

## **Cambios metabólicos de pacientes que reciben algún tipo de tratamiento psicofarmacológico, una revisión sistemática**

**Lizeth Natalia Sepulveda Lizcano**  
C.C. No.1005062543  
Código estudiantil: 201612214222  
Correo: l\_sepulveda5@unisimon.edu.co

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**Tutores:**  
**Diego Andrés Rivera Porras**  
**Vivian Vanesa Arenas Villamizar**  
**Valmore Bermúdez Pirela**

### **RESUMEN**

El tratamiento psicofarmacológico de los trastornos neuropsiquiátricos puede producir alteraciones metabólicas que influyen en la salud física y la calidad de vida de los pacientes. Esta revisión tuvo como objetivo identificar las alteraciones metabólicas en pacientes que reciben este tipo de fármacos utilizando la metodología PRISMA y seleccionando estudios transversales, retrospectivos y ensayos clínicos aleatorizados que informan sobre efectos adversos metabólicos de antidepresivos, anticonvulsivantes y antipsicóticos encontrados en las bases de datos SCOPUS, CLARIVATE, SCIENCE DIRECT y PUBMED. Se seleccionaron 64 estudios que muestran que la familia de fármacos que generan mayor riesgo y/o alteraciones metabólicas son los antidepresivos como la amitriptilina, la Imipramina y la clomipramina, que causan con mayor frecuencia aumento de peso, estreñimiento y efectos cardiovasculares. Los antidepresivos ISRS Fluoxetina, Sertralina, Citalopram, Escitalopram y Paroxetina mostraron una alta prevalencia de alteraciones gastrointestinales y cardíacas. Los anticonvulsivantes ácido valproico y Fosfenitoína generan reacciones adversas como aumento de peso, y tanto aumento del apetito como alteraciones del sueño. Los antipsicóticos como Clozapina, Olanzapina y Risperidona, generan aumento de peso, diabetes y deterioro del perfil lipídico. Se concluye que los cambios metabólicos causados por la medicación psicofarmacológica varían de acuerdo a la edad de los sujetos, por esta razón, el monitoreo de los efectos adversos debe realizarse constantemente, y es pertinente realizar estudios de campo que amplíen la información relacionada con los otros psicofármacos más frecuentemente prescritos.

**Palabras clave:** Metabolismo, tratamiento psicofarmacológico, antidepresivos, anticonvulsivos, antipsicóticos.

## ABSTRACT

Psychopharmacological treatment of neuropsychiatric disorders can lead to metabolic alterations that influence patients' physical health and quality of life. This review aimed to identify the metabolic changes in patients receiving this kind of drug using PRISMA methodology and selecting cross-sectional, retrospective studies and randomized clinical trials reporting anti-depressants, anticonvulsants, and anti-psychotics metabolic adverse effects found in SCOPUS, CLARIVATE, SCIENCE DIRECT, and PUBMED databases. Sixty-four studies were selected which show that the family of drugs that generate the greatest risk and/or metabolic alterations are anti-depressants like amitriptyline, Imipramine, and clomipramine, which most frequently cause weight gain, constipation, and cardiovascular effects. The SSRI anti-depressants Fluoxetine, Sertraline, Citalopram, Escitalopram, and Paroxetine exhibited a high prevalence of gastrointestinal and cardiac alterations. The anticonvulsants valproic acid and Fosphenytoin generate adverse reactions such as weight gain, and both appetite increase and sleep alterations. Anti-psychotics such as Clozapine, Olanzapine, and Risperidone, generate weight gain, diabetes, and lipid profile deterioration.

It is concluded that the metabolic changes caused by psychopharmacological medication vary according to the age of the subjects, for this reason, the monitoring of the adverse effects should be carried out constantly, and it is pertinent to carry out field studies that expand information related to the other most frequently prescribed psychotropic drugs.

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