

Six-month incidence of diabetes among schizophrenic patients in Belgium

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Purpose: The issue of metabolic risk among patients with schizophrenia has received growing attention in recent years, and antipsychotic therapies have been implicated. Although a number of retrospective observational studies suggest elevated rates of diabetes and glucose abnormalities in these patients, endpoint definition has been varied and often inaccurate. We sought to accurately measure the incidence of diabetes in a prospective clinic-based cohort using carefully measured laboratory metabolic parameters.

Methods: A total of 200 schizophrenia (DSM-IV) patients free of glucose abnormalities (based on previous normal fasting glucose) were enrolled in the ongoing cohort and followed for six months. Data collection included general clinical and demographic data and extensive metabolic screening (fasting glucose, insulin, and oral glucose tolerance tests (OGTT)). Data were collected at baseline, three months and six months. Diabetes was defined as either a fasting glucose > 126mg/dl or OGTT glucose > 200 mg/dl at 120 minutes.

Results: The mean age of the cohort was 37.2 years and 68% were male. The mean duration of illness was 14.1 years. The majority of patients were treated with clozapine (29%), olanzapine (28.4%), risperidone (22.6%), quetiapine (12.1%) or amisulpride (7.9%). The six-month incidence of diabetes was 4% (95% CI: 1.3-6.7%). This is considerably greater than the age-adjusted incidence of diabetes in the general population (0.29%).

Conclusion: The incidence of confirmed new onset diabetes among schizophrenia patients previously free of glucose abnormalities is much greater than that for the general population. Consideration of metabolic risks in schizophrenia patients is warranted and requires careful management.