



Medication Weight Gain

Contraceptives:

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

β -adrenergic blockers: especially propranolol;
alternatives selective β -blocker, ACE-I, ARB,
calcium channel blockers

Anti-depressants, Mood Stabilizers, Antiepileptic, Chronic Pain:

SSRIs: paxil > citalopram > fluvoxamine > 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

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

Corticosteroids:
all cause weight gain
alternatives NSAIDs, acetaminophen

Antihistamines:
all cause weight gain

Valproic acid and Carbamazepine
associated with weight gain

Gabapentin: weight gain dose dependent;
alternatives Lamotrigine appears to be weight neutral;
Topiramate may be associated with weight loss



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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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