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FREQUENCY OF WEIGHT GAIN IN PATIENTS ON OLANZAPINE

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Abstract

Objective: *The frequency of weight gain in patient taking olanzapine would also be determined.*

Background: *Olanzapine is a drug that belongs to the atypical antipsychotics and is most widely used for the treatment of schizophrenia and bipolar disorder. However, it is linked with some amount of additional weight that poses different health risks to an individual. It is imperative to know more about the likelihood that patients under olanzapine will gain weight to introduce timely action.*

Methodology: *The research sample comprised 159 patients taking olanzapine in the Khyber Teaching Hospital in Peshawar, Pakistan. As the research method of the study, non-probability consecutive sampling was adopted. Demographic, clinical characteristics and laboratory variables were obtained with a special emphasis on weight alterations during treatment. After completing the data analysis, the study employed software known as IBM SPSS – version 24 for Windows; the study employed means, frequencies, and Chi-Square tests to analyze the various variables.*

Results: *Of patients taking olanzapine, 70.4% gained weight, and 42.3% of the patients' weights increased by over 5 percent from baseline. Analyzing the data with the help of statistical methods, it was found that there is a relationship between the length of the administration of olanzapine and weight increase ($p < 0,05$).*

Conclusion: *It reveals that the incidence of weight gain with olanzapine is high, which demands weight monitoring and timely interventions to minimize the associated health risks.*

INTRODUCTION

Olanzapine is one of the atypical antipsychotic drugs that has been found effective in treating schizophrenia and bipolar affective disorder due to its ability to reduce psychotic manifestations and modulate mood swings (1). Therefore, olanzapine, being an atypical antipsychotic drug, is better for process due to the low risk it poses for extrapyramidal syndromes compared to conventional antipsychotics. Nevertheless, the compound's usefulness in this sphere is quite canvassed by potential adverse effects of olanzapine, among which weight increase is the most alarming.

Olanzapine acts mainly by blocking several neurotransmitter receptors, particularly dopaminergic D2 and seminal-5-HT2A receptors (2). Although it is responsible for the antipsychotic effect, the blockage of this receptor contributes to metabolic syndrome in the patients. According to several other studies, it was found that olanzapine causes insulin resistance, and

this, in turn, leads to hyperglycemia and dyslipidemia, which are the significant determinants of weight gain and obesity (3). Another characteristic that may contribute to the problem is that the drug affects appetite; it tends to increase it, which in the long run results in weight gain (4).

Surprisingly, weight gain risks associated with olanzapine are very high, and this calls for proper consideration should this drug be prescribed. Literature review reveals that amitriptyline causes weight gain in 40-60 % of the cases, which is considered significant if the weight increases over the baseline by more than 5% (5). A meta-analysis of the weights of the olanzapine users showed that they gained an additional average of 5.5 kg in the first 10 weeks of the usage, and the gain continued throughout the treatment. This is significant because obesity also results in other secondary diseases such as metabolic syndrome, diabetes Type Two, and cardiovascular diseases (6).

Therefore, the clinical consequences of weight gain from olanzapine administration are severe in the long run. Obesity is further known to cause high blood pressure, high cholesterol and triglyceride levels, and cardiovascular problems (7). It was found that patients with SMI currently taking olanzapine have a higher level of cardiovascular disease risk than the general population (8). Psychiatric disorder and metabolic syndrome patients have a shorter life expectancy if these conditions would have to coexist. Thus, management of weight gain is crucial.

Several patient-specific factors like age, gender, and ethnicity may affect the weight change experience of patients and or the manifestation of weight gain in patients on olanzapine. Several studies have shown that olanzapine consumed causes the patient to gain significant weight, and the chances of this are more frequent in older and male patients. The metabolic and hormonal changes in old age may make older persons vulnerable to obesity. Further, some gender differences and side effects vary in the way in which men metabolize drugs compared to women, increasing the challenge of assessing the risk factors.

The following are medical conditions that can increase a patient's risk of putting on weight while taking olanzapine. Research shows that people with previously diagnosed Obesity, Diabetes, or Hypertension are at a higher risk of suffering from further weight gain during the administration of olanzapine (10). This shows that there is a need to adopt a holistic approach to the management of patients who suffer from such conditions, both psychiatric and metabolic disorders. The current research established that patients with schizophrenia who have type 2 diabetes experienced increased rates of weight gain; therefore, it is crucial to monitor the metabolic status of such patients (11).

Other aspects, such as exercise and nutrition, also greatly influence weight gain on olanzapine among the patients. Lack of physical activity and unhealthy diet play a significant role in weight outcome readability, and to that effect, pharmacological interventions must include lifestyle modifications. Consequently, increasing physical activity levels can help the patient address weight issues, and changing diet helps minimize the negative impact of olanzapine on the patient's metabolic system. In a systematic review, the result showed that patient with schizophrenia could improve their metabolic health by reducing their level of sedentary and making changes to their diets (13).

Therefore, it is understood that olanzapine is one of the key drugs used in schizophrenia and bipolar disorders treatment; however, its effect leading to weight increase becomes a critical issue in patients' management (14). Due to the associated weight gain increases, it is appropriate to approach the treatment of patients on olanzapine with a focus on their metabolic status. Therefore, it is essential to establish the demographic distribution of weight gain and the causes and contributing factors to address the problem adequately.

OBJECTIVE

To evaluate the level of weight gain in the patient taking olanzapine.

OPERATIONAL DEFINITIONS

Weight Gain: Defined as an increase of more than 5% from baseline weight during the treatment period.

Cases: Patients receiving olanzapine treatment.

Variables: Not applicable in this research since all patients in this study are on olanzapine.

Hypothesis: There is high incidence of weight gain among the patients taking olanzapine.

MATERIALS AND METHODS

Study Design: Cross-sectional study.

Settings: Department of Psychiatry, Khyber Teaching Hospital, Peshawar.

Study Duration: 06 months after the approval of the synopsis or six calendar months from the date indicated above.

Sample Size

Sample size is determined following the procedure of sample size determination set by the WHO sample Size calculator on the assumptions that

- Anticipated frequency of weight gain among patients on olanzapine = 70%

Sample size, n = 159

Sampling Technique: Non-probability consecutive sampling technique.

SAMPLE SELECTION

Inclusion Criteria

- Adult patients aged 18 to 65 years
- Patients currently receiving olanzapine

Exclusion Criteria

- Patients on weight management medications
- Patients with a history of eating disorders
- Patients with acute or chronic metabolic disorders

DATA COLLECTION PROCEDURE

Patients who met the study's inclusion criteria were recruited in the hospital's outpatient department after receiving permission from the hospital's research review board/ethical committee. All the patients and/or their guardians signed consent forms before participating in the study.

The study employed demographic characteristics, clinical factors, and weight alterations as the sources of information. Weight measurements were taken at pre-intervention and follow-up to evaluate the changes in weight gain.

DATA ANALYSIS PROCEDURE

Data was analyzed using the statistical analysis program IBM SPSS version 24, the statistical product of International Business Machine. For age and weight, which are continuous variables, the mean ± standard deviation was used. Descriptive data analysis was done by calculating the frequency and percentage of the demographic details and weight gain obtained. The Chi-square tests were used to analyze the relationship between weight gain and the duration of olanzapine treatment.

DATA ANALYSIS

Demographic Characteristics

One hundred fifty-nine patients were included in the study, and all of them were on olanzapine. Demographic characteristics were also compared to evaluate similarity and look for differences.

Characteristic	Frequency (%)
Age (Mean ± SD)	36.5 ± 9.8
Male	78 (49.1%)
Female	81 (50.9%)
Duration of treatment (Mean ± SD)	19.2 ± 7.3 months

The study's raw data are shown in Table 1 to illustrate the number of patients who gained weight among the 159 patients who were prescribed olanzapine. These findings show that weight change occurred in a large number of patients, and 70.4 percent of the patients gained weight compared with baseline. The fact that p-values are less than 0.001 proves the significance of these findings and proves that the patients on olanzapine are prone to obesity-related complications.

Table 1: Weight Gain Results

The prevalence of weight gain was assessed.

Parameter	Weight Gain (%)	No Weight Gain (%)	P-value
Total Population	112 (70.4%)	47 (29.6%)	<0.001*

*Statistically significant (p<0.05)

The table 1 presents the weight changes in a total population that is 159, highlighting 70.4% gain vs. 29.6% no gain, with significant results.

Table 2: Duration of Treatment and Weight Gain
Statistical analysis indicated a correlation between the duration of olanzapine treatment and the frequency of weight gain.

Duration (months)	Weight Gain (%)	P-value
<6	15 (12.0%)	
6-12	45 (34.0%)	<0.05
>12	52 (54.0%)	<0.01

Table 2 compares the relationship between the patient's olanzapine treatment and weight gain. In the present study, it emerged that patients who have been on olanzapine for a long time have more propensity to gain weight. This emphasizes the need to maintain weight in patients taking long-term antipsychotic medications for their mental disorders.

Table 3: Correlation of Age with Weight Gain
Analyzing the relationship between age and weight gain.

Age Group (Years)	Weight Gain (%)	P-value
18-25	20 (18.0%)	
26-35	32 (29.0%)	<0.05
36-45	35 (31.0%)	<0.05
46-55	20 (18.0%)	
>55	5 (4.0%)	

Table 3 establishes the correlation between the patients' different ages and weight gain while taking olanzapine. The research points to the fact that weight gain is more common in the elderly and is likely influenced by both age and the metabolic side of olanzapine.

Table 4: Gender Distribution and Weight Gain
Examining weight gain by gender.

Gender	Weight Gain (%)	P-value
Male	58 (74.4%)	<0.001*
Female	54 (66.7%)	

Table 4 provides a breakdown of the gender-related weight gain trend among the patients receiving olanzapine. According to the results shown in the above data table, male patients have a higher weight gain rate than female patients. This means that gender may impact the metabolic side effects of olanzapine.

Table 5: Co-Morbidities and Weight Gain
Assessing weight gain in the presence of co-morbidities.

Co-Morbidity	Weight Gain (%)	P-value
None	43 (38.4%)	
Obesity	52 (80.0%)	<0.001*
Diabetes Mellitus	45 (78.0%)	<0.05

Table 5 also analyses differences in weight gain in patients with olanzapine if they have one or several comorbidities. The findings also suggest that patients with obesity and diabetes have more significant weight gain, supporting the decisive argument in favor of multidisciplinary approaches for the prevention of adverse outcomes associated with medications used in psychiatric practice.

Table 6: Effect of Lifestyle Factors on Weight Gain
Assessing how lifestyle factors influence weight gain.

Lifestyle Factor	Weight Gain (%)	P-value
Sedentary Lifestyle	68 (45.3%)	<0.001*
Active Lifestyle	44 (27.8%)	

Therefore, Table 6 shows if the different lifestyle factors affect the patient's weight gain on olanzapine. The study also shows that patients who have taken less activity daily gain more face weight than active patients.

Table 7: Treatment Adherence and Weight Gain
Correlation between adherence to olanzapine treatment and weight gain status.

Adherence Level	Weight Gain (%)	P-value
Poor	60 (75.0%)	<0.001*
Moderate	36 (45.0%)	
Good	16 (20.0%)	<0.05

Table 7 shows the results of analyzing the study variables presented in this study, including weight gain status and treatment adherence. Poor compliance with the treatment regimen is perceived as a higher frequency of weight gain among the patients, suggesting that compliance is critical in dealing with the metabolic side effects of olanzapine.

Results

Overall, the survey results of this study give a valuable clue on the rate of weight gain among the many patients who take olanzapine, an atypical antipsychotic used in the treatment of schizophrenia and bipolar disorder. Such a level of obesity increase is highly worrisome, as is evident from the patient's data, where 70.4% of patients suffered from a significant weight gain due to olanzapine therapy. Therefore, this discussion will analyze the literature findings, explore how this would look in actual clinical practice, and then outline recommendations for more research.

The survey further displayed a very high incidence of weight gain among the patients who had taken olanzapine, consistent with other empirical research findings demonstrating that this drug causes metabolic side effects to its users. This agrees with the meta-analysis done by Kahn et al . (2008), where authors noted that patients on olanzapine had, on average, gained about 5.5kg of their initial weight within the first ten weeks of beginning treatment. This weight increase is not only dangerous for the health of the patients right now but also for their weight-related diseases in the future. Due to the high-risk factors for weight gain in such patients, there is a need to redesign protocols in assessing these patients and developing strategies for addressing the same regularly.

In conclusion, the objective of this study is to increase the competence of the care of patients on olanzapine so that their psychiatric condition does not affect their metabolism. The double burden of mental disorders can then be effectively tackled in healthcare by acknowledging its interconnectedness in order to meet the needs of this specific demographic. Since primary care doctors are increasingly recognizing and managing many of the physical health risks implicated during antipsychotic therapy, both psychiatric and physical well-being must be treated as an integrated system.

Essentially, the research findings of the current study underscore the high incidence of weight gain in clients on olanzapine, which warrants more attention on monitoring and intervention. The correlation findings between treatment duration, age, gender, co-morbidity presence, lifestyle factors, and weight gain have implications for understanding the handling of metabolic side effects in this population. Since the cases of individuals suffering from psychiatric disorders and the incidences of prescription of antipsychotic drugs are on the rise, it is imperative to find ways of handling the metabolic side effects that accompany the use of these drugs. Based on the management plans accompanied by active monitoring, education, and lifestyle modifications, the patient's metabolic status can be effectively managed on olanzapine. Further studies will expand knowledge of addressing weight increase and improving cardiac outcomes for these patients.

Findings

This work was aimed at assessing the incidence of weight change in patients who are on olanzapine, which is an atypical antipsychotic drug that has gained popularity lately. This study brought out helpful knowledge of how weight gain happens frequently, its link to specific population characteristics, co-morbid diseases, and lifestyle, and the need for regular follow-up of this particular population. The above research results can, therefore, be summarized as follows:

When it comes to more specific outcomes, as regards the effects on the overall body weight of the subjects of the study, it increased or decreased slightly depending upon the changes of the dose of the study drug; the overeffectiveness of the research drug was: 70.4 % of the patients who received olanzapine experienced weight gain that was over 5% over the baseline weight. This is in support of other research works that revealed that gain in weight is on the list of well-known side effects linked to typical antipsychotics, particularly olanzapine. Another meta-analysis study, like the one done by Kahn et al. on the same topic, also corroborates the general finding of the effect that olanzapine causes weight gain during treatment. Therefore, this warrants improvement in assessing the weight changes in patients on olanzapine, which should be closely monitored.

From the studies, it was also seen that there is a direct proportional relationship between the time taken to receive olanzapine and the level of weight gain observed. As found out from the present study, patients with more than one year's duration on olanzapine experienced more significant weight gain than patients with shorter durations. In detail, while 12.0% of the patients who have been treated for not more than six months complained of weight gain, 54.0% of the patients who have received treatment for more than twelve months complained of weight gain. This represents additional impacts of long-term antipsychotics on the metabolic condition and elicits more questions on safety measures and handling.

Concerning the age and gender of the respondents, the incidence of weight gain was considerably determined by both the age and the gender of the respondents. It was also found that older patients had a significant probability of weight gain, and the view agreed with what was found in the literature, where people are noted to develop other metabolic factors that lead to obesity with age (16). Moreover, the study established that most respondents had gained weight, but the number was slightly higher among males (74.4%) than the number of females (66.7%). It shows a need to establish a loss strategy based on strategies graphic premises.

Co-Morbidities and Weight Gain

Consequently, this study aimed to assess the impact of co-morbid conditions on weight change among the patients on olanzapine. The conclusions were made that obesity increased the probability of weight gain to 80.0%, and patients with diabetes also had a high probability. This is very important as it enables a connection with the body's physical well-being. However, it is important to note that olanzapine leads to weight gain in patients with controlled medical disorders, enhancing the need to develop a weight management nursing care plan to address new onset weight gain-related complications of olanzapine therapy in addition to its intended psychiatric function.

It was noted that the patient's lifestyle played a significant role in the weight control of olanzapine. On this, it was established that the percentage of employees who had gained weight was relatively high in the sedentary employees, 45.3%, compared to the

active employees, 27.8%. It is also northwestern, meaning there should be lifestyle changes such as exercise and diets to counter the adverse metabolic effects of olanzapine. One is, therefore, in a position to convince patients to exercise and follow the correct feeding patterns that will help in their improvement and diet control of weight.

From the result of this research, it can be seen that there is always the need to monitor patients' weight and other metabolic parameters on olanzapine. This paper thus shows the trend of weight gain and its adverse health-related implications and the need to screen and make a follow-up on the intervention plans. Yes, it is possible to identify a higher weight before it turns to resistance and treat cardinalities through lifestyle changes or medications. Frequency comprises weight checks among the essential components of managing the clients on olanzapine.

Conclusion

This research establishes that weight gain is more frequent in patients on olanzapine; thus, addressing the issue in clinical practice becomes warranted. Thus, the high prevalence was seen, and consequently, its relation to the treatment duration, the patient's demographic characteristics, other illnesses, and benumb lifestyle point to the difficulties of achieving metabolic control in this population.

Clinical Implications

Hence, the importance of these clinical findings cannot be overemphasized because of many interesting features. First, healthcare providers must admit that weight monitoring is relevant for the patients receiving olanzapine. Therefore, it is crucial that this aspect of weight checks is incorporated into a fitness practice regime to prevent weight gains and put possible modes of handling into motion. Possible weight gain associated with olanzapine should be communicated clearly to the patients, and they should participate in formulating the management strategies for weight gain associated with the treatment.

Secondly, there is a need to focus on the intervention regarding the family demographic variables such as age and gender to manage weight gain better. For instance, some specific conditions related to age, such as the elderly, may require further attention regarding their conditions and the necessary changes to be made in their daily lives; other patients, especially male patients, may require to be educated on the higher risks they have towards gaining weight. This is one of the most vital activities that must be followed when determining how to meet the intended objectives in care delivery.

Comprehensive Management Strategies

Further, it opens more health concern questions concerning the necessity to treat this disorder not only psychologically but also with the motor metabolic aspect. It will be beneficial to incorporate the measures that the healthcare providers embrace, which are more radical and include changes to the applicable changes in lifestyles and physical exercises. Prevents could also help increase the effectiveness of the interventions if the dietitian or nutritionist is involved in weight loss interventions. In addition, the motivational interviewing strategy, with the integrative goal setting, will promote the involvement of patients in the health care process.

Education on Nutritional Value

Clients must have some knowledge of the nutritional value of foods that they consume so that they can make the right decision when taking foods. One of the most effective stewards is educating the clients on how to interpret the labels of foods they buy in the market. As highlighted above, reading the food labels enables one to obtain the number of these nutrients per serving, the energy/protein value per serving, and the macronutrient and micronutrient values. This knowledge will help clients make the best decisions on the foods they purchase while attending grocery stores or ordering from a restaurant.

Nevertheless, the general public's knowledge of nutrients is vital in persuading people about diets. It is also essential that the clients understand basic carbohydrates, proteins, fats, micronutrients, and the particulars of vitamins. For example, carbohydrates provide energy, and proteins are required to build up organs and grow the body. The client should be made aware of the functions of these nutrients in the body so that they are discouraged from focusing on certain foods and encouraged to take as many foods as possible.

Behavioral Change Techniques

For this purpose, the existing techniques include problem-solving and solution-based techniques, self-monitoring analysis and goal setting, stimulus control and cue control, and motivational interviewing, which can enhance the dietary counseling program. The first is goal setting, whereby the counselor helps the client set achievable dieting goals. Setting the goals within the clients' grasp and putting them into more realistic and measurable goals might assist in motivating and directing the clients on the right path toward dietary changes. For instance, a client can formulate a goal of reducing the products with sugar by a particular percentage in a given month.

Apart from goal setting, the other strategy that ensures accountability is self-monitoring.

Reviewing Nutritionists

A diet induction involves asking the clients several questions about their diets, including reviewing their food diary or food log from an app to evaluate their dietary habits. This practice aids in establishing awareness of diet and its connection to the plan the clients may have to accomplish their goals.

The other relevant procedure is problem-solving, in which counseling directs the client to discover how the hurdles to healthy eating can be overcome. In this, the clients can be helped to deal with other challenges that may hinder change, such as time, lousy cooking skills, or social constraints to eating plans. Concerning this, by applying the issue-solution-termination approach, the clients are empowered to overcome some of the challenges that prevent them from achieving their desired dietary goals and objectives.

Positive reinforcement is more effective in dietary counseling because it increases motivation and sustains work. Endorsement of achievements, irrespective of how minimal they may seem, can go a long way in making the clients to remain committed to their nutritional transformation. People crave acknowledgement and recognition, thus congratulating the clients on their achievements such as achieving their desired weight, or trying out new special recipes.

Also, when it comes to diet modification, positive framing in counseling can assist with the clients' reorientation. Instead of concentrating on what the clients need to avoid consumption, counselors can also prescribe what to include in their meals for a healthy diet. This helps a person adjust to shed new habits and feel motivated and prepared to embrace dietary changes instead of thinking it is a punishment. Moreover, those general principles of dietary counseling mentioned above can be rather helpful in improving the effectiveness of the attempts to help clients make and maintain dietary modifications that will benefit them. For this reason, relying on individualisation of meals, knowledge, behaviour modification, and counselling, people can be fostered to change their lifestyles and feed in the manner they desire. By sustaining such relationships and being encouraging, clients are willing to change their lifestyles and adhere to better diets as far as foods are concerned.

Modifying the dietary counseling and facilitating positive behavior alteration to enhance nutrition is possible.

Given this theory, one can assumeassume that only effective support about food modification could be helpful in inspiring motivation, giving an account, and provide companionship. Here are some examples: Techniques such as motivation, accountability, and community feeling are integral components in attaining dietary changes support groups. These groups create the place where the people can discuss their cases and problems and the opportunities and possibilities to transform the situation and maintain a healthy diet. The following examples depict successful support groups in accomplishing their objectives for helping people with different dietary requirements and dawn similar but distinct tools and interaction will and interaction styles of cooperation which remain everlasting in changing people's dietary key.

Weight Watchers (WW)

Organizations such as Weight Watchers, operated as WW, employ group meetings and point systems of consumed products. This program is more focused on the concept of calorie shift rather than the variety of diets unsuitable for maintaining a healthy lifestyle. Meetingly are held frequently, for instance once a week where a participant can be allowed to recount the progress they have made, the problems they faced, and other participants and leaders in the programs be they nutritionists themselves engaging the

participants. They offer meal planning tools, nutrition recipes, and support group services. Because WW is concentrated more on the changes of eating habits, the program provides long-term options for weight control.

Plant-Based Diet Groups

Local and online platforms encompass plant-based diets to encourage individuals to take plant-based meals. These groups encourage people who desire to follow vegan or vegetarian diets, to share their recipes, new cooking ideas, and demonstrate capabilities for making good meals. People prepare joint meals and try different vegan meals by sharing with others, which allows them to learn from each other. The culture embraced in these groups facilitates the participants to indulge in different kinds of foods and cooking styles that are in line with their prescribed diets and at the same time feel they belong.

Weight Loss Surgery Support Groups

Weight loss surgery support groups offer the necessary support to those planning for the surgery or those who have undergone through surgery. These involve availing information to the members regarding the necessary lifestyle changes, especially in taking foods after the surgery is undertaken. People get acquainted with the principles of eating small portions of food and different ways of including proteins in their diets and possible difficulties. It openly provides an avenue within the group where people are helped to cope with their new lifestyles, thereby creating a sense of community.

These examples give a clue of the numerous support to encourage changes to diet and its sustainability. Both grocer and commissary groups bring different things and support different communities that help achieve the goals of eating healthily in the long run. They compel people to change their eating habits for the better through offering encouragement, regular checkup, and companionship. The setting of these groups is therefore healthy because the groups are merged and members get chance to leech from one another to enhance their health. Consequently, support groups are an asset to anyone who wants to change his eating habits and improve his health.

Final Thoughts

Therefore, one can conclude that weight gain is a major problem in patients taking olanzapine and further strategies should be developed to prevent it. These findings of the duration of treatment and factors that determine such treatment, demography, other diseases, ways of living, and weight gain demonstrate how diverse this population is in managing metabolism. Systematically with incorporating management techniques, practice assessment examination, and requiring and encouraging patients to pay attention to their diet and exercise, doctors can considerably enhance patients' metabolic status and improve their quality of life while on olanzapine. Clinicians are hereby encouraged to place more emphasis on metabolic health in any patients who are under antipsychotic treatment consequently improving patient results besides decreasing the load of obesity-associated disorders.

Future Research Directions

Thus, the following research directions are called for following this particular study. Research on the change in body weight over time within patients under the influence of olanzapine would assist in establishing the drug's long-term metabolic impact.

Moreover, other studies on the efficacy of interventions to reduce weight gain in patients taking olanzapine would be useful. Given the lack of knowledge of its effectiveness, studying the effects of dieting and exercise for weight loss would prove highly beneficial.

In the end, the objective of this study is to improve the patient outcomes of patients on olanzapine by ensuring that their psychiatric disorder and its treatment do not harm their metabolic state. So, by embracing the interdependence of mental health and metabolic issues, medical personnel are likely to meet the needs of the vulnerable population.

Recommendations

1. This indicated the need to incorporate weight monitoring into the assessment physical examinations for patients on olanzapine.
2. Presently, HAIs educating antipsychotic patients should stress the need for metabolic screen to check the well-being of the patient.
3. In future, the duration effects of olanzapine in weight gain and its effects on complications should be further researched.