

Antipsychotics tied to diabetes in kids and teens



Andrew M. Seaman 3 hours ago [HealthDiabetes mellitus type 2](#)

By Andrew M. Seaman

NEW YORK (Reuters Health) - Children and young adults who are prescribed antipsychotic drugs have a three-fold risk of developing diabetes, compared to youths who take other psychotropic drugs, suggests a new study.

The study's senior researcher said the findings should give doctors pause before prescribing antipsychotics to children and teens.

"If it turns out that the child does ultimately need an antipsychotic, they should be carefully monitored for metabolic effects and the dose should be as low as possible for the shortest amount of time," Wayne Ray, a health policy researcher at Vanderbilt University in Nashville, told Reuters Health.

Antipsychotics include Risperdal, known generically as risperidone, Zyprexa (olanzapine), Seroquel (quetiapine) and Abilify (aripiprazole).

The drugs are used to treat conditions like bipolar disorder, schizophrenia and irritability and aggression in children with autism.

Ray and his colleagues cannot prove the drugs caused diabetes, but their study adds to growing evidence linking antipsychotics to the development of obesity, insulin resistance and type 2 diabetes.

In 2011, a large study from the University of Massachusetts found kids who took antipsychotic drugs were four times more likely to develop diabetes than their peers who were not taking the medications (see Reuters Health story of November 22, 2011 here: <http://reut.rs/MtH5dB>.)

Also that year, a U.S. Food and Drug Administration advisory board raised concerns about the drugs and urged the agency to monitor weight gain and other metabolic diseases in children taking antipsychotics (see Reuters story of September 22, 2011 here: <http://reut.rs/MtHCwe>.)

And last year, a study found that the number of antipsychotic drugs prescribed to kids and teens during psychiatric visits in the U.S. has almost quadrupled since the 1990s (see Reuters Health story of August 7, 2012 here: <http://reut.rs/lavkoQw>.)

For the new study, Ray and his colleagues used records from Tennessee's Medicaid program to compare the number of type 2 diabetes cases diagnosed among children and teens that were

prescribed antipsychotics to the number of cases among young people prescribed other psychotropic drugs, such as antidepressants and stimulants.

Specifically, the researchers focused on children who were prescribed antipsychotic drugs for conditions that can be treated with other medicines, such as attention-deficit/hyperactivity disorder or mood disorders.

Overall, they had data on 28,858 young people between the ages of six and 24 who were prescribed antipsychotics between 1996 and 2007, and 14,429 children and teens prescribed other psychotropic drugs during that time.

Among those taking antipsychotics, the researchers found 92 cases of type 2 diabetes during an average of just over one year, compared to 14 cases among those taking other medications. That works out to about a three-fold increased risk among those prescribed antipsychotic drugs, according to findings published in JAMA Psychiatry.

The increased risk seemed to show up during the first year of treatment and persisted for at least one year after the kids and teens stopped using the drugs.

"We found that the risk was increased in the first year of use so that would suggest caution even with relatively short term use," Ray said.

That is one of the findings that stood out to Dr. Jonathan Mink, a child neurologist at the University of Rochester Medical Center in New York.

"I think there is a belief among many prescribing physicians that short term use is safe. It does seem the cumulative use over time increases the risk, but even (with one year of treatment) the risk is significantly higher," Mink, who wasn't involved with the study, said.

He added that it's also important to note the children taking antipsychotics were very closely matched to those taking other medications, which would partially eliminate the effect of obesity on the results.

"I don't think anyone knows the mechanism yet, but we have the evidence to believe it's real," Mink told Reuters Health.

Ray said more research is needed to know which treatments besides antipsychotics are best for specific conditions in childhood.

"I think that there is a lot of work to be done defining the best therapy option in children with mental disorders," he said.

SOURCE: <http://bit.ly/1d7NSVN> JAMA Psychiatry, online August 21, 2013.