Weight Gain Management Marketing Verbatims

European Planners Meeting
Dublin
February 24-26th
Weight Gain Management

Marketing Verbatims

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Weight Gain Management

- Be prepared for the issue and related concerns
  - No "Flinch Factor"
Weight Gain Management

♦ Be prepared for the issue and related concerns
  – No "Flinch Factor"
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?
Weight Gain Management

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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 ≥7% over their baseline body weight.
    » Average mean gain was 3.53 kg
  - Weight gain at 1 year (HGAJ) suggests a slower rate of gain relative to the first 6 weeks of treatment and may plateau at 38 weeks
Weight Gain Management

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Weight Gain Management

- Acknowledgement of the class side effect
  - 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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Weight Gain Management

- Acknowledgement of the class side effect
  - In HGAJ, at 1 year (N=349)
  - a minority of patients gained >10kg
  - (28%)
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Over 56% of patients gained <10kg!

16% of patients LOST weight
Weight Gain Management

- 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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Weight Gain Management

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Weight Gain Management

- 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
Weight Gain Management

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◆ How should the MD manage this "class" side effect?
  
  "What are your suggestions, Doctor?"
Weight Gain Management

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  - "What are your suggestions, Doctor?"
Weight Gain Management

- How should the MD manage this "class" side effect?
  - 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
Weight Gain Management

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  - There have been no clinical trials conducted to examine weight gain to date, but anecdotally:
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Weight Gain Management

Don't introduce the issue!!!

- Primary objective is to effectively control all symptoms of psychoses and reintegrate the patient.

Maintain focus on main message.
Weight Gain Management

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– Maintain focus on main message. Primary objective is to effectively control all symptoms of psychoses and reintegrate the patient.
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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