

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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## 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

## References

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