

OPERATIONAL CIRCULAR

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Subject: RISK OF HYPERGLYCAEMIA AND DIABETES MELLITUS ASSOCIATED WITH USE OF ANTIPSYCHOTIC DRUGS - PROVISION OF INFORMATION BY THE CHIEF PSYCHIATRIST UNDER THE MENTAL HEALTH ACT 1996

Authority

The *Mental Health Act 1996* empowers the Chief Psychiatrist to give direction in respect of clinical care and treatment of mental health patients.

The Chief Psychiatrist in relation to medication used in psychiatry, is to ensure that there is an appropriate system in place for-

- (i) the maintenance of satisfactory standards, and
- (ii) the provision of information to medical practitioners about new developments including new information about adverse drug reactions.

The Chief Psychiatrist also has responsibility through the Department of Health for consistency of clinical practice within the requirements of the *Mental Health Act 1996*. The Department of Health, Operational Circular is the instrument by which the Chief Psychiatrist subsequently directs clinicians and mental health services.

Issue

The Chief Psychiatrist advises that there is an increased risk of hyperglycaemia and diabetes in patients taking antipsychotic drugs. This advice particularly applies to the use of newer *atypical* antipsychotic drugs, since they are the most common therapeutic option in the management of psychosis and related disorders. The Chief Psychiatrist recommends that

- all patients being treated with antipsychotic drugs and their caregivers should be fully informed of the increased risk of hyperglycaemia and diabetes mellitus associated with use of antipsychotic drugs,
- patients with psychosis who have developed diabetes should be managed in the same way as other patients with diabetes, but difficulties in adhering with diet, exercise and taking medications should be kept in mind,
- regularly monitor blood glucose, particularly in patients with pre-existing diabetes, a family history or other predisposition to developing diabetes (refer to WATAG Antipsychotic Guidelines),
- monitor and manage weight gain, including attention to weight loss or prevention of weight gain,
- regular assessment and treatment of cardiovascular risk factors is important.

Drugs in the *atypical* antipsychotic class include amisulpride (Solian[®], Sanofi-Synthelabo), aripiprazole (Abilify[®], Bristol Myers Squibb), clozapine (Clopine[®], Mayne Pharma; Clozaril[®], Novartis; Clozapine Synthone[®], Synthone), olanzapine (Zyprexa[®], Eli Lilly), quetiapine (Seroquel[®], AstraZeneca), risperidone (Risperdal[®], Janssen), and ziprasidone (Geodon[®], Pfizer – not marketed in Australia). Not all antipsychotic drugs increase the risk of diabetes to the same extent. This risk has been shown to be higher for olanzapine and clozapine and also 'low potency' *typical* antipsychotic drugs (chlorpromazine, pericyazine and thioridazine). Lower risk has been associated with risperidone and 'high potency' *typical* antipsychotic drugs (droperidol, flupenthixol, fluphenazine, haloperidol and trifluoperazine).

The Chief Psychiatrist recommends reference to and use of the resources published in November 2004 by the Australian Consensus Panel for Diabetes, Psychotic Disorders and Antipsychotic Therapy, which include

- A Consensus Statement
- Companion Document for Consumers and Carers
- Diabetes and Psychotic Disorders: A Guide for Consumers and Carers

Australian Consensus Panel publications are available and can be downloaded from the web site http://www.psychiatry.unimelb.edu.au/open/diabetes_consensus/index.html

The Chief Psychiatrist also endorses the Warning Statement released by the US Food and Drug Administration (FDA) and all manufacturers of *atypical* antipsychotic drugs during 2004.

The Office of the Chief Psychiatrist is available to advise in the delivery and implementation of the work of this Operational Circular. Telephone Contact : 9222 4462

Dr Rowan Davidson
CHIEF PSYCHIATRIST

Food and Drug Administration (FDA) Warning Statement

Hyperglycaemia, in some cases extreme and associated with ketoacidosis or hyperosmolar coma or death, has been reported in patients treated with atypical antipsychotics. Assessment of the relationship between atypical antipsychotic use and glucose abnormalities is complicated by the possibility of an increased background risk of diabetes mellitus in patients with schizophrenia and the increasing incidence of diabetes mellitus in the general population. Given these confounders, the relationship between atypical antipsychotic use and hyperglycaemia-related adverse events is not completely understood. However, epidemiological studies suggest an increased risk of treatment-emergent hyperglycaemia-related adverse events in patients treated with the atypical antipsychotics. Precise risk estimates for hyperglycaemia-related adverse events in patients treated with atypical antipsychotics are not available.

Patients with an established diagnosis of diabetes mellitus who are started on atypical antipsychotics should be monitored regularly for worsening of glucose control. Patients with risk factors for diabetes mellitus (e.g., obesity, family history of diabetes) who are starting treatment with atypical antipsychotics should undergo fasting blood glucose testing at the beginning of treatment and periodically during treatment. Any patient treated with atypical antipsychotics should be monitored for symptoms of hyperglycaemia including polydipsia, polyuria, polyphagia, and weakness. Patients who develop symptoms of hyperglycaemia during treatment with atypical antipsychotics should undergo fasting blood glucose testing. In some cases, hyperglycaemia has resolved when the atypical antipsychotic was discontinued; however, some patients required continuation of anti-diabetic treatment despite discontinuation of the suspect drug.

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