Many Antipsychotic Users Not Getting Needed Tests
By Megan Brooks  Reuters Health  January 5, 2010

People who take newer drugs for schizophrenia and other psychotic conditions are supposed to have their blood sugar and cholesterol levels checked regularly but many don't, according to a study released today. These so-called "second-generation" antipsychotic drugs, which include olanzapine (Zyprexa), risperidone (Risperdal) and aripiprazole (Abilify), were developed because older antipsychotics have significant side effects. However, the newer drugs are known to significantly increase blood sugar and cholesterol levels, raising the risk for diabetes and heart disease.

In a study, researchers found that less than one-third of low-income Medicaid patients who are treated with these drugs have their blood sugar and cholesterol levels checked.

And perhaps even more concerning, say the researchers, screening rates did not increase following government warnings and recommendations calling for increased blood sugar and cholesterol monitoring. The findings are consistent with others from non-Medicaid populations, Dr. Elaine H. Morrato of the University of Colorado, Denver, who was involved in the study, told Reuters Health.

She has this advice: "If you are taking second-generation antipsychotic drugs, then you should be screened for diabetes and (high cholesterol and fats in the blood) and monitored for potential adverse drug effects. This is important so that you can receive appropriate preventive care and treatment."

In 2003, the US Food and Drug Administration began requiring a warning on labels of second-generation antipsychotic medications stating that blood sugar levels should be monitored in people with diabetes, at risk for the disease or with symptoms of high blood sugar. At the same time, the American Diabetes Association and American Psychiatric Association issued a statement describing the risks of elevated blood sugar and cholesterol levels associated with these drugs and laid out a monitoring protocol which included blood sugar and cholesterol screening for anyone starting one of them.

These warnings and recommendations had little impact, according to the new study, an analysis of claims data from low-income patients covered by Medicaid in California, Missouri and Oregon between 2002 and 2005. Morrato and colleagues used the data to compare blood sugar and cholesterol testing rates between a group of 109,451 patients taking a second-generation antipsychotic drug and a control group of 203,527 not taking one of these medications.

Blood sugar and cholesterol testing rates, they found, were no different for patients starting an antipsychotic medication than for the control group of individuals from the same states.
Initial screening rates for those treated with antipsychotics were low -- 27 percent had their blood sugar checked and 10 percent had their cholesterol levels checked, the researchers report in the Archives of General Psychiatry.

The government warnings and professional society recommendations did not lead to any increase in blood sugar testing rates and only a marginal increase in cholesterol testing rates (an increase of 1.7 percent). However, there was some evidence that the prescribing habits of doctors changed after the warnings and recommendations; new prescriptions for Zyprexa, which carries a higher risk of blood sugar and cholesterol disturbances, declined significantly following the FDA warning, according to the investigators, whereas prescriptions for the lower-risk drug Abilify increased.

Less prescribing of higher-risk drugs and more prescribing of lower-risk drugs suggests that doctors are "actively taking measures" to curb drug-associated diabetes and heart-related risk for their patients, Morrato said. Nevertheless, she advises patients taking second-generation antipsychotics to be proactive. "Make sure you talk to your doctor about what you can do to reduce your risk" for developing diabetes and high cholesterol levels, Morrato said.