

---

**The Impact of Ethnicity on Metabolic Outcomes  
During Treatment With Antipsychotics:  
Complexities Abound**

**To the Editor:** Meyer and colleagues conclude that race may be an important moderator of metabolic risk during atypical antipsychotic therapy.<sup>1</sup> They observed this for aripiprazole but not for olanzapine, consistent with our own findings that race did not substantially impact metabolic parameters for olanzapine.<sup>2</sup> Meyer and colleagues put forth that when the metabolic impact of an antipsychotic is small (such as with aripiprazole), the effect of race is clearly evident, but when the metabolic impact of an antipsychotic is large (such as with olanzapine), the effect of race is overshadowed and not observable. However, in the same prospective randomized study in which we observed no effect of race on metabolic outcomes for patients receiving olanzapine, we found a large effect of race on metabolic outcomes for patients receiving clozapine.<sup>2</sup> In our study, clozapine was associated with more severe metabolic side effects than olanzapine. Thus, the impact of race is complex and may depend on the antipsychotic in question and its individual receptor-binding profile and the specific genetic vulnerabilities of the patient.<sup>2</sup> Differential risks may be quantified, preferably using absolute measures that can quantify potential

clinical significance,<sup>3</sup> but ultimately it behooves all clinicians to monitor all patients of all ethnicities for metabolic outcomes regardless of the antipsychotic prescribed.

#### REFERENCES

1. Meyer JM, Rosenblatt LC, Kim E, et al. The moderating impact of ethnicity on metabolic outcomes during treatment with olanzapine and aripiprazole in patients with schizophrenia. *J Clin Psychiatry*. 2009;70(3):318–325.
2. Krakowski M, Czobor P, Citrome L. Weight gain, metabolic parameters, and the impact of race in aggressive inpatients randomized to double-blind clozapine, olanzapine or haloperidol. *Schizophr Res*. 2009;110(1-3):95–102.
3. Citrome L, Kantrowitz J. Antipsychotics for the treatment of schizophrenia: likelihood to be helped or harmed, understanding proximal and distal benefits and risks. *Expert Rev Neurother*. 2008;8(7):1079–1091.

**Leslie Citrome, MD, MPH**

citrome@nki.rfmh.org

**Menahem Krakowski, MD, PhD**

Dr Meyer was shown this letter and declined to comment.

**Author affiliations:** Nathan S. Kline Institute for Psychiatric Research, Orangeburg, New York and New York University School of Medicine, New York (Drs Citrome and Krakowski). **Financial disclosure:** Dr Citrome is a consultant for Azur, Avanir, Bristol-Myers Squibb, Eli Lilly, GlaxoSmithKline, Janssen, Jazz, Pfizer, Vanda, and Forest; has received grant/research support from AstraZeneca, Barr, Bristol-Myers Squibb, Eli Lilly, Pfizer, Forest, and Janssen; has received honoraria from AstraZeneca, Azur, Eli Lilly, and Pfizer; is a member of the speakers/advisory boards for Azur, Eli Lilly, Pfizer, Forest, Janssen, Vanda, and AstraZeneca; and has a small number of shares in Merck, Pfizer, Eli Lilly, Bristol-Myers Squibb, and Johnson and Johnson. Dr Krakowski reports no financial or other relationships relevant to the subject of this letter. **Funding/support:** None reported.

doi:10.4088/JCP.09105169yel

© Copyright 2009 Physicians Postgraduate Press, Inc.