



ANTIPSYCHOTICS

METABOLIC & CONCURRENT USE

EDUCATIONAL WEBINAR

CareSource Georgia Behavioral Health | Dr. Wilson

June 2020

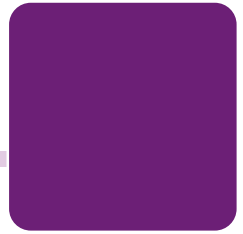
Evolution of Antipsychotics



- ❑ Atypical Antipsychotics
- ❑ First Atypical: Risperidone, 1993
- ❑ Subsequently others: quetiapine, olanzapine, ziprasidone, aripiprazole, paliperidone, iloperidone, lurasidone, brexpiprazole, cariprazine
- ❑ Standard of care now (over older antipsychotics) for multiple disorders, not just schizophrenia
- ❑ Other disorders: schizoaffective, bipolar, treatment-resistant depression (as adjunct only), and behavioral problems related to autism



Antipsychotics and Metabolism



- ❑ By late 1990's, a trend was identified in changing: LDL, fasting glucose/HgA1C, and weight gain

- ❑ In 2004, organizations convened: American Diabetes Association, American Psychiatric Association, American Association of Clinical Endocrinologists, and North American Association for the Study of Obesity

- ❑ Consensus was reached in the recommendation:
 - ❑ Several health data points collected at different levels
 - ❑ If unable to fully follow recommendations, minimum should be baseline and annual



Antipsychotics Monitoring



	Baseline	4 weeks	8 weeks	12 weeks	Quarterly	Annually	Every 5 years
Personal/family history	X					X	
Weight (BMI)	X	X	X	X	X		
Waist circumference	X					X	
Blood pressure	X			X		X	
Fasting plasma glucose	X			X		X	
Fasting lipid profile	X			X			X



Antipsychotics Monitoring

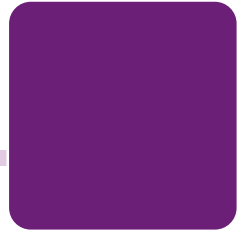


	Baseline	4 weeks	8 weeks	12 weeks	Quarterly	Annually	Every 5 years
Personal/family history	X					X	
Weight (BMI)	X	X (recommended)	X (recommended)	X (recommended)	X (recommended)	X	
Waist circumference	X					X	
Blood pressure	X			X (recommended)		X	
Fasting plasma glucose	X			X (recommended)		X	
Fasting lipid profile	X			X (recommended)		X	



Antipsychotics in Children & Adolescents

Metabolism and Concurrent Use

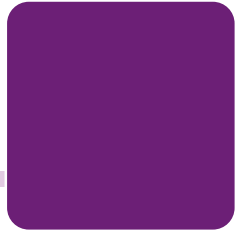


- ❑ Targeted medical testing may be appropriate to establish a medical baseline before initiating medications with known risks (e.g. height, weight, and lipid testing for antipsychotics)
- ❑ “...there is limited evidence in children and adolescents to support the use of two antidepressants or two antipsychotics... however, it is not uncommon for patients to be taking two antipsychotics at the same time when transitioning from one medication to another...”
- ❑ Metabolism affects children differently: children gain 1.5x to 3x more weight than adults and have more pronounced metabolic changes.



Trend of Concurrent Antipsychotics

Use of Concurrent Antipsychotics in Children & Adults



	MEDICAID	MEDICARE
Year	HMO	HMO
2017	3.0%	2.4%
2016	2.4%	
2015	2.5%	



Concurrent Antipsychotics

Evidence in Adults



- ❑ Gold standard in research: randomized double-blind placebo-controlled trials (RDBPC)

- ❑ Other types of studies: inconclusive, if effective

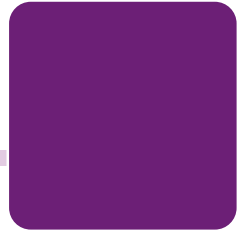
- ❑ No RDBPC in children and adults
 - ❑ All had Clozapine (Clozaril®), plus another
 - ❑ Some favorable, some not

- ❑ Conclusion
 - ❑ If Clozapine + another atypical + adult = MAY be more effective
 - ❑ Unknown effectiveness if neither is Clozapine
 - ❑ Children: no data for effectiveness



What Can Be Done?

Metabolism



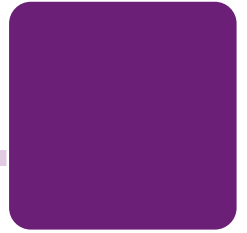
- Monitor baseline and at least yearly parameters recommended (more if patient is willing)

- What to do about metabolic changes?
 - Treat metabolic changes (e.g. medication, etc.)
 - Lower dose
 - Consider switching to atypical with less weight gain and dyslipidemia
 - If symptomatic: add/increase non-antipsychotic with treatment
 - Metformin: can be used to curb carbohydrate cravings



What Can Be Done?

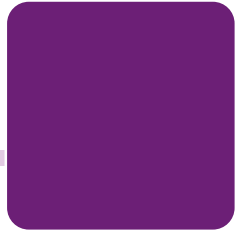
Metabolism



- Trial of just one? (with slow cross taper)
- Maximize use of just one antipsychotic
- Consider other adjuncts other than antipsychotics
- If two antipsychotics are necessary, consider clozapine



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