To: CN=Thomas A Hardy/OU=AM/O=LLY@Lilly; CN=Sara Kollack-Walker/OU=AM/O=LLY@Lilly
CC: CN=Robert W Baker/OU=AM/O=LLY@Lilly; CN=Michael Overdorf/OU=AM/O=LLY@Lilly
Date: 03/10/2004 04:26:25 PM
From: CN=Vicki Poole Hoffmann/OU=AM/O=LLY
Subject: Re: Revisions - BHM Editorial

Sara and Tom,

Not that you asked for my opinion, but here it is anyway.

I think we should delete most of the third paragraph and all of the fourth as they are defensive and attempt to show that there is no differential risk of DM among atypicals in spite of the differences in weight gain. Our advisors have told us that this position is making us look foolish. I like the beginning of the third paragraph ("Weight gain and dysfunction in glucose and lipid metabolism during antipsychotic drug therapy are clearly of concern. An increase in body weight has been linked to metabolic dysfunction (insulin resistance, hyperglycemia, dyslipidemia) and to an elevated risk for the development of diabetes and cardiovascular disease. However, the relationship among these metabolic parameters may be more complex, especially in patients who suffer with a serious mental disorder and who may already be at risk for metabolic adverse events.") but I think we should follow it with our belief that all patients should be monitored for weight gain and changes in metabolic parameters regardless of the antipsychotic chosen (a position consistent with the ADA Consensus Statement). We might make a comment that those promoting the notion that patients initiated on certain antipsychotics do not require monitoring are doing a disservice to patients.

I think we could also safely challenge the ADA recommendation that clinicians should consider switching antipsychotics in patients who gain > 5% of their initial body weight. This is not supported by the data, (most assessments of body weight change use a threshold of 7%) and it could be dangerous since patients may gain this much weight before they are psychiatrically stable. Switching at this point would be costly and may delay psychiatric recovery. Robert has commented to me several times that we know what to do for patients initiating therapy, regardless of drug choice, and even those with risk factors, (they should be monitored), what we do not know is what to do about patients who become obese. This may be something we want to work in.

Vicki

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Sara Kollack-Walker

03/10/2004 02:53 PM

To: Thomas A Hardy/AM/LLY@Lilly
cc: Vicki Poole Hoffmann/AM/LLY@Lilly
Subject: Revisions - BHM Editorial

Dear Tom,

I've revised the editorial (see below). It is currently 1185 words which is probably acceptable. What do you think of content? tone?

Thanks,

Sara

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redacted

[attachment "BHM-Editorial-03-10-04-ADA Consensus Statmt.doc" has been removed by Vicki Poole Hoffmann/AM/LLY]