

## The Author's Reply

Professor Stip and colleagues state that treatment with fast-dissolution (FD) olanzapine could be associated with a lower risk of weight gain when compared with treatment with the conventional formulation of olanzapine. This suggestion is very intriguing; nonetheless, this letter raises some issues.

The authors conclude from their study that 4-months' treatment with Zydis® was associated with weight stability except in a minority of patients. However, in my opinion, the 30% of patients who continued to gain weight do not represent "a minority of patients." In contrast, only 2 of 33 (6%) patients had experienced significant weight loss; labeling this last percentage as "a minority of patients" would seem to be more appropriate.

Furthermore, the mean duration of treatment with the conventional oral formulation of olanzapine before switching was 43.3 months. Hence, the result that in several cases switching to olanzapine FD was

been associated with bodyweight stability (and, in infrequent cases, with weight loss) could be because olanzapine-induced weight gain may reach a plateau after 1 year of treatment, as already suggested in my article.<sup>[1]</sup> For all of these reasons, the assumption that olanzapine FD is associated with a low incidence of weight gain as well as the hypothesis that this faculty derives from its peculiar site of absorption should both be considered as merely speculative.

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### Acknowledgements

The author has no conflicts of interest that are directly relevant to the content of this letter.

### Reference

1. Gentile S. Long-term treatment with atypical antipsychotics and the risk of weight gain: a literature analysis. *Drug Saf* 2006; 29 (4): 303-19