Atypical antipsychotics are associated with incident diabetes in older adults without schizophrenia or bipolar disorder

**Question:** Is atypical antipsychotic use associated with incident diabetes or hyperlipidaemia in older people without schizophrenia or bipolar disorder?

**People:** Medicare Advantage or commercial managed healthcare plan enrollees aged 65 and above with no history of schizophrenia, bipolar disorder, diabetes (for the hyperlipidaemia study) or hyperlipidaemia (for the diabetes study) in the previous year. In the diabetes study, cases were 13,075 people who initiated diabetes treatment between 2004 and 2008 (identification period), and controls were 65,375 people who had not received diabetes treatment during this time. In the hyperlipidaemia study, cases were 65,829 people newly started on hyperlipidaemia medication, and controls were 65,829 people who had not received hyperlipidaemia medication. Controls were matched to cases based on age, sex, health plan type and index date. The index date for cases was the date of first diabetes or hyperlipidaemia medication prescription fill. For controls, the index date was a randomly selected date in the identification period.

**Setting:** USA; from 2003 to 2008.

**Risk factors:** Atypical antipsychotic exposure in the year prior to diabetes or hyperlipidaemia treatment initiation (preindex period), identified using pharmacy claims data. Medications considered as atypical antipsychotics were aripiprazole, clozapine, olanzapine, paliperidone, quetiapine, risperidone and ziprasidone. Participants taking atypical antipsychotics were stratified according to the drug prescribed, dose and the number of days of exposure during the year before the index date. Analyses were adjusted for the overall burden of comorbidities (assessed using the Charlson Comorbidity Index) during the preindex period, and specific comorbidities including diabetes (in the hyperlipidaemia study), hyperlipidaemia (in the diabetes study), hypertension, obesity, dementia, depression, anxiety and adjustment disorders. The hyperlipidaemia study addition-

al due to the importance of monitoring all patients treated with atypical antipsychotic agents and that an advanced age is not protective from the metabolic effects.

**NOTES**

Onset of diabetes or hyperlipidaemia may have preceded initiation of drug treatment, as lifestyle modification may have been tried before initiation of drug treatment.

**ABSTRACTED FROM**


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Sources of funding: Not reported.

**REFERENCES**


**Competing interests** None.
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Evid Based Mental Health  published online June 22, 2012

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