



DGDispatch

CINP: Olanzapine Linked to Increased Risk of Diabetes

MONTREAL, QC -- June 27, 2002 -- Olanzapine is associated with a statistically significantly higher risk of development of diabetes among schizophrenia patients than is risperidone or conventional antipsychotics, according to researchers in the United States.

The findings were presented here June 26th at the 23rd Congress of the Collegium Internationale Neuro-Psychopharmacologicum (CINP).

Researchers conducting a retrospective analysis of the Veterans Affairs (VA) Database examined the relationship between antipsychotics and the development of diabetes among patients at VA hospitals in Ohio. Data from a total of 5,837 patients treated from January 1, 1997 to December 31, 2000 were included in the study. Risperidone was used as index antipsychotic by 1,837 patients in the analysis (31.5 percent of the total), olanzapine by 2,149 (36.8 percent), fluphenazine 308 (5.3 percent), and haloperidol 1,543 (26.4 percent).

The study found the overall rate of the development of diabetes in the study population was 6.3 percent (368 patients). No differences in the rate of developing diabetes were detected between fluphenazine and risperidone (RR=1.11; p=0.69) or haloperidol and risperidone (RR=0.89; p=0.41).

Olanzapine was associated with a 36 percent higher risk of development of diabetes than was risperidone (p<0.017). This difference was statistically significant. Multivariate analysis demonstrated that while controlling for all demographic, treatment, and clinical factors, only olanzapine was associated with an increased risk of the development of diabetes.

Lead investigator Dr. Ken Shermock, of the I.H. Page Center for Health Outcomes Research at The Cleveland Clinic Foundation in Cleveland, Ohio, noted that there is a growing body of literature suggesting that dibenzodiazepine atypical antipsychotics such as olanzapine and clozapine may induce glucoregulatory dysfunction. Type 2 diabetes mellitus occurs more commonly in schizophrenia patients than among the general population.

While this mounting evidence indicates that an increased risk of diabetes is amplified by atypical antipsychotics, limited data also suggest a minimal association between conventional antipsychotics and the risk of diabetes, the investigators said.

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