Weight Gain and Treatment Interruptions with Second-Generation Oral Antipsychotics: Analysis of Patients with Schizophrenia or Bipolar I Disorder

Michael J. Doane, PhD1, Leona Bessonova, PhD1, Kathleen Mortimer, ScD, MPH2, Harry Cheng, MA, MPH2, Gregory Donadio, MA2, Thomas Brecht, MS2, Amy K. O’Sullivan, PhD1, Hannah Cummings, PhD1, David McDonnell, MD3 and Jonathan M. Meyer, MD4

1Alkermes, Inc., Waltham, MA, USA, 2OM1, Inc., Boston, MA, USA, 3Alkermes Pharma Ireland Ltd., Dublin, Ireland, and 4University of California, San Diego School of Medicine, Department of Psychiatry, La Jolla, CA, USA

Presenting Author: Michael J. Doane

Abstract

Among patients with schizophrenia (SZ) and bipolar I disorder (BD-I) treated with second-generation antipsychotics (SGAs), clinically-significant weight gain (CSWG) and treatment interruptions (TIs) are challenges that may result in morbidity/mortality. CSWG and TIs were assessed among patients who initiated oral SGAs of moderate-to-high weight gain risk (no exposure to index SGAs/first-generation antipsychotics for >12 months) using medical records/claims (OM1 Data Cloud; January 2013-February 2020). Outcomes included CSWG (=7% increase in baseline weight) and TIs (switches [to SGAs of low weight gain risk/long-acting injectables] or discontinuations [no SGAs for >30 days]). Descriptive analyses included proportions of patients with CSWG and TIs, and median time to these outcomes. Approximately three-quarters of patients were overweight/obese at baseline (SZ: N=8,174; BD-I: N=9,142). Within 3 months of SGA initiation, 12% of all patients experienced CSWG. For patients on treatment with index SGAs for >6 months (SZ: 29%; BD-I: 27%), 28% (SZ) and 30% (BD-I) experienced CSWG during follow-up. Median time to CSWG was 14 weeks. CSWG results were numerically similar among patients with SZ and BD-I. Over 96% of patients had TIs during follow-up (median time of 12 [SZ] and 13 [BD-I] weeks). Among patients with CSWG and subsequent TIs and weight measurements, 74% did not return to baseline weight after interrupting treatment; the remainder returned to baseline weight with median times of 38 (SZ) and 39 (BD-I) weeks. Results suggest that most patients with CSWG do not return to baseline weight after stopping treatment with oral SGAs of moderate-to-high weight gain risk.

Funding. Alkermes, Inc.

Othello Syndrome: Delusional Disorder - Jealous Type ≠ Violence

Elizabeth Soyeon Ahn, MD and Jacqueline A. Hobbs, MD, PhD

University of Florida College of Medicine, Department of Psychiatry, Gainesville, FL, USA

Presenting Author: Elizabeth Soyeon Ahn

Abstract

Background. Othello syndrome, also known as morbid jealousy, pathological jealousy, and conjugal paranoia, is a rare delusional disorder related to partner’s infidelity. There are no large scale or comprehensive studies on delusional jealousy, and only few case reports and cases series leave delusional disorder jealous type (DDJT) largely unknown. Herein, we report a case of DDJT, its possible etiology and describe its characteristics, comorbidities, and interventions.

Case Description. A 65-year-old married, retired, and disabled Caucasian male with a history of closed traumatic brain injury and chronic pain presented for outpatient care accompanied by his wife with a chief complaint of paranoid delusions. The patient was a car racer when he sustained over 25% total body surface area burns after his motor vehicle crashed at the speed of almost