Introduction

Weight Gain: A Growing Problem in Schizophrenia Management

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As the problem of weight gain with novel antipsychotics becomes increasingly commonplace in clinical practice, concerns are growing about the health implications of excess weight gain as well as its potential impact on patients' self-esteem and, consequently, on compliance. Clinicians are increasingly encountering patients who are distressed by their increased weight and are consequently resistant to take further medication. However, concerns are far greater than purely cosmetic. Risk of noncompliance means risk of relapse, and further weight gain may have substantial long-term health consequences, particularly among patients already at risk of coronary heart disease or diabetes mellitus.

Antipsychotic-related weight gain is not a new phenomenon. It was first reported in association with chlorpromazine in the late 1950s but remained overshadowed by the other substantial side effects of the older generation of neuroleptic agents (e.g., haloperidol) such as extrapyramidal symptoms and tardive dyskinesia. Today there is evidence that patients with schizophrenia are more likely to be obese than the general population. Patients with schizophrenia also have an increased risk of morbidity and mortality from cardiovascular disease, diabetes mellitus, and cancer and tend to have poor access to medical care. It is, therefore, of concern that some atypical (novel) antipsychotic agents appear to have a greater weight gain liability than the conventional antipsychotics as well as having adverse effects on blood levels of lipids and glucose. Among the novel agents, different agents have different weight gain liabilities. Ziprasidone, a novel antipsychotic in clinical development, appears to have a weight-neutral profile in large numbers of patients treated with it for prolonged periods. In short- and long-term studies, only minimal changes in median weight, comparable to those with placebo, were seen with ziprasidone, with no relationship to dose, duration of treatment, or clinical response. Greater attention to health risks and, potentially, blood glucose and lipid screening may therefore become a necessity in patients receiving certain antipsychotic agents long term.

In this supplement, some of the world's leading experts on weight gain in schizophrenia review the latest evidence, which suggests that this problem should be a concern to every clinician. The scale of the problem is addressed, as are the mechanisms underlying weight gain associated with the antipsychotics and the differences in weight gain propensities among antipsychotic drugs. Most importantly, the implications for management and appropriate management strategies in clinical practice are also examined.

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