Weight gain and metabolic effects of depot medication in youth with early psychosis


Black Swan Health; headspace Youth Early Psychosis Program (hYEPP), Perth Australia

Background: Long-acting injectable (LAI) antipsychotics are increasingly being prescribed to young people diagnosed with psychosis and can assist with medication compliance. It is often postulated that aripiprazole has the least impact on weight gain and metabolic effects relative to other antipsychotics. However, studies in young people are rare, and head to head comparisons against other LAIs such as paliperidone are lacking.

Aims: To examine long-term changes in weight and metabolic side effects of aripiprazole and paliperidone in LAI formulation in young people being treated in a community headspace Youth Early Psychosis Program, Perth Australia.

Methods: A physical health nurse conducted regular metabolic screening. Weight, BMI and blood pressure were taken monthly during administration of the depot. Metabolic parameters were taken at baseline, and then every 3 months for 12 months.

Participants

33 young people on aripiprazole, and 26 on paliperidone: No baseline group differences in age (mean = 21.2 years, SD = 2.1); clinical severity (mean BPRS score = 40.2, SD = 10.8) or total duration on the current LAI (mean = 381 days, SD = 255).

Results

* Both groups showed significant time-dependent increases in BMI, weight and waist circumference (p < 0.001)
* At 12 months, patients on aripiprazole had significantly greater waist circumference (20 cm vs 5 cm, p < 0.01) and weight gain since baseline (10.1% vs 5.3%).
* Aripiprazole was also associated with lower triglycerides and prolactin levels compared to paliperidone (p < 0.001).

Key finding 1: There was weight gain with both LAIs. This challenges the idea that aripiprazole has no impact on weight gain, although it adds to a growing body of evidence in young people. Furthermore, the weight gain continued to increase in aripiprazole at 12 months while the effects appeared to plateau in paliperidone around 9 months.

Key findings 2: Adverse metabolic effects were greater in paliperidone. Consistent with the literature, aripiprazole was associated with prolactin level reductions and lower triglyceride levels.

Conclusions. The risk of metabolic disturbances and weight gain needs to be considered when prescribing any antipsychotic medication, including aripiprazole. Patients should be educated and offered interventions targeting physical health from the start of medication initiation.

References