

**Antipsychotic Induced Weight Gain: Therapeutic Management in Daily Practice.**

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**Introduction :**

The excess cardiovascular mortality associated with bipolar disorder is attributed in part to an increased risk of the modifiable coronary heart disease risk factors such as obesity. . Antipsychotic medication can induce weight gain or worsen other metabolic cardiovascular risk factors.

**Methods :**

We presented two case examples illustrating weight gain induced by atypical antipsychotics, and discuss therapeutic managements according to litterature data.

**Results :**

Case report 1: Mr H.D is a 23 year-old university student, with medical history of seizures treated by Valproic Acid, stopped three years ago. He was diagnosed with schizoaffective disorder since 2008, treated by Olanzapine 15 mg/day. Treatment by mood stabilizers was hampered by liver cytolysis. Within three months after introducing Olanzapine, the patient experienced considerable weight gain amounting to 10 kilograms. Therefore, treatment doses were decreased.

Case report 2 : Mrs I.T is a 31-year old female patient with medical history of asthma, anemia and herniated disc worsened by obesity. She was diagnosed with bipolar disorder and received Carbamazepine and Fluoxetine. But increased gamma-GT level induced by Carbamazepine led us to achieve a swith to Quetiapine, to which the patient showed weight gain amounting four Kilograms within three months (body mass index=34.5). A switch to Aripiprazole was achieved.

**Conclusion :**

Psychiatrics must pay attention to concomitant medications and individual factors underlying overweight and obesity. Although several management options of weight gain are available, the best approach seems to attempt to prevent this weight gain.