Metabolic Syndrome Across Psychiatric Disorders

Virginie-Anne Chouinard, MD; and Dost Öngür, MD, PhD

Metabolic syndrome is a major risk factor for developing cardiovascular disease and type 2 diabetes mellitus. The elevated rate of metabolic syndrome across different psychiatric disorders is an ongoing public health challenge for the field of psychiatry. This issue of *Psychiatric Annals* covers metabolic syndrome across child and adolescent psychiatric disorders, severe mental illness, including schizophrenia and bipolar disorder, and eating disorders.

As this issue demonstrates, elevated risk for metabolic syndrome and its components in people with psychiatric disorders is likely due to an interplay of different factors. These include well-established general risk factors, such as sedentary lifestyle, smoking, alcohol use, and poor diet. In addition, several psychiatric medications confer risk for weight gain and metabolic syndrome, particularly antipsychotic and mood stabilizer medications. Contributing to this convergence of risk factors, studies in schizophrenia and bipolar disorder have pointed to endogenous risk and shared pathophysiologic features between these psychiatric disorders and metabolic disturbances such as type 2 diabetes mellitus.

Psychiatric providers are often on the front lines of care for people with psychiatric disorders, particularly for people with severe mental illness who frequently have fragmented or inadequate access to medical care. When prescribing psychiatric medications with risk for weight gain and metabolic syndrome, it is imperative for the psychiatric provider to systematically monitor for and address cardiometabolic risk factors in coordination with primary and other medical care providers. This issue reviews current monitoring guidelines and the use of lifestyle and medication interventions to address metabolic syndrome across psychiatric disorders, beginning in child and adolescent psychiatry. Studies have shown that there has been a widening mortality gap in recent decades in people with severe mental illness compared to the general population. Thus, there is an urgent need for psychiatric care models, alongside research and system priorities, to reduce cardiometabolic risk and close the mortality gap due to cardiovascular disease.

Early intervention has become a focus in the field of psychiatry to prevent and treat psychiatric disorders. As research and translation to practice in this area evolves, there is an opportunity for early intervention to address cardiometabolic risk. The obesity epidemic in youth and increasing use of antipsychotic medications in child and adolescent psychiatry highlights this need. In this time of the coronavirus 2019 pandemic, reducing the risk for cardiometabolic disease in populations with psychiatric disorders is even more urgent.