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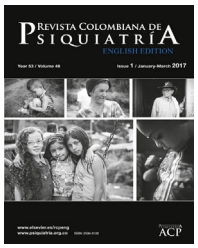

Letter to the Editor

Responsible prescription in Psychiatry: Metabolic Syndrome, an unresolved issue?☆

Prescripción responsable en Psiquiatría: síndrome metabólico, ¿un asunto pendiente?

Dear Editor,

Antipsychotic medications are the basis of treatment for people with psychotic illnesses and are also widely used in many other psychiatric conditions,[1] improving both the functionality and the quality of life of this population.

Currently, second-generation or atypical antipsychotics are mainly used which, unlike the first generation ones, have fewer extrapyramidal effects and allow the treatment of negative symptoms of psychotic illnesses.

However, the life expectancy of these patients is 11–20 years less than that of the general population,[2] and more than half of them die from physical co-morbidities, predominantly cardiovascular diseases.

In relation to this, it has been demonstrated that the prevalence of metabolic syndrome is 58% higher in psychiatric patients than in the general population,[3] which can be explained by factors such as unhealthy lifestyle habits (sedentary lifestyle, poor diet, consumption of toxic agents) and less access to health care and education, but also to prescribed drugs: antipsychotics.

Despite their notable benefits, these drugs have been associated with significant weight gain, insulin resistance, diabetes mellitus and dyslipidaemia, which are found more frequently in patients receiving olanzapine and clozapine.

This has led to recommendations and clinical practice guidelines. However, it has been shown that despite this, the monitoring, diagnosis and treatment of these cardiovascular risk factors in this population is still deficient.

This information reported in other countries coincides with the results of a study carried out in Peru, which found rates as high as 87.5%, 89.9%, 84.4% and 67.4% of hypercholesterolaemia, hypertriglyceridaemia, arterial hypertension and type 2 diabetes mellitus, respectively,[4] generally under-diagnosed.

Daumit et al.[5] mentions that significant weight loss is possible through behavioural lifestyle intervention, despite the fact that this group is generally excluded in the various trials of this nature. Similar studies could be useful in our local setting, in order to optimise treatment.

Focusing our reflection on this sub-population of patients is essential, and raises greater interest and advances in issues such as the evaluation of the risk-benefit ratio in the choice of one drug over another, taking into account factors such as comorbidities and multidisciplinary treatment, in addition to compliance of protocols that allow prevention, the promotion of healthy lifestyles and the control and monitoring of these patients.?

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