

Defending Zyprexa on Hyperglycaemia/Diabetes

Key Messages

Glossary of Terms:-¹

Hyperglycaemia

raised blood sugar levels over a sustained period of time – in the general population, return to normal levels occurs naturally

Diabetes II Mellitus

raised blood sugar levels at or above 200 mg/dL / 11.1 mmol. *Diabetics need intervention to lower blood sugar levels*

First response:-

Schizophrenia and Diabetes

- One in six people with schizophrenia have an increased risk of developing diabetes². In fact, the prevalence of diabetes is two to four times greater in these patients and the risk increases with age²
- Hyperglycaemia/diabetes is more likely to be a result of schizophrenia than any other factor – it is a 'disease' effect²
- With good disease management, including advice on lifestyle, the risk of hyperglycaemia/diabetes associated with schizophrenia is likely to be reduced

If pushed on Zyprexa specific data:-

Zyprexa, Hyperglycaemia and Diabetes

- Being diagnosed with hyperglycaemia is not necessarily an indication of a definite progression to diabetes
- More than 6 million people have taken Zyprexa worldwide
- Zyprexa is a very effective treatment for a life-threatening disease
- Large scale data analysis does not support a sustained risk of treatment-emergent hyperglycaemia or diabetes with Zyprexa in comparison to other typical and atypical antipsychotics and to placebo³
- Stopping medication for schizophrenia is likely to be much more serious (possibly resulting in suicide) than any potential risk from these drugs and hyperglycaemia

Zyprexa, Hyperglycaemia and Weight Gain

- In large scale data analysis, 95% of patients on Zyprexa who even gained as much as 10% in weight did not show an increased likelihood of elevated glucose levels which indicates diabetes³
- There has been no definitive association between weight gain with Zyprexa and hyperglycaemia⁴
- Weight is increasing in the general population as a whole and everyone should be given advice on diet and exercise. In people with schizophrenia it is important to treat the whole person not just the primary disease
- Early disease is key to managing the all round health of someone with schizophrenia

References:

1. American Diabetes Association. Screening for Type 2 Diabetes (position statement). *Diabetes Care* 2000;23(S1)


ZY 2230 1203

2. Mukherjee S et al. Diabetes mellitus in schizophrenic patients. *Comprehensive Psychiatry* 1996;37(1):68-73
3. Allison/Beasley et al, Comparing Glycemic Profiles Across Treatment Options in Psychiatric Disorders, Data on File
4. *Am J Psychiatry* 1997;154:457-465

ZY 2230 1204

Zyprexa Product Team

2001 Priorities

- **Manage Weight Gain / Hyperglycemia**
- **Competitive Blunting and Differentiation**
 - focus on Zeldox, Risperdal
- **The Bipolar Patient**
 - mania, maintenance, 
- **The Acutely Ill Patient**
 - IM, high dose, Zydys
- **The Chronically Ill Patient**
 - depot, relapse prevention
- **Brand Strategy**
 - position, health outcomes, pricing



Answers That Matter.

Team Structure

Mood	Acute	Maintenance	Safety	Competitive
Mike Greaney - TL, Med Michael Sale - Mktg	Stacy David - TL, Med Bill Hess - Mktg	Barry Jones - TL, Med Pascal Prigent - Mktg	Patrizia Cavazzoni - TL, Med Sunl Keeling - Mktg	Tim Parshall -TL, Mktg Bryan Boggs - Med
	Agitated patients (schizo., mania, and dementia)	Relapse prevention	Glycemia & weight clinical plans	Differentiation (risperidone, quetiapine, valproate ...)
Depression	RAIM	Depot	Regulatory response	Zeldox blunting
Recognition/ Diagnosis	Zydis/Velotab	Cognition/Neg. symptoms/TD.	Safety review	Health Outcomes
Positioning	1 st Episode, Prodromal	Health outcomes	Core data sheet	Scientific comm. plan
Health outcomes	High dose, onset of act.	Scientific comm. plan	Health Outcomes	
Scientific comm. plan	Health outcomes		Scientific comm. plan	
	Scientific comm. plan			

Redacted

TL = Sub Team Leader

MED = Primary Medical Contact

MKTG = Primary Marketing Contact