Reply to Dr. Sá Jr and Dr. Helkis' letter "Comments on 'Weight gain anagement in patients with schizophrenia during treatment with olanzapine in ssociation with nizatidine'"

Resposta à carta dos Drs. Sá Jr. e Helkis "Comentários sobre 'Manejo do ganho de peso em pacientes portadores de esquizofrenia durante o tratamento com olanzapina em associação com nizatidina'"

Dear Editor.

The importance of managing weight gain and related metabolic consequences associated with the use of olanzapine were appropriately commented by Dr Sa and Dr Elkis in their letter. Weight gain is clearly an expected and undesirable outcome when treating schizophrenic patients with most of the available antipsychotics, particularly the Second Generation Antipsychotics (SGA) which have demonstrated superior efficacy when compared to the First Generation Antipsychotics. This is the main conclusion of the study by Davis et al.: ¹ in head-to-head randomized, controlled trials, this claimed superiority is hold only for amisulpride, clozapine, olanzapine, and risperidone, but not for the remaining SGA. That's why medication switching might not be the best alternative for dealing with this important problem.

As pointed out by Dr Sa and Dr Elkis in their letter, our trial² was started after patients gained about 7 kilos. Different studies have presented enough evidence that support a change in our practice: there is a clear need of addressing the possible weight gain and life habits (including dieting and physical exercises) in a very early stage of the treatment, ideally when the drug is first prescribed. For drugs like olanzapine and clozapine, weight gain usually occurs in the first 6 months of treatment. The pro-active adequate care of the physical well-being of patients suffering from severe mental diseases will allow physicians to choose the best treatment for each patient.

Maurício Silva de Lima Eli Lilly do Brasil, Brazil Universidade Federal de Pelotas (UFPel), Pelotas (RS), Brazil Universidade Católica de Pelotas (UCPel), Pelotas (RS), Brazil

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