The Impact of Ethnicity on Metabolic Outcomes During Treatment With Antipsychotics: Complexities Abound

To the Editor: Meyer and colleagues conclude that race may be an important moderator of metabolic risk during atypical antipsychotic therapy.[1] They observed this for aripiprazole but not for olanzapine, consistent with our own findings that race did not substantially impact metabolic parameters for olanzapine.[2] Meyer and colleagues put forth that when the metabolic impact of an antipsychotic is small (such as with aripiprazole), the effect of race is clearly evident, but when the metabolic impact of an antipsychotic is large (such as with olanzapine), the effect of race is overshadowed and not observable. However, in the same prospective randomized study in which we observed no effect of race on metabolic outcomes for patients receiving olanzapine, we found a large effect of race on metabolic outcomes for patients receiving clozapine.[2] In our study, clozapine was associated with more severe metabolic side effects than olanzapine. Thus, the impact of race is complex and may depend on the antipsychotic in question and its individual receptor-binding profile and the specific genetic vulnerabilities of the patient.[2] Differential risks may be quantified, preferably using absolute measures that can quantify potential

clinical significance;[3] but ultimately it behooves all clinicians to monitor all patients of all ethnicities for metabolic outcomes regardless of the antipsychotic prescribed.

References

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Leslie Citrome, MD, MPH
citrome@nki.rfmh.org
Menahem Krakowski, MD, PhD

Dr Meyer was shown this letter and declined to comment.

Author affiliations: Nathan S. Kline Institute for Psychiatric Research, Orangeburg, New York and New York University School of Medicine, New York (Drs Citrome and Krakowski).

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