Primer for Prescription Medications:

The New Metabolic Warnings for Atypical Antipsychotics

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In the wake of increasing reports of Type 2 diabetes in patients taking the newer atypical antipsychotic medicines, the U.S. Food and Drug Administration (FDA) has come out with additional warnings regarding these medicines. The American Diabetes Association (ADA), American Psychiatric Association, American Association of Clinical Endocrinologists, and the North American Association for the Study of Obesity have jointly developed a consensus statement outlining guidelines for screening and monitoring (American Diabetes Association, Inc., 2004). Given that the *Primer for Prescription Medications* column on atypical antipsychotic medicines (Schmetzer, 2002) was written prior to these findings, I will address this newer information for our readers here.

The FDA recommends close monitoring of weight, blood sugar, and lipids for patients treated with atypical antipsychotic medicines. This means, specifically, when patients are considered "pre-diabetic" or have a known diagnosis of diabetes, the FDA recommends monitoring their blood glucose levels regularly to look for worsening of control. Patients who have several risk factors for diabetes, but have not yet been diagnosed, must have a fasting blood glucose level taken at or shortly after the initiation of an atypical antipsychotic, and then at regular intervals during treatment, depending on the number of risk factors present. All patients who are started on a regimen of atypical antipsychotic therapy are to be monitored for symptoms of hyperglycemia (including increased thirst or eating, as well as more frequent urination), and should have a fasting blood glucose check if any of these signs are noted.

The consensus statement recommends that prior to starting treatment with an atypical antipsychotic, a patient's personal and family history be obtained, weight be recorded, waist circumference be measured, and blood pressure be checked, and that a fasting blood glucose and lipid panel be drawn. Weight should be checked again every 4 weeks for 3 months and then at least quarterly thereafter. Blood pressure and fasting glucose levels are both to be checked again at 3 months, and at least annually thereafter. Waist circumference should be measured at least annually. Serum lipids are to be checked again at least every 5 years. The above recommendations are predicated on the assumption that each test begins with results within the normal range. Where abnormalities are found, more frequent testing or additional tests may be indicated.

It needs to be said that people with severe psychotic disorders such as schizophrenia have a higher likelihood of developing diabetes mellitus, independent of being on any medications. But the FDA and ADA believed that the evidence showing increased rates of weight gain and diabetes warranted these more stringent guidelines for the atypical antipsychotic medicines. While there is some evidence that different atypical antipsychotics are either more (perhaps olanzapine [Zyprexa™] or clozapine [Clozaril™]) or less (for example, aripiprazole [Abilify™] or ziprazidone [Geodon™]) likely to be associated with weight gain and abnormalities of glucose metabolism, the FDA has stated that these effects can occur with this entire class of medications. Problems of a similar nature have been found with the conventional antipsychotics, but the evidence is more scattered. There are also older antipsychotics that are usually weight-neutral (for example molindone [Moban™]) and may not induce increased rates of diabetes or hyperlipidemia. That, in fact, is another important point—while it is recommended that weight and waist circumference be monitored, people may develop diabetes independently of any gain in weight, or lack thereof. Regardless of any medication used, regular exercise and healthy eating habits are generally good recommendations for anyone with schizophrenia.

References

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