

Appendix 1

List of Included Studies

1. Birknaes AB, Opjordsmoen S, Brunborg C, Engh JA, Jonsdottir H, Ringen PA, Simonsen C, Vaskinn A, Birkeland KI, Friis S, Sundet K, Andreassen OA: The level of cardiovascular risk factors in bipolar disorder equals that of schizophrenia: a comparative study. *J Clin Psychiatry* 2007; 68(6): 917-923.
2. D'Mello DA, Narang S, Agredano G: Prevalence and consequences of metabolic syndrome in bipolar disorders. *Psychiatric Times* 2007; 24(1): 1-2.
3. Teixeira PJR, Rocha FL. The prevalence of metabolic syndrome among psychiatric inpatients in Brazil. *Rev Bras Psiquiatr* 2007; 29: 330-336.
4. Yumru M, Savas HA, Kurt E, Kaya MC, Selek S, Savas E, Oral ET, Atagun I: Atypical antipsychotics related metabolic syndrome in bipolar patients. *J Affect Disord* 2007; 98(3): 247-252.
5. Cardenas J, Frye MA, Marusak SL, Levander EM, Chirichigno JW, Lewis S, Nakelsky S, Hwang S, Mintz J, Altshuler LL: Modal subcomponents of metabolic syndrome in patients with bipolar disorder. *J Affect Disord*. 2008; 106(1-2): 91-97.
6. Correll CU, Frederickson AM, Kane JM: Equally increased risk for metabolic syndrome in patients with bipolar disorder and schizophrenia treated with second generation antipsychotics. *Bipolar Disorders* 2008; 10: 788-797.
7. Fagiolini A, Frank E, Turkin S, Houck PR, Soreca I, Kupfer DJ: Metabolic syndrome in patients with bipolar disorder. *J Clin Psychiatry* 2008; 69(4): 678-679.
8. Fiedorowicz JG, Palagummi NM, Forman-Hoffman VL, Miller DD, Haynes WG: Elevated prevalence of obesity, metabolic syndrome, and cardiovascular risk factors in bipolar disorder. *Ann Clin Psychiatry* 2008; 20(3): 131-137.

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9. Garcia-Portilla MP, Saiz PA, Benabarre A, Sierra P, Perez J, Rodriguez A, Livianos L, Torres P, Bobes J: The prevalence of metabolic syndrome in patients with bipolar disorder. *Affect Disord.* 2008; 106(1-2): 197-201.
10. Salvi V, Albert U, Chiarle A, Soreca I, Bogetto F, Maina G: Metabolic syndrome in Italian patients with bipolar disorder. *Gen Hosp Psychiatry* 2008; 30(4): 318-323.
11. Sicras A, Rejas J, Navarro R, Serrat J, Blanca M: Metabolic syndrome in bipolar disorder: a cross-sectional assessment of a Health Management Organization database. *Bipolar Disord* 2008; 10: 607-616.
12. van Winkel R, De Hert M, Van Eyck D, Hanssens L, Wampers M, Scheen A, Peuskens J: Prevalence of diabetes and the metabolic syndrome in a sample of patients with bipolar disorder. *Bipolar Disord* 2008; 10: 342–348
13. Almeida KM, Macedo-Soares MB, Issler CK, Amaral JA, Caetano SC, Dias RS, Lafer B: Obesity and metabolic syndrome in Brazilian patients with bipolar disorder. *Acta Neuropsychiatrica* 2009; 2: 84-88.
14. Chang HH, Chou CH, Chen PS, Gean PW, Huang HC, Lin CY, Yang YK, Lu RB: High prevalence of metabolic disturbances in patients with bipolar disorder in Taiwan. *J Affect Disord* 2009; 117(1-2): 124-129.
15. Elmslie JL, Porter RJ, Joyce PR, Hunt PJ, Shand BI, Scott RS: Comparison of insulin resistance, metabolic syndrome and adiponectin in overweight bipolar patients taking sodium valproate and controls. *Aust N Z J Psychiatry* 2009; 43(1): 53-60.

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16. Gabriel R, Lorenzo L, Alonso M, González AM, Vieta E, Montes JM, Rejas-Gutiérrez J, Mesa FJ: Metabolic syndrome in patients with bipolar disorders and the general population of Spain: Findings from a population-based case-control study: The BIMET-VIVA study. *Diabetologia* 2009; 52: S1.
17. Ice K, Karayal O, Chappell P, Siu C, Pappadopoulos E: Metabolic and weight effect profiles for ziprasidone with adjunctive mood stabilizer in maintenance treatment of bipolar disorder. *Bipolar Disord* 2009; 11: S1(48-49).
18. John AP, Koloth R, Dragovic M, Lim SCB: Prevalence of metabolic syndrome among Australians with severe mental illness. *Med J Aust* 2009; 190(4): 176-179.
19. Vuksan-Cusa B, Marcinko D, Nad S, Jakovljevic M: Differences in cholesterol and metabolic syndrome between bipolar disorder men with and without suicide attempts. *Prog Neuro-psychopharmacol Biol Psychiatry* 2009; 33: 109-112.
20. Altinbaş K, Güloksüz S, Oral TE: Metabolic syndrome prevalence between different temperament profiles in bipolar I disorder. *Bipolar Disord* 2010; 12(3): S1.
21. Correll CU, Druss BG, Lombardo I, O’Gorman C, Harnett JP, Sanders KN, Alvir JM, Cuffel, BJ: Findings of a U.S. National cardiometabolic screening program among 10,084 psychiatric outpatients. *Psychiatr Serv* 2010; 61: 892-898.
22. Gomes FA, Magalhaes PV, Kunz M, Da Silveira LE, Weyne F, Andreazza AC, Cereser KM, Furnaletto TW, Kapczinski F: Insulin resistance and metabolic syndrome in outpatients with bipolar disorder. *Rev Psiq Clín* 2010; 37(2): 81-84.
23. Guan N, Liu H, Diao F, Zhang J, Zhang M, Wu T: Prevalence of metabolic syndrome in bipolar patients initiating acute-phase treatment: a 6-month follow up. *Psychiatry Clin Neurosci* 2010; 64(6): 625-633.

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24. Guerreiro DF, Navarro R, Telles-Correia D, Martins P, Trigo E, Silva M, Neves A, Góis C, Figueira ML: [Effectivity of screening, concepts and attitudes towards metabolic síndrome: a study in bipolar patients followed in Hospital Santa Maria psychiatric consultation]. *Acta Med Port* 2010; 23(2): 173-182.
25. Holt RIG, Abdelrahman T, Hirsh M, Dhesi Z, George T, Blincoe T, Peveler RC: The prevalence of undiagnosed metabolic abnormalities in people with serious mental illness. *J Psychopharmacol* 2010; 24(6): 867-873.
26. Lee NY, Kim SH, Cho B, Lee YJ, Chang JS, Kang UG, Kim YS, Ahn YM: Patients taking medications for bipolar disorder are more prone to metabolic syndrome than Korea's general population. *Prog Neuropsychopharmacol Biol Psychiatry* 2010; 34(7): 1243-1249.
27. Maina G, D'Ambrosio V, Aguglia A, Paschetta E, Salvi V, Bogetto F: [Bipolar disorders and metabolic syndrome: a clinical study in 185 patients]. *Riv Psichiatr*. 2010; 45(1): 34-40.
28. Mattoo SK, Singh SM: Prevalence of metabolic syndrome in psychiatric inpatients in a tertiary care centre in north India. *Indian J Med Res* 2010; 131: 46-52.
29. McIntyre RS, Woldeyohannes HO, Soczynska JK, Miranda A, Lachowski A, Liauw SS, Grossman T, Lourenco MT, Kim B, Alsuwaidan MT, Kennedy SH: The rate of metabolic syndrome in euthymic Canadian individuals with bipolar I/II disorder. *Adv Ther* 2010; 27(11): 828-836.
30. Taylor V, McKinnon MC, Macdonald K, Jaswal G, Macqueen GM: Adults with mood disorders have an increased risk profile for cardiovascular disease within the first 2 years of treatment. *Can J Psychiatry* 2010; 55(6): 362-368.

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31. Baptista T, Serrano A, Uzcátegui E, El Fakih Y, Rangel N, Carrizo E, Fernández V, Connell L, de Baptista EA, Quiroz S, Uzcátegui M, Rondón J, Matos Y, Uzcátegui L, Gómez R, Valery L, Novoa-Montero D: The metabolic syndrome and its constituting variables in atypical antipsychotic-treated subjects: comparison with other drug treatments, drug-free psychiatric patients, first-degree relatives and the general population in Venezuela. *Schizophr Res* 2011; 126(1-3): 93-102.
32. Ezzaher A, Haj MD, Mechri A, Neffati F, Douki W, Gaha L, Najjar MF: Metabolic syndrome in Tunisian bipolar I patients. *Afr Health Sci* 2011; 11(3): 414-420.
33. Khatana SA, Kane J, Taveira TH, Bauer MS, Wu WC: Monitoring and prevalence rates of metabolic syndrome in military veterans with serious mental illness. *PLoS One* 2011; 6(4): e19299.
34. Salvi V, D'Ambrosio V, Rosso G, Bogetto F, Maina G: Age-specific prevalence of metabolic syndrome in Italian patients with bipolar disorder. *Psychiatry Clin Neurosci*. 2011; 65(1): 47-54.
35. Yildiz B, Turan MT, Bethirli A: Metabolic syndrome in bipolar affective disorder. *Erciyes Tip Dergisi* 2011; 33(3): 197-204.
36. Grover S, Aggarwal M, Chakrabarti S, Dutt A, Avasthi A, Kulhara P, Malhotra N, Somaiya M, Chauhan N: Prevalence of metabolic syndrome in bipolar disorder: an exploratory study from North India. *Prog Neuropsychopharmacol Biol Psychiatry* 2012; 36(1): 141-146.
37. Kemp DE, Karayal ON, Calabrese JR, Sachs GS, Pappadopoulos E, Ice KS, Siu CO, Vieta E: Ziprasidone with adjunctive mood stabilizer in the maintenance treatment of bipolar I

disorder: long-term changes in weight and metabolic profiles. Eur Neuropsychopharmacol. 2012; 22(2): 123-131.

Appendix 2. Details of the Included Studies

Nr.	First Author (year)	Country	Participants	MetS criterium	Rate of Mets	Rate of Individual MetS Criteria	MetS Subgroup Rates	MetS Rate of Controls*
1.	Birkenaes (2007)	Norway	110(43♂); 38.7±11.9yrs; 92.7% white; 96.3% outpatients; DSM-IV	ATP-III	♂=24.1% ♀=19.1%	/	/	/
2.	D'Mello (2007)	USA	41(17♂)	ATP-III-A	65.0%	waist=41.0%; BP=62.0%	/	/
3.	Teixeira (2007)	Brazil	47(29♂) inpatients; ♂=49.5±17.5yrs; ♀=45.4±11.5yrs; ICD-10	ATP-III	♂=25.0% ♀=42.9%	/	/	/
4.	Yumru (2007)	Turkey	125(78♂) BD-I outpatients; 34.5±10.0yrs; illness duration=118.5months; DSM-IV	ATP-III	♂=29.5% ♀=36.2%	/	with AP 34/66(52.0%) vs. 13/59(22.0%)	/
5.	Cardenas (2008)	USA	98(90♂) veterans; ♂=49.9±10.2yrs; ♀=51.6±8.4yrs	ATP-III	♂=48.9% ♀=50.0%	/	/	/
6.	Correll (2008)	USA	74(36♂) inpatients; 44.4±16.4yrs; 84.7% white; 96.3%; DSM-IV	ATP-III	43.2%	waist=33.8%; BP=54.0%; TG=46.6%; HDL-C=67.6%; glucose=15.1%	/	/
7.	Fagiolini (2008)	Italy	441; 44.4±15.3yrs; DSM-IV	ATP-III-A	40.0%	waist=51.0%; BP=55.0%; TG=46.6%; HDL-C=45%; glucose=19%	/	/
8.	Fiedorowicz (2008)	USA	60outpatients; 46.3±15.0yrs; 85% white	ATP-III	54.0%	/	with AP= 18/27(67.0%) vs. 14/33(42.0%)	/
9.	Garcia-Portilla (2008)	Spain	194(98♂) Caucasian Spanish; 46.6±13.9yrs	ATP-III	22.0%	waist=53.8%; BP=20.9%; TG=36.1%; HDL-C=38.2%; glucose=12.2%	/	/
10.	Salvi (2008)	Italy	99(64♂) inpatients; 51.7±13.9yrs; illness duration=19.2±12.6yrs; DSM-IV	ATP-III	25.3%	waist=50.0%; BP=40.0%; TG=34.7%; HDL-C=32.3%; glucose=11.0%	/	/

Appendix 2. Continued

Nr.	First Author (year)	Country	Participants	MetS criterium	Rate of Mets	Rate of Individual MetS Criteria	MetS Subgroup Rates	MetS Rate of Controls*
11.	Sicras (2008)	Spain	178(95♂) inpatients; 49.9±19.2yrs; DSM-IV	Modified ATP-III	♂=21.0% ♀=28.0%	BP=29.8%; TG=23.0%; HDL-C=54.5%; glucose=16.9%	/	12,362/85,850 (14.4%)
12.	van Winkel (2008)	Belgium	112(65♂); 44.3±12.2yrs; DSM-IV	ATP-III-A	23.2%	waist=33.9%; BP=50.9%; TG=32.1%; HDL-C=25.0%; glucose=23.2%	/	/
13.	Chang (2009)	Taiwan	59 outpatients; 34.1±10.7yrs; illness duration=3.5±5.5yrs; DSM- IV	IDF	33.9%	waist=61.0%; BP=18.6%; TG=36.8%; HDL-C=53.0%; glucose=13.7%	with AP= 15/33(45.0%) vs. 5/26(19.0%)	/
14.	Almeida (2009)	Brazil	84(29♂); 41.6±11.6yrs; DSM-IV	Modified ATP-III	28.6%	BP=45.0%; TG=44.0%; HDL-C=26.0%; glucose=20.0%	/	/
15.	Elsmlie (2009)	New Zealand	60(11♂) with overweight due to sodium valproate; 42±11yrs; DSM- IV	ATP-III	50.0%	waist=85.0%; BP=50.0%; TG=40.0%; HDL-C=63.0%; glucose=6.0%	/	19/60(32%)
16.	John (2009)	Australia	39(24♂); 39.6yrs	IDF	67.0%	/	/	/
17.	Vuksan-Cusa (2009)	Croatia	40 (40♂);36.5yrs	ATP-III	27.5%	/	/	/
18.	Gabriel (2009)	Spain	532(211♂); 46.3±13.0yrs; DSM-IV	ATP-III	25.1%	/	/	301/1560 (19.3%)
19.	Ice (2009)	USA	584 BD-I; DSM-IV	ATP-III-A	23.0%	waist=47.0%; BP=28.0%; TG=31.0%; HDL-C=42.0%; glucose=14.0%	/	/
20.	Altinbas (2010)	Turkey	26 BD-I	IDF	19.2%	/	/	/
21.	Correll (2010)	USA	1093 outpatients; self-reported diagnosis;44.3±11.8yrs	ATP-III-A	54.0%	/	/	/

Appendix 2. Continued

Nr.	First Author (year)	Country	Participants	MetS criterium	Rate of Mets	Rate of Individual MetS Criteria	MetS Subgroup Rates	MetS Rate of Controls*
22.	Gomes (2010)	Brazil	65(20♂) outpatients; 45.6±12.4yrs; illness duration=17.6±12.1yrs; DSM-IV	ATP-III	32.3%	/	/	/
23.	Guan (2010)	China	148(70♂) inpatients; 30.9±12.4yrs; DSM-IV	CDS	11.5%	TG=29.1%; HDL-C=15.5%; glucose=5.4%	/	1/65(1.6%)
24.	Guerreiro (2010)	Portugal	15 adult patients in euthymic phase	IDF	36.0%	/	/	/
25.	Holt (2010)	UK	7; 41yrs	IDF	86.0%	/	/	/
26.	Lee (2010)	South-Korea	152(71♂) outpatients; 36.3±12.3yrs; illness duration=10.0±8.0yrs	ATP-III	27.0%	waist=47.4%; BP=25.7%; TG=32.9%; HDL-C=32.9%; glucose=15.1%	/	20/152 (13.2%)
27.	Maina (2010)	Italy	185(80♂); 51.2±15.4yrs; illness duration=19.6±13.8yrs; DSM-IV	ATP-III	27.9%	waist=48.9%; BP=53.8%; TG=36.6%; HDL-C=33.3%; glucose=11.5%	/	/
28.	Mattoo & Singh (2010)	India	21(15♂); 37.9yrs	IDF	♂=31.9% ♀=14.0%	/	/	/
29.	McIntyre (2010)	Canada	99(48♂) euthymic outpatients; 38.09±11.15yrs; 94.9%white; DSM-IV	ATP-III	♂=35.4% ♀=29.8%	waist=41.1%; BP=27.6%; TG=38.8%; HDL-C=36.4%; glucose=6.1%	/	/
30.	Taylor (2010)	Canada	20(11♂); 29.6yrs	ATP-III	5%	waist=25.0%; BP=20.0%; TG=35.0%; HDL-C=0.0%; glucose=5.0%	/	/

Appendix 2. Continued

Nr.	First Author (year)	Country	Participants	MetS criterium	Rate of Mets	Rate of Individual MetS Criteria	MetS Subgroup Rates	MetS Rate of Controls*
31.	Baptista (2011)	Venezuela	182(62♂); 42.7±14.2yrs; DSM-IV	Modified ATP-III	♂=32.3% ♀=26.7%	waist=46.4%; TG=33.1%; HDL-C=59.3%; glucose=11.7%	/	19/174 (26.6%)
32.	Ezzaher (2011)	Tunisia	120(85♂); ♂=37.5±13.4yrs; ♀=38.1±11.4yrs; DSM-IV	Modified ATP-III	♂=24.7% ♀=28.9%	BP=5.4%; TG=53.1%; HDL-C=59.2%; glucose=16.1%	with AP= 10/38(26.3%) vs. 24/92(26.1%)	/
33.	Khatana (2011)	USA	822(751♂); 55.7±12.8yrs; ICD-9	Modified ATP-III	57.1%	waist=%; BP=%; TG=%; HDL-C=%; glucose=%	/	/
34.	Salvi (2011)	Italy	200(80♂) inpatients; 50.9±15.5yrs; illness duration=19.4±13.8yrs DSM-IV	ATP-III-A	♂=32.5% ♀=22.5%	waist=47.0%; BP=52.5%; TG=34.0%; HDL-C=30.0%; glucose=10.5%	/	/
35.	Yildiz (2011)	Turkey	105(46♂)	ATP-III	♂=32.0% ♀=27.0%	/	/	/
36.	Grover (2012)	India	200(140♂); ♂=39.1±12.8yrs; ♀=38.6±13.9yrs; illness duration ♂=128.3±109.9months; illness duration ♀=136.2±122.3months; ICD-10	Modified ATP-III	♂=43.6% ♀=35.0%	waist=70.5%; BP=44.0%; TG=42.0%; HDL-C=41.5%; glucose=24.0%	with AP= 47/116(40.5%) vs. 35/84(41.6%)	/
37.	Kemp (2012)	Worldwide	482; DSM-IV	ATP-III-A	23.0%	/	/	/

*age- and gender-matched; ATP=Adult Treatment Panel, ATP-A=Adult Treatment Protocol-Adapted, IDF=International Diabetes Federation, CDS=Chinese Medical Association Diabetes Branch , AP=antipsychotics, BP= blood pressure, TG=triglycerides, HDL-C=high density lipoproteins cholesterol

Appendix 3. List of Excluded Studies

Nr.	Reference	Reason
1.	Fagiolini A, Frank E, Scott JA, Turkin S, Kupfer DJ: Metabolic syndrome in bipolar disorder: findings from the Bipolar Disorder Center for Pennsylvanians. <i>Bipolar Disord</i> 2005; 7: 424-430.	Overlap with Fagiolini et al. (2008).
2.	Mackin P, Watkinson H, Young AH: Prevalence of obesity, glucose homeostasis disorders and metabolic syndrome in psychiatric patients taking typical or atypical antipsychotic drugs: a cross-sectional study. <i>Diabetologia</i> 2005; 48: 215-221.	No separate data in patients with bipolar disorder available.
3.	Bermudes RA, Keck PE, Welge JA: The prevalence of the metabolic syndrome in psychiatric inpatients with primary psychotic and mood disorders. <i>Psychosomatics</i> 2006;47:491-497.	No separate data in patients with bipolar disorder available.
4.	Correll CU, Frederickson AM, Kane JM, Manu P: Does antipsychotic polypharmacy increase the risk for metabolic syndrome? <i>Schizophr Res</i> 2007; 89: 91-100.	Overlap with Correll et al. (2008).
5.	Mackin P, Bishop D, Watkinson HMO. A prospective study of monitoring practices for metabolic disease in antipsychotic-treated community psychiatric patients <i>BMC Psychiatry</i> 2007; 7: 28	No separate data in patients with bipolar disorder available.
6.	Maina G, D'Ambrosio V, Aguglia A, Paschetta E, Salvi V, Bogetto F: [Bipolar disorders and metabolic syndrome: a clinical study in 185 patients]. <i>Riv Psichiatr</i> . 2010; 45(1): 34-40	Overlap with Maina et al. (2010).
7.	Suvisaari JM, Saarni SI, Perälä J, Suvisaari JV, Häkkinen T, Lönnqvist J, Reunanan A. Metabolic syndrome amongDE, Kan HJ, et al.: Comparison of metabolic persons with schizophrenia and other psychotic disorders in a general population survey. <i>J Clin Psychiatry</i> 2007; 68: 1045-1055.	No separate data in patients with bipolar disorder available.
9.	Taylor V, Mac Queen MG: Prevalence of metabolic syndrome in never treated mood disordered patients. <i>Clin Invest Med</i> 2007; 30(4): S1.	Overlap with Taylor et al. (2010).
10.	Tirupati S, Chua LE Body mass index as a screening test for metabolic syndrome in schizophrenia and schizoaffective disorders. <i>Australas Psychiatry</i> 2007; 15(6): 470-473.	No separate data in patients with bipolar disorder available.
11.	Corruble E: Bipolar disorders and somatic comorbidities. <i>Encephale</i> 2008; 34: S143-145.	No separate data in patients with bipolar disorder available.

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Nr.	Reference	Reason
12.	Jennex A., Gardner D: Monitoring and management of metabolic risk factors in outpatients taking antipsychotic drugs: a controlled study. <i>Can J Psychiatry</i> 2008; 53(1): 34-42.	No separate data in patients with bipolar disorder available.
13.	Sicras-Mainar A, Blanca-Tamayo M, Rejas-Gutierrez J, Navarro-Artieda R: Metabolic syndrome in outpatients receiving antipsychotic therapy in routine clinical practice: A cross-sectional assessment of a primary health care database. <i>Eur Psychiatry</i> 2008; 23(2): 100-108	Overlap with Sicras et al. (2008).
14.	van Winkel R, van Os J, Celic I, Van Eyck D, Wampers M, Scheen A, Peuskens J, De Hert M. Psychiatric diagnosis as an independent risk factor for metabolic disturbances: results from a comprehensive, naturalistic screening program. <i>J Clin Psychiatry</i> 2008; 69: 1319-1327.	Overlap with van Winkel et al. (2008).
15.	Yumru M, Savas E, Gergerlioglu SH, et al: İkiuçlu Bozuklukta Metabolik Sendrom, Serum Leptin Düzeyleri ve Tedavi iliflkisi Klinik Psikofarmakoloji Bülteni 2008; 18(2): 79-83.	Overlap with Yumru et al. (2007).
16.	Garcia-Portilla MP, Saiz PA, Bascaran MT, Martínez A S, Benabarre A, Sierra P, Torres P, Montes JM, Bousoño M, Bobes J: General Health Status in Bipolar Disorder Collaborative Group. Cardiovascular risk in patients with bipolar disorder. <i>J Affect Disord</i> 2009; 115(3): 302-308.	Overlap with Garcia-Portilla et al. (2008).
17.	Garcia-Portilla MP, Saiz PA, Benabarre A, Florez G, Bascaran MT, Diaz EM, Bousonos M, Bobes J: Impact of substance use on the physical health of patients with bipolar disorder. <i>Acta Psychiatr Scand</i> 2010; 121: 437-445.	Overlap with Garcia-Portilla et al. (2008).
18.	Gomes FA, Magalhães PVDS, Kunz M, Andreazza A, Silveira L, Weyne F, Ceresér K, Furlanetto T, Kapczinski F: Waist circumference as a simple and meaningful means to assess insulin resistance among outpatients with bipolar disorder. <i>Eur Psychiatry</i> 2009; 24(S1): 561.	Overlap with Gomes et al. (2010).
19.	Guerreiro D, Navarro R, Telles D, Carvalho M, Martins P, Trigo E, Silva M, Gois C, Figueira L: Metabolic syndrome in bipolar illness: Patient concepts and screening effectivity. <i>Eur Psychiatry</i> 2009; 24(1): 581.	Overlap with Guerreiro et al. (2010).

Appendix 3. Continued

Nr.	Reference	Reason
20.	González-Pinto A, Vieta E, Montes JM, Rejas-Gutiérrez J, Mesa F: Metabolic syndrome in patients with bipolar disorders (BD): Findings from the bimet study. <i>Eur Psychiatry</i> 2009; 24(S1): 600.	Overlap with Gomes et al. (2010).
21.	Lee NY, Yu HY, Jung DC, Kim SH, Kim YS, Ahn YM: Higher prevalence of metabolic syndrome in patient with bipolar disorder and schizophrenia in Korean population. <i>J Cancer Educ</i> 2009; 24(S1): 540.	Overlap with Lee et al. (2010).
22.	Chang HH, Yang YK, Gean PW, Huang HC, Chen PS, Lu RB: The role of valproate in metabolic disturbances in bipolar disorder patients. <i>J Affect Disord</i> 2010; 124(3): 319-323.	Overlap with Chang et al. (2009).
23.	Kalenderoglu A, Savaş HA, Gergerlioğlu HS, Başaralı K, Yumru M, Selek S, Büyükbaba S, Ergene N: Correlation between metabolic syndrome and serum ghrelin levels in bipolar patients. <i>Noropsikiyatri Arsivi</i> 2010; 47(4): 328-332.	Overlap with Yumru et al. (2007).
24.	Kemp DE, Calabrese JR, Tran QV, Pikalov A, Eudicone JM, Baker RA: Metabolic syndrome in patients enrolled in a clinical trial of aripiprazole in the maintenance treatment of bipolar I disorder: a post hoc analysis of a randomized, double-blind, placebo-controlled trial. <i>Clin Psychiatry</i> . 2010; 71(9): 1138-44.	Overlap with Kemp et al. (2012).
25.	Kemp DE, Eudicone JM, McQuade RD, Chambers JS, Baker RA: Metabolic syndrome and its potential effect on treatment response to aripiprazole: a post hoc analysis of the stabilization phase of a long-term, double-blind study in patients with bipolar disorder (CN138-010). <i>J Clin Psychopharmacol</i> 2010; 30(5): 631-634.	Overlap with Kemp et al. (2012).
27.	Kim EY, Lee NY, Kim SH, Jung DC, Ahn YM: Change in the rate of metabolic syndrome in patients with schizophrenia and bipolar disorder in the course of treatment. 4th Biennial Conference of the International Society for Bipolar Disorders, São Paulo, Brazil.	No separate data in patients with bipolar disorder available.
28.	Kumar A, Tripathi A, Dalal P: Study of prevalence of metabolic syndrome in drug naive outdoor patients of schizophrenia and bipolar-I disorder. <i>Ind J Psychiatry</i> 2009; 51(S6): 132.	No separate data in patients with bipolar disorder available.

Appendix 3. Continued

Nr.	Reference	Reason
29.	Ntounas P, Vlachos I, Psaras R, Tsopelas C, Sovolakis I, Gkeka E, Dimitraka M, Siouti E, Touloumis C: Metabolic syndrome in inpatients with serious mental illness. <i>European Neuropsychopharmacology</i> 2010; 20(S3): 443.	No separate data in patients with bipolar disorder available.
30.	O'Gorman C, Ice K, Chappell P, Schwartz J, Siu C, Pappadopoulos E, Karayal O: Metabolic syndrome and associated risk factors in maintenance treatment of bipolar disorder with ziprasidone adjunctive therapy. <i>Bipolar Disord</i> 2010; 12(S1): 42.	Overlap with Ice et al. (2009).
31.	Chiarle A, Albert U, D'Ambrosio V, De Cori D, Salvi V, Maina G, Bogetto F: Metabolic syndrome and psychiatric disorders: Comparison between bipolar disorder and obsessive-compulsive disorder. <i>Minerva Psichiatrica</i> 2011; 52(2): 71-79.	Overlap with Salvi et al. (2011).
32.	Mechri A, Ezzaher A, Gzara A, Najjar MF, Douki W: Metabolic syndrome: prevalence and associated factors in a Tunisian sample of bipolar I patients. <i>Eur Neuropsychopharmacology</i> 2011; 21(S3): 426.	Overlap with Ezzaher et al. (2011).
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