



include reduced calorie diets, eliminating calorically - dense foods, portion control, increased physical activity and group support from local weight loss organizations along with the occasional prescription for metformin [3]. In short, the interventions are no different than those given to those whose weight was not gained as a side effect of their medication.

There are several problems with this approach. To begin with, there is now well defined disturbance in the eating patterns of this sub group that may not characterize the overeating of other obese individuals. The weight gain associated with the use of psychotropic drugs is the consequence of an increased appetite for carbohydrate-rich foods, especially those with a high fat content [11,12] and a decrease in satiety. Uncontrolled hunger is not the problem. The problem these individuals experience is the absence of satiety; they don't feel full after eating quantities of food that prior to drug treatment would have satisfied them. This change in their eating behavior may result from blockage by the psychotropic drugs of the serotonergic 5-HT<sub>2c</sub> receptors [11-13] that mediate satiety.

The tendency of many current diet regimens is to remove or limit carbohydrate from meals and snacks. This is understandable since carbohydrates are components of foods which have a high fat content (doughnuts, cookies, potato chips, chocolate, ice-cream) and are thus calorically dense. (This unfortunately also eliminates the many fat-free, nutrient- and fiber-rich carbohydrates from the weight loss regimen). However the removal or limitation of carbohydrates from the diet can exacerbate the absence of satiety by preventing serotonin synthesis. This makes dieting especially difficult when the dieter is still taking medications which block serotonin<sub>2c</sub> receptors.

The consumption of carbohydrates with the exception of fructose results in the synthesis of serotonin [14]. Protein intake prevents serotonin synthesis; thus consuming carbohydrate along with or after protein has been eaten (as in dessert), will not result in increased serotonin. Chronic intake of high protein/low carbohydrate diets may