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## Clinical considerations in selecting and using atypical antipsychotics

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In considering the acute, short-term, or long-term treatment of schizophrenia, treatment goals and health considerations vary according to the phase of schizophrenia. Related to this are concerns about metabolic abnormalities associated with the use of atypical antipsychotics. The atypical antipsychotics vary in their effects on cardiovascular risk factors, weight, and insulin sensitivity, a consideration that needs to be included in psychiatrists' patient education and treatment decisions. Insulin resistance and abdominal adiposity are directly related, and insulin resistance has multiple deleterious effects throughout the body. Many of the typical and atypical antipsychotics can promote weight gain. Both aripiprazole and ziprasidone cause about 0.5 kg weight increase over the course of a year, while amisulpride and risperidone can promote a 2 kg weight gain per one year. Recent data show that quetiapine is associated with a 3.5 kg weight gain over one year. Clinical trial evidence suggests that olanzapine carries the greatest risk of weight gain, with nearly 14 kg of weight gain over one year. On the basis of the evidence that psychiatric patients receiving antipsychotics are at least as sensitive as the general population to the effects of obesity, clinicians need to strongly consider the effects of antipsychotics on weight gain as they make clinical decisions.