

Diabetes and psychosis: olanzapine may not be the culprit

To the Editor—I read with interest “Olanzapine-induced diabetic ketoacidosis in a Chinese Man” by Wong et al published in the February 2007 issue.¹ Although the patient did develop diabetic ketoacidosis while taking olanzapine and this association has been noticed previously with olanzapine as well as with other first- or second-generation antipsychotics, it is somewhat presumptuous to assume olanzapine was the cause. An association between diabetes and psychotic disorders was described long before the introduction of pharmacological agents for the treatment of schizophrenia and bipolar disorder. The most recent edition of the Canadian guidelines on risk factors and treatment of diabetes mellitus has included schizophrenia as a risk factor for diabetes mellitus and current literature finds the diabetes prevalence rate in people with schizophrenia is 2 to 4 times that of the general population and 2 to 3 times that of the general population in those with bipolar disorders.^{2,3}

The patient described by Wong et al may have had other risk factors for diabetic ketoacidosis. His young age and his continuing requirement for insulin suggest he may actually have type-1 diabetes. Has he had antibody studies, such as glutamic acid decarboxylase, islet cell antibodies, and insulin

antibodies? Mental health care providers do need to be aware of the increased incidence of diabetes in schizophrenia, and the need to do baseline and follow-up monitoring, especially when rapid weight gain occurs while being treated. Glucose levels need to be monitored enabling prompt therapy if the patient develops hyperglycaemia. The baseline haemoglobin-A1C value recorded for this patient suggests that the diabetes may have been developing for some time.

Weight gain has been observed with olanzapine, as well as other antipsychotics. Diabetes is a multifactorial disease, and weight gain is one of many well-established risk factors. Treatment choices and their potential risks should be considered in the broader context of the benefit-risk equation, being equally attentive to clinical efficacy, functional outcomes, and the patient's treatment history.

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