

Olanzapine-induced Diabetic Ketoacidosis in a Saudi Female

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A twenty-seven-year-old Saudi woman with a 10-year history of bipolar affective disorder required numerous hospitalizations. On her last admission, Olanzapine (15 mg q.i.d.) and Clonazepam (2 mg bid) were initiated. Before treatment with Olanzapine, she had normal random serum glucose levels. Her body weight was 75 kg, and her body mass index (BMI) was 33.3 kg/m². On discharge, controlled-release sodium valproate (750 mg bid) was added to her regimen and Olanzapine dose was decreased to 10 mg/day. After few months, she developed progressive somnolence, polyuria, and polydipsia. Serum glucose was 800 mg/dl, and urine was positive (+3) for ketones. She was diagnosed as diabetic ketoacidosis (DKA). Her weight had increased 9 kg.

The patient was treated with intravenous fluids and insulin. She was placed on a sliding scale insulin regimen besides Metformin. Olanzapine was discontinued and replaced with Haloperidol.