

Diabetes

Positioning: Co-morbid & Comparable

Message

- **Common** in the general population, **2-4 times as common in patients with mental illness.**
- **Weight** is a known risk factor for diabetes, but is **one of many risk factors** (disease state itself may be the biggest risk factor).
- Preponderance of evidence shows **rates are comparable** among frequently prescribed agents.
- Help the customer help their patients by **educating them on risk factors for diabetes** so that they can assess all their patients for such risk factors, regardless of agent.
- Treatment selection should be based on the patients **underlying psychiatric condition and the overall risk/benefit profile** of the treatment agent.

What to emphasize:

- Diabetes is a **co-morbid condition** in patients with mental illness (patient population issue)
- **Rates are relatively high.**

What NOT to say:

- Zyprexa doesn't **cause** diabetes. Cause and effect unknown. Probably very little drug effect relative to other factors but difficult to quantify. Preponderance of evidence shows no direct drug effect on insulin secretion or resistance (Clamp Studies).
- There **is not a problem** with diabetes and Zyprexa. This is opposite our message. Diabetes **is** a patient population issue and therefore all patients should be assessed for risk factors of diabetes, regardless of agent.

Weight Gain

Positioning: Predictable and Manageable

Message:

- For many patients, weight gain with Zyprexa is **predictable and manageable.**
- Patients who **rapidly gain weight early in treatment** will gain the most weight over time.
- These are the patients where you should **intervene early using behavioral interventions.**
- Behavioral interventions at the start of treatment is the most effective. However, it's never too late to start a behavioral intervention. **Behavioral interventions could help many patients either lose weight or gain less weight than they would have otherwise.**

What to emphasize:

- Patients **can** gain a significant amount of weight on Zyprexa
- Patients who gain weight rapidly (3-4) pounds in first week are good candidates for **early intervention**, ie behavioral intervention.
- Acknowledge that if a patient gains significant weight and behavioral interventions aren't working, they **may be a candidate for another agent** (if benefits of Zyprexa don't outweigh risks).
- **Never too late to begin a behavioral intervention.**
- Lilly has **services to help physicians help their patients who are struggling with weight gain.**

What NOT to say:

- Weight gain with Zyprexa is **not a metabolic issue.** Although some evidence shows that Zyprexa causes increased appetite leading patients to eat more and thus gain weight, we cannot say this conclusively.
- Weight gain is a **class issue.** Even though this is true to some extent, Zyprexa patients experience more weight gain than most agent. Additionally, when we say it's a class issue, physicians interpret this statement as us denying or minimizing weight gain and it's effect on patients.
- Weight gain is **not a risk factor for diabetes** or weight gain doesn't lead to diabetes. Weight gain (or obesity) is an established and important risk factor for diabetes. However, there is not a 1:1 relationship; it is one of many risk factors. Mental Illness itself may be the most important risk factor for diabetes in this population.

Uncovering the right objection: Weight gain or diabetes?

If customer brings up diabetes – give diabetes message.

If customer brings up weight gain – ask one simple question: “What is the consequence of weight gain you are concerned about?”

If appearance or compliance, give weight gain message.

If diabetes, give diabetes message.

If customer says weight gain leads to diabetes, handle core weight gain objection first then use diabetes info if needed.