

## Correspondence

### Antipsychotic drugs & their side effects

Sir,

Apropos the review article of Singh & Mattoo on metabolic syndrome and psychiatric disorders<sup>1</sup>, the following are a few comments and clarifications. A quite similar article was published by me in another indexed Indian journal in 2008 covering the same topic<sup>2</sup>.

Firstly the authors have stated that atypical antipsychotics have better efficacy than conventional antipsychotics, but this fact has been disputed by two large studies CUTLASS<sup>3</sup> and CATIE<sup>4</sup> studies which showed that both typical and atypical antipsychotics were comparable in their clinical efficacy. Secondly the authors need to give more emphasis to the Indian setting as well as prospective studies done in Indian patients with psychiatric disorders exposed to antipsychotic drugs. Indians in particular, are more prone to develop metabolic side effects such as diabetes mellitus, dyslipidaemias and cardiovascular disease<sup>5</sup>. Asian Indians have a high prevalence of insulin resistance syndrome that may underlie their greater-than-normal tendency to develop diabetes mellitus and early atherosclerosis. Important reasons could be their excess body fat and adverse body fat patterning, including abdominal obesity, even when the body mass index is within the currently defined limits<sup>5</sup>. A recent prospective study done in India in previously drug-naive patients with schizophrenia revealed an increased incidence of metabolic syndrome in 31.81 per cent cases, after 6 wk of therapy with a single antipsychotic drug in comparison of an incidence of 3.33 per cent at baseline<sup>6</sup>.

Routine screening for these conditions does not happen as regularly, especially in large psychiatric units and hospitals. Death rates among psychiatric inpatients in mental hospitals across India are still high, with a high proportion having unexplained deaths<sup>2</sup>. There are 37 State mental hospitals in the

country with a large proportion of patients with schizophrenia, and a majority of them are either on typical antipsychotics, combination of antipsychotics or on high dose antipsychotic medication<sup>2</sup>. There is an urgent need for carrying out well designed studies to identify prevalence and incidence of these disorders in patients with schizophrenia in these hospitals and for promoting more awareness among colleagues and health care professionals, as well as to identify and treat risk factors associated with these conditions. Consistency in monitoring and measuring metabolic parameters is paramount, so that treatable high risk patients can be identified and managed, thereby reducing morbidity and mortality.

Choice of the antipsychotic should be made considering previous response, metabolic parameters of the patient, side-effect profile of the drug, as well as patient's preference. Studies have shown that all antipsychotics are comparable in their efficacy<sup>3,4</sup>, so choice of a drug should be based primarily looking at the side-effect profile and propensity to cause metabolic syndrome. Education and advice should be given about lifestyle changes such as healthy diet, moderate exercise, weight control measures and cutting down smoking and alcohol. Interventions may include closer monitoring of weight, engagement in a weight management programme, use of an adjunctive treatment to reduce weight or changes in a patient's antipsychotic medication. If a patient is taking a medication that is associated with a high risk for weight gain, the mental health care provider should consider switching the medication to one with less weight gain liability.

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### Authors' response

Sir,

We thank Jacob<sup>1</sup> for the interest shown in our brief review on the metabolic syndrome (MS) and psychiatric disorders<sup>2</sup>. We believe that despite the CATIE<sup>3</sup> and CUTLASS studies<sup>4</sup>, the comparative efficacy of atypical versus typical antipsychotics continues to be a controversial issue. This is because the atypical antipsychotics are a heterogeneous class of drugs, and an atypical antipsychotic such as clozapine may indeed have better efficacy than other antipsychotics<sup>5-7</sup>.

MS among the mentally ill has attracted the attention of researchers in India only recently<sup>8</sup>. The major motivating factor for our review was to reinforce this attention, especially considering the fact of greater vulnerability of Indian/South Asian populations and the implications of the definitions of the syndrome and its components for early identification and intervention.

Our review included the epidemiological data regarding prevalence of MS in general populations in India. The research has demonstrated a greater propensity to develop MS among populations from South-East Asia. Given this increased propensity, MS

is likely to be a significant contributor to the morbidity and mortality in the mentally ill Indian patient. We agree with Jacob that there is an urgent need for more studies regarding the epidemiology and determinants of metabolic syndrome in the mentally ill patients in India. The professionals dealing with mentally ill need to be sensitive to the possibility of MS, and to investigate for the same and make enlightened medication choices. Lastly, the treatment of MS in the mentally ill patients should include education about a healthy lifestyle, weight control and reduction measures such as exercise and diet control, and periodic surveillance for the development of MS.

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