

Tricyclics Tied to Metabolic Syndrome Risk

BY BRUCE JANCIN

ISTANBUL, TURKEY — The use of tricyclic antidepressants to treat depression and/or anxiety was associated with a sharply increased risk of metabolic syndrome, compared with other antidepressant classes, in a large Dutch study.

Tricyclic antidepressants (TCAs) were tied to exacerbations of hypertension, abdominal obesity, and hypertriglyc-

eridemia, Arianne K.B. van Reedt Dortland said at the annual congress of the European College of Neuropsychopharmacology. This analysis from NESDA (the Netherlands Study of Depression and Anxiety) shows the need to screen for these elements in patients who are being considered for TCA therapy or who are already on it, so an alternative type of antidepressant can be considered, said Ms. van Reedt Dortland of Leiden (the

Netherlands) University Medical Center.

NESDA is an ongoing 8-year prospective multicenter study involving 261 patients with major depressive disorder alone, 266 with a pure anxiety disorder, and 690 with both.

During the first 4 years of follow-up, patients on a TCA had a 2.3-fold increased risk of meeting criteria for metabolic syndrome after adjustment for confounding factors, compared with

patients not on antidepressant medication. Patients on TCA therapy also had a 2.3-fold increased risk for hypertension, 1.9-fold increased risk for abdominal obesity, and 2.6-fold increased risk for hypertriglyceridemia. The use of SSRIs or selective norepinephrine reuptake inhibitors was not associated with risk of metabolic syndrome.

Dr. Dortland reported having no conflicts of interest. ■

Indication

Humalog (insulin lispro injection [rDNA origin]) is for use in patients with diabetes mellitus for the control of hyperglycemia. Humalog should be used with longer-acting insulin, except when used in combination with sulfonylureas in patients with type 2 diabetes.

Important Safety Information

Humalog is contraindicated during episodes of hypoglycemia and in patients sensitive to Humalog or one of its excipients.

Humalog differs from regular human insulin by its rapid onset of action as well as a shorter duration of action. Therefore, when used as a mealtime insulin, Humalog should be given within 15 minutes before or immediately after a meal.

Due to the short duration of action of Humalog, patients with type 1 diabetes also require a longer-acting insulin to maintain glucose control (except when using an insulin pump). Glucose monitoring is recommended for all patients with diabetes.

The safety and effectiveness of Humalog in patients less than 3 years of age have not been established. There are no adequate and well-controlled clinical studies of the use of Humalog in pregnant or nursing women.

Starting or changing insulin therapy should be done cautiously and only under medical supervision.

Hypoglycemia

Hypoglycemia is the most common adverse effect associated with insulins, including Humalog. Hypoglycemia can happen suddenly, and symptoms may be different for each person and may change from time to time. Severe hypoglycemia can cause seizures and may be life-threatening.

Other Side Effects

Other potential side effects associated with the use of insulins include: hypokalemia, weight gain, lipodystrophy, and hypersensitivity. Systemic allergy is less common, but may be life-threatening. Because of the difference in action of Humalog, care should be taken in patients in whom hypoglycemia or hypokalemia may be clinically relevant (eg, those who are fasting, have autonomic neuropathy or renal impairment, are using potassium-lowering drugs, or taking drugs sensitive to serum potassium level).

For additional safety profile and other important prescribing considerations, see accompanying Brief Summary of full Prescribing Information.

Please see full user manual that accompanies the pen.

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Humalog

insulin lispro injection (rDNA origin)