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LETTERS TO THE EDITOR

Risperidone induced hypertriglyceridemia: a case report

The patient is a 31-year-old-Asian male with no medical comorbidity, with a psychiatric history of ongoing auditory hallucinations and delusions for the past 5 years. The patient was diagnosed with Schizoaffective Disorder and was started on Risperidone 2 mg. His baseline metabolic profile was normal with fasting triglyceride level of 60 mg/dl, HbA1c:5.7, LDL:60 mg/dl, total cholesterol:180 mg/dl, fasting glucose:80 mg/dl. Four months after his first visit a repeat fasting lipid profile revealed serum triglycerides of 1220 mg/dl with LDL:100 mg/dl and total serum cholesterol of 447 mg/dl. His other metabolic panel were normal (HbA1c:5.9, BMI:23.6, TSH:3.82 uIU/ml, FBG:99 mg/dl). The hypertriglyceridemia improved considerably from 1220 mg/dl to 280 mg/dl after we switched to Aripiprazole from Risperidone.

Conclusion

Incidents of metabolic disturbances in patients with Schizophrenia or Schizoaffective disorder undergoing treatment with second-generation antipsychotics are high. The general notion behind second-generation antipsychotics and metabolic disturbances is their action on the serotonergic and histaminergic receptor.[2] Risperidone although a second-generation antipsychotic, interacts particularly with serotonin 5HT2A receptors, to a lower extent with 5HT2C receptor and has low affinity to H1 receptors, which raises the question of unexplained nature of the increase in triglyceride level in our patient. Although there have been reports of rapidly worsening triglyceride level on existing metabolic syndrome cases,[1] an increase of more than 500% is rarely noted. Physicians treating patients with Risperidone should be aware of the potential for developing hypertriglyceridemia and monitor such patients accordingly. This case reinforces the need for routine general metabolic monitoring and dietary consultation for patients with psychotic disorders as previously recommended.

References

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