PREDICTIVE VALUES OF APPETITE AND EARLY WEIGHT INCREASE FOR LONG-TERM WEIGHT VARIATION DURING PSYCHOTROPIC TREATMENT.

F. Vandenberghe[1], M. Gholam Rezaee[1], E. Choong[1], N. Saigi Morgui[1], A. Delacretaz[1], M. Preisig[1], A. Von Gunten[1], P. Conus[1], C. Eap[1]

[1]Department of Psychiatry, Lausanne University Hospital, Lausanne, Switzerland

Introduction:

Atypical antipsychotics and some other psychotropic drugs such as valproate, lithium or mirtazapine are known to induce several metabolic complications. However there is an inter-individual variability in developing metabolic features which may be explained by clinical and genetic factors.

Objectives:

To determine whether weight gain and/or appetite change after one month are predictors for a weight gain after 3 and 12 months of treatment.

Methods:

A longitudinal clinical and pharmacogenetic study is presently ongoing in the Department of Psychiatry-CHUV. Several clinical data have been recorded over one year following the introduction of psychotropic treatment. 406 patients with weight at baseline, after one month and with at least a third weight measure during the first year of treatment were included in the present study.

Results:

Using Receiver Operating Characteristic (ROC) analyses, an initial weight increase of 5% was found to be a good predictor for a consequent weight gain at 3 months ($ROC_{AUC}=77$) and one year ($ROC_{AUC}=68$). By using a generalized linear mixed model corrected by several confounders, this weight change of 5% was found to be significantly associated (p-value<0.0001) with an important weight change (10 to 20% increase from baseline value) over one year. Appetite was not found to be good a predictor of weight gain over one year.

Conclusion:

An initial weight gain of 5% during the first month following an introduction of atypical antipsychotics, lithium, valproate and/or mirtazapine is a predictor for further weight gain and should be a warning sign to introduce weight lowering strategies.