DIABETES ASSOCIATED WITH ANTIPSYCHOTIC USE IN VETERANS WITH SCHIZOPHRENIA

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OBJECTIVE

To determine the relative risk of developing Type II diabetes in schizophrenic veterans on atypical antipsychotic monotherapy compared to those on typical antipsychotic monotherapy

COX PROPORTIONAL HAZARD MODEL REFERENCE: ANY TYPICAL

HAZARD RATIOS (95% CI)	OLANZAPINE (N = 5981)	RISPERIDONE (N = 5901)	QUETIAPINE (N = 877)
UNADJUSTED ALL AGES	1.47 (1.20, 1.80)	1.42 (1.16, 1.75)	1.50 (0.96, 2.37)
ADJUSTED ALL AGES	1.50 (1.22, 1.84)	1.47 (1.19, 1.81)	1.54 (0.98, 2.43)
ADJUSTED <45 45-54 55-64 65-74 ≥ 75	1.71 (1.10, 2.66) 1.75 (1.27, 2.40) 1.12 (0.67, 1.87) 1.14 (0.64, 2.02) 1.55 (0.57, 4.21)	1.91 (1.22, 2.98) 1.57 (1.13, 2.19) 1.50 (0.94, 2.37) 1.04 (0.56, 1.93) 1.32 (0.51, 3.39)	1.65 (0.64, 4.26) 1.19 (0.54, 2.61) 1.33 (0.46, 3.81) 2.53 (0.86, 7.48) 1.69 (0.19, 14.6)

CONCLUSION INCEPTION COHORT

- Olanzapine, risperidone and quetiapine have an increased risk of developing diabetes compared to typical antipsychotics. Quetiapine did not reach statistical significance
- Other agents were not evaluated
 - Clozapine due to sample size
 - Ziprasidone newly marketed
 - Aripiprazole not available
- Olanzapine and risperidone exposure in younger patients (< 45 years, 45-54 years) has a greater association with development of diabetes

Study Background for Laurie

■ Total Study Cohort — 19,878 — (FY 1999-2001)

Agents

- Olanzapine (n=5981)
- Risperidone (n=5901)
- Quetipaine (n= 877)
- Typicals (n=7009)
- Clozapine (n=110) NOT STUDIED DO TO SMALL SAMPLE SIZE

Diabetes

- Olanzapine 200 (3.3%) developed DM
- Risperidone 193 (3.3%) developed DM
- Quetiapine 21 (2.4%)developed DM