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ORIGINAL ARTICLE

**Metabolic syndrome and atypical antipsychotics:
Possibility of prediction and control[☆]**Clara M. Franch Pato^{a,*}, Vicente Molina Rodríguez^b, Juan I. Franch Valverde^c^a Unidad de Hospitalización de Psiquiatría, Complejo Asistencial Universitario de León, León, Spain^b Unidad de Hospitalización de Psiquiatría, Hospital Clínico Universitario, Valladolid, Spain^c Facultad de Enfermería, Universidad de Valladolid, Valladolid, Spain

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KEYWORDSSchizophrenia;
Atypical
antipsychotic;
Metabolic syndrome;
Determining factors;
Psycho-education**Abstract**

Introduction: Schizophrenia and other psychotic disorders are associated with high morbidity and mortality, due to inherent health factors, genetic factors, and factors related to psychopharmacological treatment. Antipsychotics, like other drugs, have side-effects that can substantially affect the physical health of patients, with substantive differences in the side-effect profile and in the patients in which these side-effects occur. To understand and identify these risk groups could help to prevent the occurrence of the undesired effects.

Material and method: A prospective study, with 24 months follow-up, was conducted in order to analyse the physical health of severe mental patients under maintenance treatment with atypical antipsychotics, as well as to determine any predictive parameters at anthropometric and/or analytical level for good/bad outcome of metabolic syndrome in these patients.

Results: There were no significant changes in the physical and biochemical parameters individually analysed throughout the different visits. The baseline abdominal circumference (lambda Wilks $p = .013$) and baseline HDL-cholesterol levels (lambda Wilks $p = .000$) were the parameters that seem to be more relevant above the rest of the metabolic syndrome constituents diagnosis criteria as predictors in the long-term.

Conclusions: In the search for predictive factors of metabolic syndrome, HDL-cholesterol and abdominal circumference at the time of inclusion were selected, as such that the worst the baseline results were, the higher probability of long-term improvement.

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PALABRAS CLAVE

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Síndrome metabólico y antipsicóticos atípicos. Posibilidad de predicción y control**Resumen**

Introducción: La esquizofrenia y otros trastornos psicóticos se asocian a una elevada morbimortalidad debido a factores de salud inherentes a la propia enfermedad, factores genéticos y factores asociados al tratamiento psicofarmacológico. Los antipsicóticos, al igual que otros fármacos, presentan efectos secundarios que pueden repercutir de manera sustancial en la salud física de los pacientes, existiendo diferencias importantes en cuanto al perfil de efectos secundarios y en los pacientes en que se producen dichos efectos. Conocer e identificar estos grupos de riesgo podría contribuir a prevenir la aparición de los efectos indeseados.

Material y método: Estudio prospectivo, de seguimiento a 24 meses, para analizar la salud física de los pacientes mentales graves en tratamiento de mantenimiento con antipsicóticos atípicos con el fin de verificar la existencia de parámetros predictores a nivel antropométrico y/o analítico para la buena/mala evolución del síndrome metabólico en estos pacientes.

Resultados: No hubo cambios significativos de los parámetros físicos y bioquímicos estudiados individualmente a lo largo de las diferentes visitas. El perímetro abdominal basal (lambda de Wilks $p=0,013$) y los niveles de colesterol HDL basal (lambda de Wilks $p=0,000$) son los parámetros que parecen tener mayor relevancia, por encima del resto de los criterios diagnósticos constituyentes del síndrome metabólico, como factores predictores en la evolución a largo plazo.

Conclusiones: En la búsqueda de parámetros predictores del síndrome metabólico resultaron seleccionados el colesterol HDL y el perímetro abdominal en el momento de la inclusión, de modo que a peores valores iniciales, mayor probabilidad de mejoría a largo plazo.

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Introduction

Schizophrenia and other psychotic disorders are associated with high morbidity and mortality rates, the causes of which, in part, may possibly be associated with antipsychotic treatment.

Patients with schizophrenia have a life expectancy 20% lower than the general population, with a loss of around 25 years of life.¹ A relative risk of 2.41-fold is estimated for mortality from natural causes, especially cardiovascular, infectious, respiratory and endocrine diseases² (60% of premature deaths in these patients).

The higher cardiovascular mortality associated with schizophrenia and other diseases within the psychotic spectrum has been put down to the presence of modifiable risk factors for cardiovascular disease, which are between one and five times greater than for the rest of the population.³ Among their causes are health factors inherent in the disease itself, genetic factors, and those associated with psychopharmacological treatment, reduced access to adequate physical health care and unhealthy living habits.

Since the appearance of antipsychotics in the late 1950s, the prognosis of patients with schizophrenia has improved markedly. However, like any other type of drug, they have side effects that can have a substantial impact on patients' physical health, quality of life and adherence to treatment, such as a higher prevalence of metabolic and endocrine disorders and an increased risk of developing cardiovascular disease in the case of atypical antipsychotics.

Among atypical antipsychotics there are important differences in the profile of different side effects, and these adverse effects occur only in certain patients.⁴ The current

situation is that risk groups are not yet sufficiently identified to be able to combat each of these adverse effects.

Discovering and identifying these risk groups could, in some cases, contribute to preventing the onset of undesirable effects by establishing preventive strategies to improve the physical health of patients with severe mental illness.^{5,6}

The majority of studies on the prevention of metabolic and cardiovascular risk, associated with atypical antipsychotics, have focussed on early episodes, but there are very few studies on the progression of these parameters in the continuation phase of treatment in patients with chronic disease and long-term follow-up. This stage is, a priori, very important to ascertain the development of cardiovascular risk, considering the long duration of these treatments. In particular, it seems important to be aware of predictors of progression in order to devise preventive strategies.

This is why a prospective 2-year study was designed to analyse the physical health of the seriously mentally ill on maintenance treatment with atypical antipsychotics in order to verify the existence of predictive parameters at the anthropometric and analytical level for positive/negative development of the metabolic syndrome, as well as assess whether patients' progress in this area can be improved by psychoeducational programmes.

Material and methods**Participants**

A total of 75 patients from the Day Hospital at the Hospital Universitario de Valladolid were included. Patients, who

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