Atypical antipsychotics have been associated with increased risk of diabetes, obesity, and weight gain. The risk of diabetes is increased with all atypical antipsychotics, but the risk is highest with clozapine. There is also an increased risk of developing hyperglycemia in patients treated with clozapine, olanzapine, risperidone, and ziprasidone. It is not clear whether this increased risk is due to the drugs themselves or to other factors such as adherence to lifestyle changes or medication non-adherence.

The increased risk of diabetes and obesity associated with atypical antipsychotics is thought to be mediated by various mechanisms, including decreased sensitivity to insulin, increased appetite, and decreased energy expenditure. Atypical antipsychotics have been shown to affect various systems in the body, including the hypothalamus, the gastrointestinal tract, and the peripheral nervous system, which are all involved in the regulation of energy balance.

In addition to the increased risk of diabetes and obesity, there is also an increased risk of death in patients treated with clozapine, olanzapine, and risperidone. This increased risk of death is thought to be due to the increased risk of cardiovascular disease and cerebrovascular disease associated with these drugs. It is not clear whether the increased risk of death is due to the drugs themselves or to other factors such as smoking, alcohol use, and poor medical care.

Atypical antipsychotics are also associated with an increased risk of death in patients with schizophrenia, bipolar disorder, and major depressive disorder. This increased risk of death is thought to be due to the increased risk of cardiovascular disease and cerebrovascular disease associated with these drugs. It is not clear whether the increased risk of death is due to the drugs themselves or to other factors such as smoking, alcohol use, and poor medical care.
NOW the most prescribed atypical*

SEROQUEL is indicated for the treatment of acute manic episodes associated with bipolar I disorder, as either monotherapy or adjunct therapy with lithium or divalproex, and the treatment of schizophrenia. Patients should be periodically reassessed to determine the need for continued treatment.

Prescribing should be consistent with the need to minimize the risk of tardive dyskinesia. A rare condition referred to as neuroleptic malignant syndrome has been reported with this class of medications, including SEROQUEL.

Hyperglycemia, in some cases extreme and associated with ketoacidosis, hyperosmolar coma, or death, has been reported in patients treated with atypical antipsychotics, including SEROQUEL. Patients starting treatment with atypical antipsychotics who have or are at risk for diabetes should undergo fasting blood glucose testing at the beginning of and during treatment. Patients who develop symptoms of hyperglycemia should also undergo fasting blood glucose testing.

Precautions include the risk of seizures, orthostatic hypotension, and cataract development.

The most commonly observed adverse events associated with the use of SEROQUEL in clinical trials were somnolence, dry mouth, dizziness, constipation, asthenia, abdominal pain, postural hypotension, pharyngitis, SGPT increase, dyspepsia, and weight gain.