GLUCOSE TESTING IN PATIENTS RECEIVING ANTIPSYCHOTIC PHARMACOTHERAPY: AUTHOR REPLY

Dear Editor,

We welcome the comments on our survey from Dr. Strouss and her colleagues. As they point out, our survey relied exclusively on physician self-reports, where the rate of reported plasma glucose testing was far higher than in their medical claims study. Self-report is likely a contributor to this difference. We appreciate that they noted we made a similar remark in considerations of limitations of our study.

However, the discrepancy may also be due to other differences in the study designs. As far as we are aware of Dr. Strouss's study is currently unpublished, and we have relied on her letter for the methodologic details in the following remarks.

First, their study examined medical laboratory claims in the period 4 weeks before and 4 weeks after initiation of an antipsychotic. Although guidelines recommend testing in these windows, our survey did not specify a timeframe for glucose testing, so we may have captured some positive responses from physicians who order tests outside this 8-week period.

Second, their study included all patients who received an antipsychotic prescription, whereas our survey included only patients with bipolar disorder. It is possible that some patients taking antipsychotics for other indications are expected to have a relatively short course of treatment, so their prescribers do not see a need for glucose testing.

Third, their study reports the percentage of patients who get plasma glucose tests, whereas our survey reports the percentage of psychiatrists who routinely order them. Survey respondents may have understood the word "routinely" to mean that they test many patients, but not every single one. This may explain why physicians report ordering such tests more commonly than the lab claims indicates. In addition, prescribers may order tests that patients fail to follow through on. Thus, the rate of ordering such tests may be far higher than the rate of actually having the tests performed.

Fourth, our survey included only psychiatrists, whereas the Strouss study did not specify a prescriber specialty. Although most antipsychotics are prescribed by psychiatrists, it is possible that other specialists and primary care physicians who prescribe them do not order glucose tests as often as psychiatrists do.

Lastly, their study examined the rate of glucose testing before and during antipsychotic therapy, while our survey asked about glucose testing with any pharmacologic treatment for bipolar disorder. Certain bipolar therapies other than antipsychotics (e.g., valproate) can have an adverse effect on glycemic control or insulin sensitivity; hence it is possible that the higher rate of glucose testing in our survey partly reflects patients receiving therapies other than antipsychotics.

Basically, all of the remarks above require prospective studies to answer the questions raised. Importantly, despite the differences in our findings, we strongly agree with Dr. Strouss and her colleagues that adherence to practice guidelines is suboptimal, and that more efforts are needed to insure monitoring guidelines are followed.

Sincerely,

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