IMPACT OF PSYCHOFARMACA ON THE FREQUENCY OF METABOLIC SYNDROME IN PATIENTS WITH SHIZOPHRENIA

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Most patients with schizophrenia regularly used medications and it is difficult to disengage metabolic abnormalities which are related to disease, from those that may have been caused by medication. Results of previous studies showed that the frequency of obesity among patients with schizophrenia, 1.5 to 2 times higher than in the general population. Tendency to increase body weight and frequency of abdominal obesity was present among patients with schizophrenia, particularly in women, before the appearance of a so-called atypical antipsychotics (especially olanzapine and clozapine) in a much larger extent than with low-potency conventional antipsychotics such as chlorpromazine. Many so-called atypical antipsychotics II and III generation are related to the increase in body weight, especially with the development of central obesity, which has an adverse effect on health and patient cooperation. Other research has shown that patients with schizophrenia who did not use drugs or they were used it in smaller quantities had almost three times larger amount of intra-abdominal fat compared to the control group, and that patients with schizophrenia might have metabolic abnormalities associated with metabolic syndrome even before they start antipsychotic treatment.

The aim ofour study was to determine the impact of individual psychopharmacs to increase body weight, increase in BMI Abdominal obesity and the frequency of metabolic syndrome in patients with schizophrenia.

Patients with schizophrenia in Clinical Hospital Mostar (n=205). We stududied prospectively. Measurements were made at the beginning of treatment and after six months. Increase in body weight was more often appeared in patients who were treated with clozapine (66.7%) and olanzapine (60.4%) (p =0.303), as the value of BMI (clozapine 66.7%) and (olanzapine 58.3%). Abdominal obesity has a statistically significant increase in patients who were treated with clozapine (69.2%) and olanzapine (62.5%), unlike in patients who are treated with haloperidol (30%), fluphenazine (37.1%) and risperidone (39.5%) (p=0.001). Metabolic syndrome was more often appeared in patients who are treated with clozapine (64.1%) and olanzapine (60.4%) (p=0.002).

With long-term use of psychofarmacs, each psychiatrist should routinely determine if there was metabolic syndrome and its individual components and then recommend a medication with a suitable metabolic profile.