

# Finding the Right Balance Between Clinical Efficacy and Side Effects in Second Generation Antipsychotics



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To the Editor:

I have read Saeed Shoja Shafti and Hamid Kaviani's article published in the latest issue of your journal with great interest<sup>1</sup>. The authors compared two second generation antipsychotics (SGAs), olanzapine and aripiprazole head-to-head in terms of symptom management in female patients with borderline personality disorder (BPD) and reported superiority of olanzapine compared to aripiprazole in terms of symptom management. As widely known, treatment compliance is a very important clinical issue in many mental health problems as well as in BPD patients. Neuroleptic medications including SGAs are associated with poor adherence due to their side effect profiles. SGAs have different side effects including metabolic syndrome, glucose intolerance, and obesity due to weight gain. Aripiprazole has been associated with less weight gain and even weight loss compared with other SGAs while olanzapine has been reported to be associated with significant weight gain and metabolic problems<sup>2</sup>. Obesity and eating disorders are known to increase health problems and worsening quality of life in populations and have been reported with increased rates in BPD patients<sup>3</sup>. Impulsivity is one of main trait characteristics of BPD as well as eating

disorders such as binge eating disorder and anorexia nervosa-binge eating/ purging type and they have been reported more commonly in BPD compared to other Axis II disorders<sup>3</sup>. Body dysmorphic disorder has also been reported relatively high in BPD<sup>4</sup>. Although authors reported that they found olanzapine more effective in BPD patients, clinicians should consider potential weight gaining side effect of olanzapine in management of treatment in this population. Existence of comorbid aforementioned disorders in BPD might influence adherence negatively and yield in high drop-out rates in their follow-up. Although aripiprazole has been associated with relatively small effect size compared to olanzapine in BPD, aripiprazole should be kept in mind as an alternative agent particularly in BPD patients with morbid obesity and/ or body dysmorphic disorder. Eating disorders, obesity, and body dysmorphic disorder should be carefully screened and monitored in BPD patients before and during administration of SGAs, particularly olanzapine, and decision regarding whether SGAs would be used or not, which SGA would be chosen, should be made afterwards.

**Keywords:** *Second generation antipsychotics, side effect profile*

## References:

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*Declaration of interest:*

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