# Second-Generation Antipsychotics in Youth with Bipolar Disorder: Reported Perspectives about Adherence and Adverse Effects from Patients, Parents, and Clinicians

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Disclosures: MD: Lundbeck, Neuronetics, Akili Interactive Labs, Johnson & Johnson, Otsuka, Pfizer, Purdue Pharma, Sunovion, Supernus, Takeda, Amarex; MTS: Everest; CUC: Lundbeck, IntraCellular, Gerson Lehrman Group, Medscape, Allergan, Alkermes, Janssen, LB Pharmaceuticals, Neurocrine Biosciences, Otsuka, Pfizer, Sunovion, Takeda, Teva

## INTRODUCTION

- Second-generation antipsychotics (SGAs) are efficacious in treating bipolar spectrum disorders (BPD).
- SGA-induced weight gain impairs medication adherence in young patients with BPD.
- Metformin (MET) is a potential pharmacological alternative or adjunct to lifestyle interventions to mitigate weight gain.
- Understanding patient, parent, and provider preferences on treating SGA-induced weight gain may increase adherence and improve clinical and quality of life outcomes for these patients.

## OBJECTIVES

- To survey patients, parents, and clinicians regarding SGA adherence in youth with bipolar disorder.
- To examine views on treatment of SGA-induced weight gain.

## METHODS

- Patients and parents were surveyed online and at local meetings through Depression and Bipolar Alliance Balanced Mind Parent Network and National Alliance on Mental Illness.
- Clinicians in Ohio and New York with experience prescribing SGAs to youth were surveyed via an email to regional AACAP members.
- Questions regarding most problematic adverse effects of SGAs, reasons for medication non-adherence and potential interventions to mitigate weight gain responses were recorded.
- Differences in perspectives on treating SGA-induced weight gain among the three groups were analyzed.

## RESULTS

- 103 patients, 225 parents, and 54 clinicians met eligibility requirements.
- Patients (34%) reported weight gain as the top barrier to SGA medication adherence.
- Most clinicians (70%) did not want to start weight medication concomitantly with initiation of SGA treatment.
- However, clinicians were somewhat or extremely likely to add a medication to mitigate weight gain if the patient complained about weight gain (87%), or gained >10 pounds (94%).
- Similarly, parents would consider adding medication to combat weight gain if their child complained about weight gain (82%) or gained more than 10 pounds (87%).

## CONCLUSIONS

- SGA-induced weight gain is problematic for patients, parents, and providers.
- Patients are willing to initiate pharmacological treatment to prevent such weight gain at the time of SGA initiation.
- Parents and providers would not prefer to start treatment concomitantly, but would rather wait until patients complained about or had gained weight.
- Open communication among patients, parents, and providers regarding strategies to mitigate potential side effects and promote medication adherence is needed.

## REFERENCES

1. Goldstein, T. R. et al. (2016). Medication Adherence Among Adolescents with Bipolar Disorder. J Child Adolesc Psychopharmacol , 1-9.
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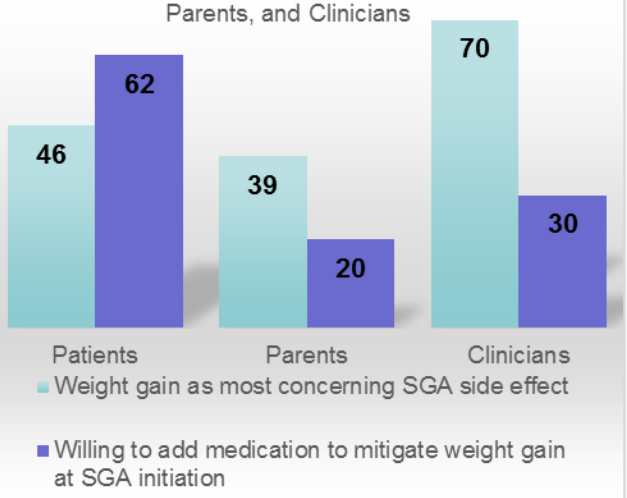
Figure 1: Response Percentages from Patient, Parents, and Clinicians




This study is funded by Patient-Centered Outcomes Research Institute (PCORI) (PCS-1406-19276)