



Bipolar, schizophrenia and other psychoses: annual BMI recording

NICE indicator

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Indicator

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 15 months.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Rationale

Obesity is common in people with schizophrenia, bipolar affective disorder and other psychoses. It is associated with physical health problems, including cardiovascular and metabolic disorders, such as type 2 diabetes, that can be exacerbated by the use of antipsychotics. The indicator requires monitoring of BMI so that health and social care practitioners can offer support, where necessary, to help people to maintain a healthy weight.

Source guidance

- [Psychosis and schizophrenia in adults: prevention and management. NICE guideline CG178 \(2014\)](#), recommendations 1.1.2.5, 1.5.3.2 and 1.5.3.3
- [Bipolar disorder: assessment and management. NICE guideline CG185 \(2014, updated 2025\)](#), recommendation 1.2.12

Specification

Numerator: The number of patients in the denominator who have a record of BMI in the preceding 15 months.

Denominator: The number of patients on the mental health register with a diagnosis of psychosis, schizophrenia or bipolar affective disease.

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions: People whose most recent diagnosis of schizophrenia, bipolar affective disorder or other psychoses is in remission. Patients with schizophrenia, bipolar affective disorder and other psychoses who chose not to have their BMI measured in the preceding 15 months.

Minimum population: The indicator would be appropriate to assess performance at individual general practice level.

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