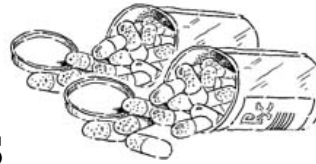


# Psychopharmacology TIDBITS



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**-TB- Zyprexa, Weight Gain and Diabetes.** Zyprexa has been linked to two more deaths raising the total to 36 worldwide. The Japanese government issued a warning over the use of the drug after the two deaths occurred. The Health, Labor and Welfare Ministry said diabetes patients should not be treated with the drug and all patients should be examined for possible abnormal levels of blood sugar.

What are the facts? There are typically thought to be 5 modifiable risk factors for cardiovascular disease including: obesity, dyslipidemia, glucose intolerance, hypertension and smoking. Epidemiologically, schizophrenic patients are more likely to be obese (BMI >27=42% vs 27% in general population), smoke (50-80% of patients smoke vs 25% in general population) and have problems with glucose regulation (double the risk of developing type 2 diabetes relative to the general population). Atypical antipsychotics compound the problem by commonly causing excessive weight gain, hyperlipidemia and glucose intolerance. The interrelationship between atypical antipsychotics, obesity and diabetes has become an increasing concern.

On average, patients taking Zyprexa gain 12 kilograms (24-25 pounds) in the first year of therapy. A 1999 article in the European Heart Journal reported that a 10% weight gain past the age of 20 years increased the risk of cardiovascular disease by 50%. A similar weight gain in patients who smoke increased the chance of cardiovascular disease by 300%. In addition, Zyprexa has been linked to hypercholesterolemia.

The effect of atypicals on glucose regulation is an even greater concern. Again, schizophrenic patients, independent of atypical antipsychotic use, are twice as likely as the general population to develop diabetes. Further, atypical agents cause weight gain and can alter insulin sensitivity and glucose regulation. The estimated rate of diabetes with Zyprexa is 6-11%. Case reports of diabetic ketoacidosis, diabetic coma and death have been reported.

Owing to the need for long-term medication maintenance, assessment of cardiovascular/diabetes risk status is indicated prior to the start of atypical antipsychotics. Baseline blood glucose and lipid profiles are important. It is further recommended that patients have follow-up monitoring semi-annually. Worsening lipid profiles should be treated and dietary and smoking cessation counseling may be of benefit.

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