Medication Weight Gain

**Contraceptives:**
- combination: no large effects
- progestin-only: no large effects;
  **Avoid:** Depo-Provera

**Antipsychotics:**
- all cause weight gain - clozapine (clozaril), olanzapine (zyprexa), haloperidol (haldol), aripiprazole (abilify), quetiapine (seroquel), ziprasidone (zeldox)

**Diabetes:**
- loss: GLP-1 analogues (liraglutide [victoza], exenatide [byetta]); neutral: metformin, long-acting insulin; **gain:** sulfonylureas; significant **gain:** short acting insulin, glitazones

**Anti-depressants, Mood Stabilizers, Antiepileptic, Chronic Pain:**
- **β-adrenergic blockers:** especially propranolol; alternatives: selective β-blocker, ACE-I, ARB, calcium channel blockers
- **Corticosteroids:**
  - all cause weight gain
  - alternatives: NSAIDs, acetaminophen

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  - loss: GLP-1 analogues (liraglutide [victoza], exenatide [byetta]); neutral: metformin, long-acting insulin; **gain:** sulfonylureas; significant **gain:** short acting insulin, glitazones

**SSRIs:**
- paxil > citalopram > fluoxetine > sertraline
  - alternatives: bupropion, nefazodone

**TCAs:**
- amitriptyline, imipramine, nortriptyline
  - alternatives: desipramine, protriptyline

**Lithium:** weight gain in 65% of patients, 10 kg over 6-10 y common

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General Considerations

- Avoid drugs that cause weight gain >7% of baseline in at risk people
- With initiation monitor for weight changes
- Consider weight gain as an adverse effect
- Discuss with the patient to balance their preferences
- Use the lowest possible dose
- If weight gain occurs and not at therapeutic goal, add an agent with neutral or weight loss properties
- Develop a plan with the patient of what to do if weight gain occurs, what to expect, when & how to intervene

References

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