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### GLUCOSE INTOLERANCE AS MORBIDITY IN SCHIZOPHRENIA

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This was an eight months prospective study. Study was active controlled in patients who were hospitalized in our Clinic. Schizophrenia was diagnosed by using PANSS scale and by using MKB 10 criteria. Laboratory data were measured at baseline, every month after therapy and at endpoint. Laboratory tests included glucose level in serum and OGTT, which were determined from blood, before breakfast and in the same hospital laboratory. Patients with family history of diabetes mellitus were excluded from the study.

A total of 30 patients were recruited. The risperidone shows clinically insignificant effect on plasma glucose levels. Incidence of new onset diabetes was about 5% higher with olanzapine than risperidone, and the biggest increasing was in first three months. Elevated serum glucose levels have been shown with clozapine and dose-related effects were noted. We also found modest, but significant risk for increasing plasma glucose levels in patients with chlorpromazine medication. Lack of relationship between serum levels of zuclopentixol and plasma glucose has been shown. There are no apparent problems with sulpiride and with haloperidol. Medication with chlorpromazine did not show any significant modifications to blood glucose levels.

The antipsychotics appear to be associated with the development of glucose intolerance, new-onset diabetes mellitus and exacerbation of existing diabetes mellitus. These disturbances in glucose metabolism have their own medical consequences. Thus, to minimize morbidity and mortality associated with the use of antipsychotic medications, close screening and monitoring for diabetes mellitus should become a priority for all clinicians treating schizophrenia patients receiving antipsychotic therapy.