
| Prolactin | X9 |  |  |  |  |  |  |  |
| Temperature | X |  |  |  |  |  |  |  |
| Pregnancy test | X10 |  |  |  |  |  |  | X10 |

1 With cardiac anamnesis, age >60 years of use of one or more QTc-prolonging drugs

2 At least with significant dose alterations in patients with risk factors (see 1)

3 Structural monitoring is recommended in patients with a history of blood dyscrasia or with a rechallenge; monitor at least on T=0 with one follow-up measurement during dose adjustment and/or one measurement between T=3 weeks and T=2 months, then on T=6 months and yearly

4 Consider measuring a 24-hour urine after consulting a general practitioner/internist in case of a deviating eGFR

5 FT4 only in case of a deviating thyroid-stimulating hormone level

6 HbA1C (combined with a non-fasting glucose) in case a fasting glucose cannot be determined

7 For example with side effects, therapy adherence issues, dose adjustments, etc. A SSRI level with stable drug taking and effectiveness can be useful as an intraindividual reference

8 On indication, in any case with age >65 years

9 On indication, in any case with young adults and for example in case of congenital or historic prolactin level deviations

10 In case of uncertainty about a potential pregnancy with women of child-bearing age