

Introduction

Weight Gain With Psychotropics: Size Does Matter

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Weight gain in adulthood and obesity are common conditions in the United States. At present, 31% of men and 35% of women are considered obese, defined as having a body mass index greater than 30 kg/m² or weighing 20% or more over their ideal weight.¹ Aside from the social stigma attached to being overweight, obese persons are at higher risk for a range of health problems, including cardiovascular disease, type II diabetes mellitus, hypertension, hyperlipidemia, and sleep apnea.

Weight gain is an often overlooked adverse effect of psychotropic medications. Yet weight gain is a common reason for noncompliance and may be even more of a concern to patients than are other adverse effects, such as extrapyramidal symptoms. As psychiatrists, our primary concern is to treat our patients' mental illness, but we should not lose sight of the fact that our treatments may be increasing our patients' risk of medical problems. To highlight the importance of weight gain associated with psychotropic drugs, a panel of experts gathered to review the impact of weight gain on patient management and to discuss strategies for managing this problem.

There is no question that obesity is a risk factor for several chronic and acute conditions. However, as our first speaker, Ichiro Kawachi, M.D., Ph.D., noted, weight gain itself can be detrimental. Dr. Kawachi presented interesting data from the Nurses' Health Study showing a relationship between weight gain after age 18 years and an increased risk of total mortality, coronary heart disease, ischemic stroke, hypertension, type II diabetes mellitus, and breast cancer. These data may be particularly relevant for our patient population, since several psychotropic drugs, including lithium, clozapine, and olanzapine, can cause significant weight gain within a fairly short period of time.

Isaac Greenberg, Ph.D., and colleagues had the challenging task of discussing the management of weight gain and obesity. Losing weight and maintaining weight loss are difficult for most people, and perhaps especially so for patients with a mental illness whose weight gain is caused by drug therapy. The authors advocate helping patients achieve a realistic weight loss through diet, exercise, and behavioral modification. The use of weight-loss medications must be carefully considered in a population already being treated with psychotropic (and perhaps other) drugs.

Rohan Ganguli, M.D., reviewed the literature on weight gain associated with use of antipsychotic drugs, both conventional neuroleptics and newer atypical antipsychotics. He noted that weight gain varies among patients taking different conventional neuroleptics and that even with some newer antipsychotics (clozapine and olanzapine in particular), weight gain remains a concern. Gary S. Sachs, M.D., provided an overview of weight gain associated with psychotropic drugs, focusing primarily on lithium, antidepressants, and anticonvulsants. He emphasized the importance of monitoring patients' weight during treatment, so that any potential problems can be addressed early, and he encouraged clini-

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cians to discuss weight gain as a potential adverse effect with their patients before treatment begins.

The next speaker, Larry S. Goldman, M.D., focused on physical illness in schizophrenia, noting that drug-induced obesity is not the only medical condition psychotic patients may suffer. Substance abuse, type II diabetes mellitus, osteoporosis, and poor nutrition, for example, are all more common among patients with schizophrenia compared with the general population. Concomitant medical conditions present two challenges to the psychiatrist—diagnosing a condition in a patient who may be delusional or unable to communicate clearly and avoiding interactions between drugs used to treat the medical illness and those prescribed for the psychotic disorder.

Patients may discontinue taking their medication for any number of reasons, but adverse effects, including weight gain, are high on the list. In her presentation, Diana O. Perkins, M.D., M.P.H., discussed potential reasons for noncompliance and how the health belief model can be used to evaluate the likelihood that patients will comply with treatment recommendations.

The overall conclusion to be drawn from these presentations is that weight gain is a potentially serious problem associated with the use of many psychotropic medications and one that can decrease compliance and increase health risks. Any patient who gains 2.3 kg (5 lb) or more within 4 weeks of beginning treatment or a total of 5 kg (11 lb) or more at any time during treatment is a candidate for an aggressive weight-loss program.² However, because losing weight is a difficult task, clinicians should attempt to minimize or prevent weight gain in the first place, through close patient monitoring, early intervention, and selection of drugs least likely to cause weight gain.

REFERENCES

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