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METABOLIC SYNDROME IN SCHIZOPHRENIA PATIENTS OBSERVED IN GERMAN CLINICAL PRACTICE - HOW DO UNTREATED PATIENTS DIFFER FROM PATIENTS WITH PREVIOUS ANTIPSYCHOTIC MEDICATION?

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Introduction: For antipsychotic therapy and for schizophrenia associations with increased prevalence of metabolic syndrome (MetS) have been reported. This post-hoc analysis of a German, prospective, observational study assessed MetS-prevalence at baseline and month-3 in adults with schizophrenia.

Methods: Patients previously untreated (UT, N=108; 60.2% females) or on different antipsychotic therapy (PT, N=367; 47.7% females) were initiated or switched to new antipsychotic medication at baseline (choice unrestricted). Analyzed were patients with complete metabolic data (fasting blood samples, physical parameters, baseline/month-3) without medication change. Prevalence of MetS (AHA/NHLB-definition) and MetS-factors were determined; 95% confidence intervals (CI) were derived from exploratory ANCOVA analyses, adjusting for treatment group and sex.

Results: PT had significantly higher MetS prevalence at both visits than UT (baseline: 49.9% [CI 44.6;55.1] vs. 25.9% [18.0;35.3]; month-3: 54.5% [49.3;59.7] vs. 32.4% [23.7;42.1]); MetS prevalence increased by 4.6% in PT and 6.5% in UT. At baseline, UT had significantly better values than PT for triglycerides (p=0.0048), HDL-cholesterol (p=0.0044), blood pressure (SBP/ DBP; p=0.0090/0.0067), fasting glucose (P=0.0304), waist circumference (p=< .0001). At month-3 differences were no longer significant, except for DBP (p=0.0227). ANCOVA for both groups pooled revealed a significant effect on change from baseline for DBP (p=0.0227), and a sex effect for fasting triglycerides (p=0.0006) and HDL-cholesterol (p=0.0015 in favor of women.

Conclusion: Physical and metabolic parameters initially were better in UT, compared to PT. At month-3, UT and PT values had converged, indicating that antipsychotic treatment may be associated with increased metabolic burden in an at-risk population.

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