Phenomology of and Risk Factors for New-Onset Diabetes Mellitus and Diabetic Ketoacidosis Associated with Atypical Antipsychotics: An Analysis of 45 Published Cases



- •45 cases of new-onset DM or DKA
 - Clozapine 20
 - Olanzapine 19
 - Risperidone 3
 - Quetiapine 3

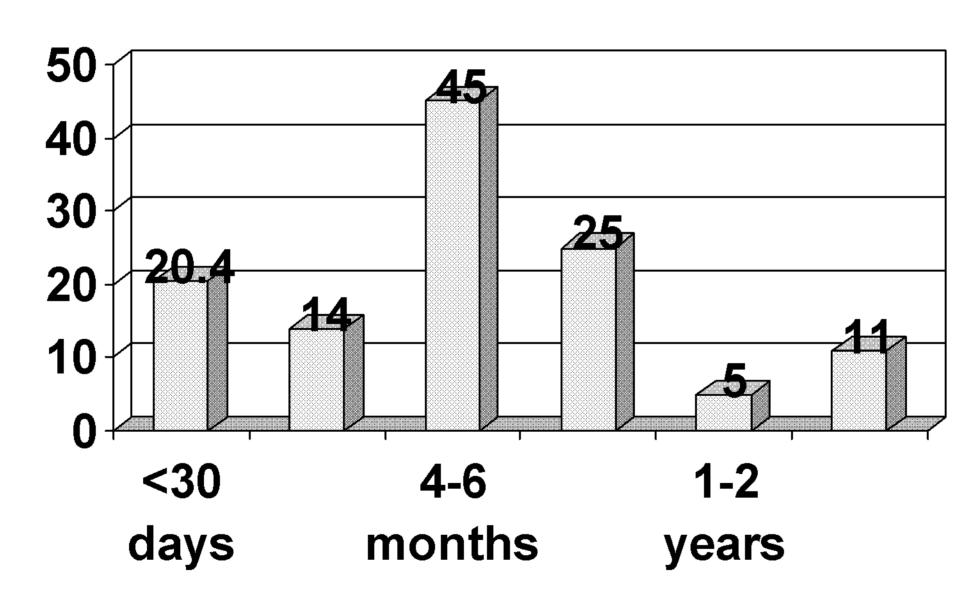
- 87% male
- 47% African American
- 42% presented with DKA
- Blood Glucose at time of diagnosis
 - -89% > 300 mg/dL
 - -63% > 500mg/dL

- 32 (71%) patients had weight measurement
 - 50 % (16) manifested no weight gain at time of presentation with DM
 - -84% were overweight (>5% over ideal weight) at baseline
- 77% received adjunctive medications

Mean duration of antipsychotic prior to DM was 19 weeks.



Percentage of Patients

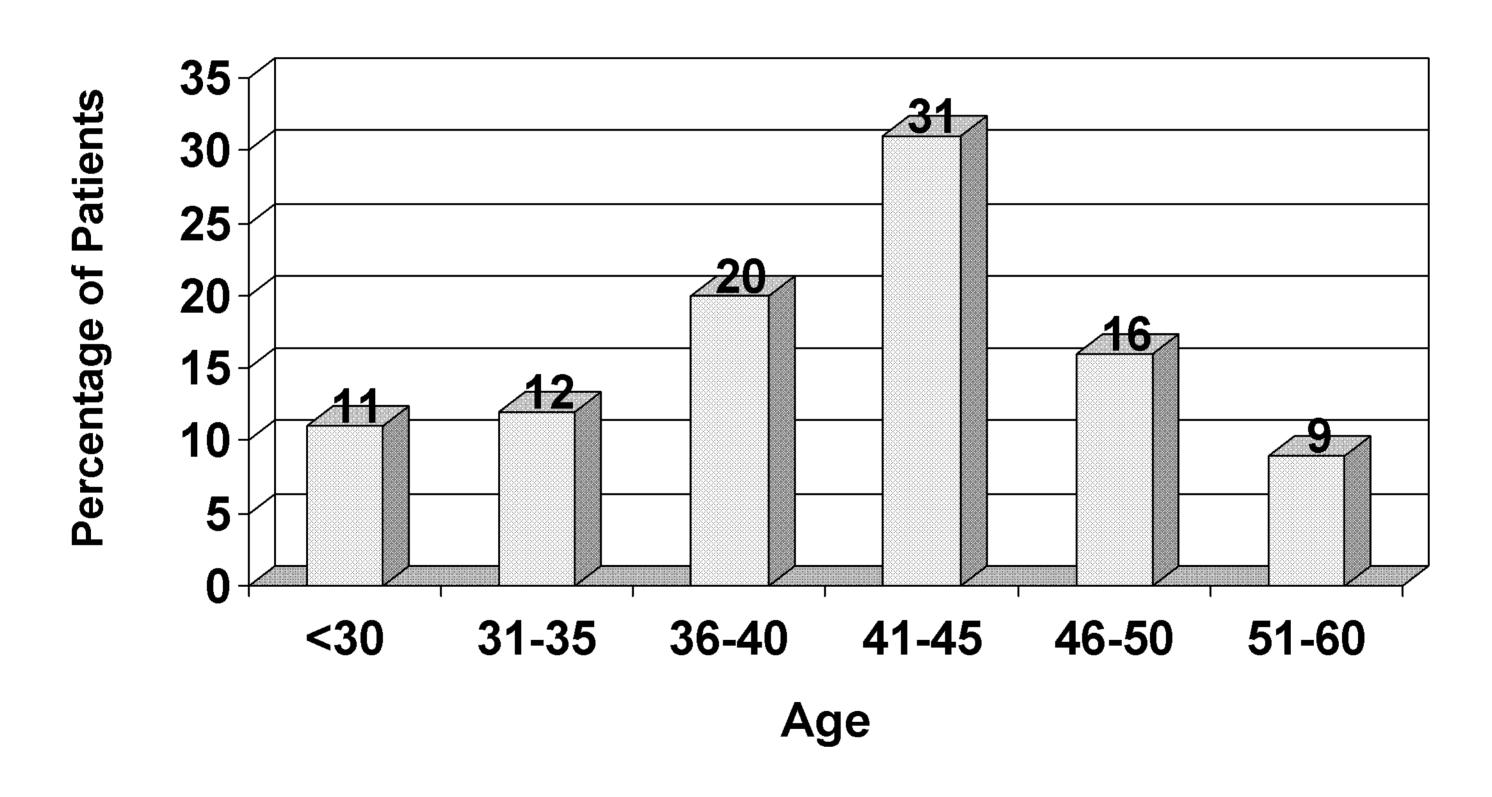


Duration of Antipsychotic Therapy

Jin H, Meyer JM, Jeste DV ANN Clin Psych 14; Mar 2002: 59-64

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Age at Time of Diagnosis



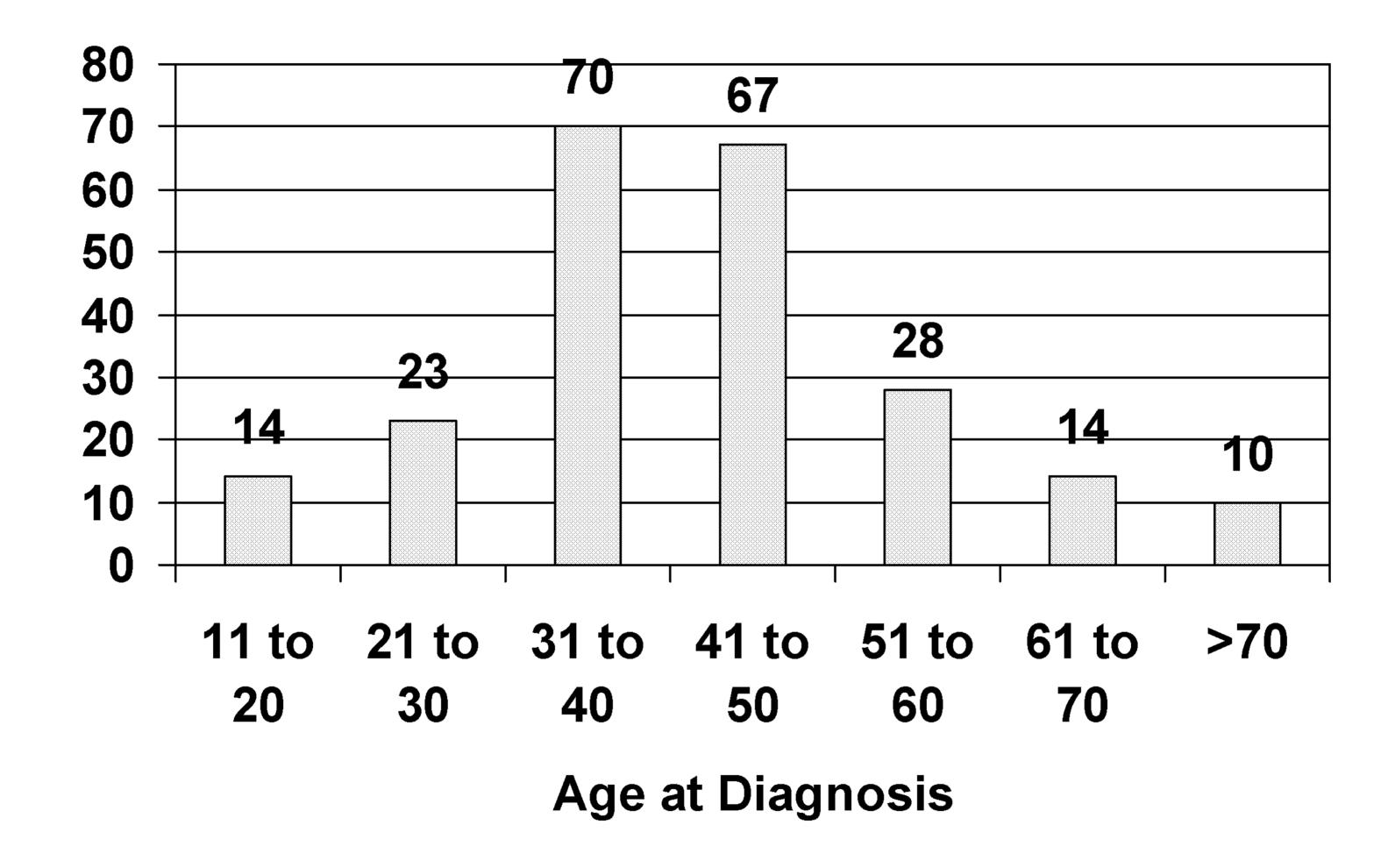
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- Patients with DKA vs those with DM
 - Women
 - Younger
 - Less overweight at baseline
 - Presented with higher blood glucose



- •237 cases of olanzapine associated DM or hyperglycemia
 - 41 cases in 22 publications
 - 215 from the Unites States
 - 22 from outside the US
 - 188 (79%) newly diagnosed
 - 153 met criteria for diagnosis of DM (mean age 40 years)
 - 35 contained insufficient information for diagnosis of DM
 - 19 treated with anti-diabetic therapy
 - 44 (19%) exacerbation of preexisting DM (mean age 52 years)
 - 5 (2%) could not be classified



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- 150 patients had race information
 - •56% caucasian
 - •39% African American
 - •3% Hispanic
 - •3% Asian

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- Time to Onset
 - All patients
 - •2-45 days
 - •≤ 6 months for 73%
 - Among newly diagnosed DM
 - •≤1 month for 13%
 - •≤3 months for 47%
 - •≤6 months for 70%
 - Among those with exacerbation of preexsiting DM
 - •≤1 month for 55%
 - •≤3 months for 84%
 - •≤6 months for 97%

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Dose

- •All patients 15.6mg
- •Newly diagnosed patients 16.1mg
- •Exacerbation of preexisting DM 13.2mg
- •Those with ketosis or acidosis 16.6mg
- •Those without ketosis or acidosis -15.0mg

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- Metabolic Acidosis
 - Among all patients 80 (34%)
 - •Among newly diagnoses patients 74 (39%)
 - •Among patients with exacerbation of preexisting DM 3 (7%)

- Deaths
 - •15 total
 - •8 male, 7 female
 - •14 occurred in newly diagnosed patients
 - •Time to onset <3 months for 8 patients
 - Mean daily dose = 17.9 mg
 - •13 ocurred during or soon after the hyperglycemic episode
 - 1 died of necrotizing pancreatitis 1 month after hyperglycemic episode

- Other Risk Factors
 - 76% were either overweight at baseline or gained a significant amount of weight
 - •43% of newly diagnosed patients had a family history of DM
 - 6 patients had hepatitis
 - •8 patients had been taking another atypical antipsychotic
 - •31% received valproate

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- Authors' discussion and conclusions
 - •Gravity of outcomes highlights need to further investigate the potential association
 - Relationship between olanzapine and DM established by;
 - Number of cases reported
 - Prompt reversibility when drug is withdrawn
 - Mean age at diagnosis is considerably less than that seen in general population
 - •Frequency of newly diagnosed DM in people < 44 in the olanzapine-treated patients (66%) is twice that seen in the general population (33%)
 - Koller EA, Bengder, distribution is different than that of the

general population (M:F 1.8 vs 0.8)

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- Authors' discussion of limitations
 - Underreporting characteristic of this system
 - Distortions in reporting due to clinician awareness
 - •Clinician awareness of weight gain may contribute to more frequent monitoring and detection of DM
 - Rate cannot be determined
 - Causality cannot be established
 - Contribution of other risk factors cannot be ruled out
- •However, the authors conclude that their results suggest a causal relationship