



Weight Gain Management Marketing Verbatims

European Planners Meeting
Dublin
February 24-26th



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ZY 2153 859



Weight Gain Management

- ◆ **Be prepared for the issue and related concerns**
 - No "Flinch Factor"



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Weight Gain Management

- ◆ **Probe to determine reason for concern**
 - **Is the MD seeing substantial weight gain in his/her own patients?**
 - **Is the concern brought up by the competition?**
 - **Has the MD read about weight gain with atypical antipsychotics in the literature?**



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Weight Gain Management

- ◆ Acknowledgement of the class side effect
 - This is a class phenomenon - see it with clozapine, risperidone, quetiapine, ziprasidone
 - In clinical trials, 41% of olanzapine-treated patients gained $\geq 7\%$ over their baseline body weight.
 - » Average mean gain was 3.53 kg
 - Weight gain at 1 year (HG AJ) suggests a slower rate of gain relative to the first 6 weeks of treatment and may plateau at 38 weeks



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 - In HGAJ, at 1 year (N=349)
 - » a minority of patients gained >10kg (28%)
 - > most gain between 10-15 kg
 - » 16% of patients LOST weight
 - » Over 56% of patients gained ≤10 kg!



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◆ **Is there any way to predetermine which patients will experience weight gain?**

Several clinical features may predict weight gain

- **increased appetite**
- **clinical improvement**
- **underweight baseline BMI**
 - » **All concordant with reported findings with other antipsychotic drugs**
 - » **As weight gain appears to plateau over time, acute responders continuing with maintenance pharmacotherapy may be at a relatively lower risk for further weight gain**



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- ◆ Clarify the impact on treatment plan
 - Weight gain leading to discontinuation / patient loss occurred in a very limited number of cases in clinical trials
 - » Only 7 of 2500 (0.3%) Zyprexa-treated patients discontinued due to weight gain
 - Trade-off with efficacy/safety/tolerability benefits received with Zyprexa



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 - There have been no clinical trials conducted to examine weight gain to date, but anecdotally:
 - » Tried changes in diet/exercise?
 - ◆ Weight gain is class phenomenon - with atypical compounds patient is able to function again and lead a healthier more active lifestyle
 - » Co-prescribe a treatment to control weight?
 - » Last option should be alternative therapy



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- **Maintain focus on main message.**
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Clinical Management of Weight Gain

- ◆ **Pilot study looking at mechanism of action of weight gain with antipsychotic**
- ◆ **Two studies looking at Redacted add-on to manage olanzapine caused weight gain**
- ◆ **One pilot study looking at adjunctive therapy with Meridia (weight loss compound)**
- ◆ **Initial evaluation of results of pilot studies will result in a larger Lilly conducted trial planned for 1999.**

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