THE ARISING

OCTOBER 27, 2026 · JOHN GRIFFIN, MD

Movement, memory and metabolic health



Original conceptual illustration · Heart health across a lifetime

The body does not divide neatly into separate subjects. Movement connects to mood and cognition; sleep connects to metabolism; treatments can bring trade-offs as well as gains. This edition follows those intersections while keeping the design and limits of each study in view.

Ten full written articles · Alive. Awake. Aware.

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01 / Heart Groups and Obstetricians Map Women's Heart Risk Across Four Life Stages

Heart disease is the leading cause of illness and death in women, and four major medical groups now say care for it is too scattered to catch risk early.

The new material is two advisories published in Circulation in 2026: a presidential advisory and a science advisory. They come from the American Heart Association, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine. These are expert guidance documents, not trials or studies that followed patients, so there are no participant numbers or measured outcomes. We had access only to the abstracts, so details beyond them are unverified.

According to the first advisory, heart risk in girls and women is underrecognized and underaddressed. That is especially true for exposure to sex hormones, which the authors call systemic modulators of cardiovascular biology. The abstract also says women see many specialists, including pediatrics, primary care, obstetrics and gynecology, cardiology and endocrinology, and that this fragments their care.

The groups propose a Female Life Stage framework. It defines four stages by changes in sex hormones: perimenarche, ovarian cycling, perimenopause and postmenopause. The advisory says these stages should inform screening, prevention and management of cardiovascular disease. The framework pairs hormonal, psychosocial and heart health rather than treating them separately.

For midlife, the STAT coverage adds detail. It reports that the guidance calls perimenopause a cardiovascular inflection point. It describes perimenopause as the transition of variable cycle length, skipped cycles and hormone changes, from about age 45 to 51. STAT reports that changes in cholesterol and metabolic health can be early signs of risk. Sadiya Khan, who chaired the writing group, told STAT: "Identifying risk early and acting on it may reduce risk of cardiovascular disease." The abstracts do not list specific tests or schedules, so what to check, and when, is a question for each person's clinician.

The second advisory looks at where this care would be delivered. It proposes national support for Comprehensive Centers of Excellence for Women's Cardiovascular Care. These would rest on four pillars: interdisciplinary clinical care, education and training, research, and community engagement. The authors say such centers can reduce fragmentation, support earlier risk identification and bring more women into clinical

research. That is the authors' expectation. The abstract does not report results from any such center.

The limits matter. Advisories set out a rationale and priorities. They do not show that using the framework lowers heart attacks or deaths. The coverage's "may reduce" wording is Khan's, and it is a hope about early action rather than a tested result.

This differs from The Arising's October 18 report on ACOG's updated advice on hormone therapy for hot flashes. That piece dealt with treating symptoms. These advisories deal with spotting heart risk across life stages, and they are separate documents. Whether the framework is taken up in routine care, whether the proposed centers are built, and whether research shows that earlier attention in perimenopause changes heart outcomes.

Sources: Circulation (2026), STAT

Read the cited sources: Source 1 · Source 2

Source edition: October 27, 2026 · AR-20261027-FEATURE-02 · original printed page 9

02 / Bone Density Fell in GLP-1 Trials With the Most Weight Loss

In the two randomized trials where people lost the most weight on a GLP-1 drug, bone mineral density at the spine and hip went down, according to a new systematic review. The authors say the evidence is too thin to draw firm conclusions.

The review, published October 23 in Archives of Osteoporosis, is a systematic review of eight randomized controlled trials with 493 adults in total. A systematic review gathers all the trials that meet set criteria and reports what they found. All participants had overweight or obesity. This one did not pool the results, because the four drugs studied differ in how much weight they take off. Instead it reported each drug on its own. The authors rated the certainty of the evidence as very low for every drug.

Bone mineral density, or BMD, is a measure of how much mineral is packed into bone. It was measured by DXA, a low-dose X-ray scan. Lower density is generally a concern because it can mean weaker bone, though these trials did not measure fractures. The semaglutide trial had 64 participants and the largest weight loss of any trial: 6.8 kg more than placebo. It found lower lumbar spine BMD (a difference of 0.018 g/cm² versus placebo) and lower whole-body BMD (a difference of 0.02 g/cm²). It also found a higher level of C-terminal telopeptide, or CTX, a blood marker of bone breakdown. The review rated this trial at low risk of bias.

Liraglutide was tested at two doses, with different results. At 3.0 mg daily, the weight-management dose, the one trial in adults with obesity and no diabetes found 6.7 kg more weight loss than placebo. Lumbar spine BMD was lower by 0.019 g/cm² and total hip BMD by 0.013 g/cm². At 1.8 mg daily, the diabetes dose, weight loss was 3.8 kg and no site changed materially.

Exenatide, the drug with the most trials (five), gave inconsistent results. At the lumbar spine, one trial found a gain of 0.03 g/cm², while another found a change of −0.04 g/cm² with a wide margin of uncertainty that included no change. Semaglutide and dulaglutide were each tested in one trial, and liraglutide in two.

There are important limits. Five of the eight trials enrolled adults with type 2 diabetes rather than obesity alone. Three trials were at low risk of bias, and five raised some concerns, mainly about how participants were randomized and how results were reported. No drug is backed by more than one low-risk trial. The review's search ran through July 2026 and included only trials lasting at least 12 weeks. Only the abstract was available to us, so further details of the trials are not reported here.

What the authors do say is that the matching result in the two biggest weight-loss trials deserves its own study, rather than being assumed to apply to every drug in the class. Whether the bone changes reflect weight loss itself, the drugs, or both is not answered by this review. Fracture risk, the outcome that matters most for older adults, was not assessed.

The review does not overlap with The Arising's October 15 report on menopause hormone therapy and semaglutide weight loss, which was an observational finding about weight. This review is about bone, and it adds a different question: how bone fares as weight comes off.

The authors call for adequately powered trials of individual drugs with fracture as an endpoint. That is the evidence to watch for next. Anyone taking or considering a GLP-1 drug should not start or stop anything without talking to their own clinician.

Sources: Archives of osteoporosis (2026), Archives of Osteoporosis

Read the cited source: Source 1



Original issue inset. Read alongside the study design and limitations above.

Source edition: October 27, 2026 · AR-20261027-FEATURE-03 · original printed page 11

03 / More Active People With Parkinson's Had Slower Movement and Thinking Decline

People with Parkinson's disease who reported more physical activity lost less ground on tests of both movement and thinking over several years, according to a study in the journal Neurology. 294 people

The evidence is observational. The researchers analysed 294 people with mild-to-moderate Parkinson's disease enrolled in the Cincinnati Cohort Biomarker Program between January 2019 and February 2025. The average age was 66.4 years, and 33.0% were women. Follow-up lasted up to 5 years for thinking tests and up to 7 years for movement tests. A study like this can show that two things go together. It cannot show that one causes the other.

Activity was assessed through standardized interviews. The team calculated total physical activity time, total activity volume, and time spent in vigorous activity. The study measured yearly change on a movement scale (MDS-UPDRS-III, where higher is worse) and a thinking test (the Montreal Cognitive Assessment, where higher is better). According to the ScienceDaily coverage, participants completed these assessments each year.

Higher scores on all three activity measures were each linked to slower decline in thinking and slower motor progression. The researchers split participants into thirds by total activity time. The average yearly change on the thinking test was −0.478 points in the least active third, −0.090 in the middle third and −0.007 in the most active third. The most active group, in other words, stayed close to level.

Movement scores followed the same direction. They rose by 0.143 points a year in the least active third, meaning slight worsening. They fell by 0.225 in the middle third and by 0.783 in the most active third. According to the ScienceDaily coverage of the study, the groups reported up to four hours a week, four to eight hours, and more than eight hours of activity.

The statistical strength differed between the two outcomes. For thinking, the most active third did better than the least active third by 0.470 points a year (95% confidence interval 0.203 to 0.737; $p < 0.001$). For movement, the gap was −0.926 points (95% confidence interval −1.835 to −0.017; $p = 0.048$). That movement result sits close to the edge of statistical significance.

The study also looked at timing and intensity. Recent activity stayed linked to changes in both scores even after the researchers accounted for activity over the previous 10 years. Vigorous activity, however, was no longer linked to outcomes once total activity time was taken into account. The authors suggest the benefits of moderate-to-vigorous activity may relate to how long people are active and whether they keep it up. That means the study does not show that vigorous exercise carries a special advantage. The authors list several limitations: the observational design, self-reported activity, and potential selection bias. According to the ScienceDaily coverage, which reported the funding as the Gardner Family Foundation and the Precision Medicine in Neurodegenerative Diseases Fund, lead author Dong-Woo Ryu of the University of Cincinnati said the differences were small and that participants generally had good thinking skills at the start. "Our results should be interpreted with caution and further studies are needed," he said.

The finding sits alongside an October 17 report in The Arising on volunteering and slower memory decline in carriers of a high-risk Alzheimer's gene. That was a different study in a different group. Like this one, it points to an everyday habit linked to slower decline, and like this one, it cannot prove cause.

Studies that measure activity directly and test whether assigned exercise changes the course of Parkinson's disease. Anyone with Parkinson's disease should talk to their own clinician before starting or changing any exercise routine.

Sources: Neurology (2026), Neurology (American Academy of Neurology), via ScienceDaily

Read the cited sources: Source 1 · Source 2

Source edition: October 27, 2026 · AR-20261027-FEATURE-05 · original printed page 15

04 / Whole-Body MRI Study of 14,031 Adults Links Sleep to Belly Fat

Sleeping more may not be the whole story. How efficiently a person sleeps may matter too, according to a new report of company research linking sleep patterns to belly fat and brain size. 14,031 adults

The report comes from Longevity.Technology. It describes research released by Prenuvo, a whole-body MRI company, working with sleep scientists at UT Dallas. This article is based on that report. The study itself was not reviewed.

According to Longevity.Technology's report, the team analysed whole-body MRI scans and sleep data from 14,031 adults. Sleep information came from intake questions based on the Pittsburgh Sleep Quality Index, a widely used sleep questionnaire.

Per the report, higher sleep efficiency was associated with lower visceral fat. Sleep efficiency generally means how much of the time in bed is spent asleep. Visceral fat is the fat stored deep in the abdomen, around the organs. The report also says higher sleep efficiency was associated with greater parietal gray matter volume. The parietal region is part of the brain. Gray matter is the tissue that holds nerve cell bodies.

In the other finding, according to the report, sleeping more than eight hours was associated with smaller hippocampal volume. The hippocampus is a brain region involved in memory.

The analysis adjusted for age, sex, body mass index, scanner location and head size, according to the report. Adjusting means the researchers tried to account for those factors when comparing people.

Several points limit what can be taken from this. The findings are reported by the company. The coverage does not say whether they have been peer reviewed. It does not say how large the differences were.

An association also does not show cause. The coverage does not say whether poor sleep leads to more belly fat or smaller brain regions, or whether something else explains both. The coverage does not describe how the data were collected over time.

The question matters because sleep is often judged by hours alone. If quality tracks with body fat and brain structure in a way that hours do not, that could shift how researchers and clinicians think about measuring sleep. If the link fades in independent, peer-reviewed analysis, the simple hours-based view would stand.

According to the report, Prenuvo says the work draws on its Research Network and an imaging biobank of more than 200,000 scans. The company operates 26 clinics across North America, Australia and Europe.

Whether the full study is published in a peer-reviewed journal with effect sizes, and whether other groups find the same links.

Source: Longevity.Technology

Read the cited source: Source 1

Source edition: October 27, 2026 · AR-20261027-FEATURE-06 · original printed page 18

05 / Fitness Gains in Older Adults Linked to Memory-Related Hippocampal Activity

Getting fitter in your late 60s or 70s did not, on its own, predict better memory in a new trial analysis, but it did track with changes in a small memory region of the brain, and those changes tracked with memory performance.

The work was published in the journal Aging Brain in 2026. It draws on the Umeå HIT Study, a randomized controlled trial. This analysis included 42 older adults aged 66 to 79, 45% of them men, who did not exercise regularly. The abstract does not name the authors.

Participants were assigned to three months of twice-weekly training. One group did high-intensity interval training, in 20-minute sessions built around ten 6-second bursts. The other did moderate-intensity aerobic training, in 40-minute sessions. Before and after, everyone had brain scans of the hippocampus, a region central to forming memories.

The scans were taken while participants did a memory task called episodic memory pattern completion. In plain terms, it tests how well someone can retrieve a whole memory from a partial cue. The scanner measured the BOLD signal, a blood-flow-based marker of brain activity.

This analysis pooled both training groups. It asked whether a rise in cardiorespiratory fitness, measured as VO_2peak, predicted brain and memory changes, whatever the training type. Fitness rose by an average of 1.5 mL/kg/min (95% confidence interval 0.8 to 2.3). The direct link was absent. According to the abstract, change in VO_2peak did not predict change in pattern completion ($p = .883$, $r^2 = 0.001$).

The indirect link was present. Change in VO_2peak predicted BOLD signal change in the left CA4/dentate gyrus, a subfield of the hippocampus ($p = .04$, $r^2 = 0.12$). Change in that signal, in turn, predicted change in pattern completion ($p = .029$, $r^2 = 0.13$). The authors conclude that fitness-improving training may lead to hippocampal functional changes that are linked to better pattern completion.

The limits matter. The sample is small, and the training lasted only three months. The abstract reports associations between changes, not proof that fitness caused the brain changes or that those changes caused memory gains. The effect sizes are modest, with each relationship explaining about 12% to 13% of the variation. Only the abstract was available to us, so details such as the size of memory changes are unverified.

The findings add a different angle to a recent Arising report on a pooled analysis of 16 randomized trials, which linked nudge-based activity programs to better frailty scores and mood in frail older adults. That review looked at getting people to move. This study looks at what fitness gains might do inside the brain.

What to watch next is whether larger and longer trials confirm the hippocampal pathway and show that it produces memory benefits people can notice. Anyone thinking about starting, stopping or changing an exercise program should first talk to their own clinician.

Sources: Aging brain (2026), Aging Brain

Read the cited source: Source 1



Original issue inset. Read alongside the study design and limitations above.

Source edition: October 27, 2026 · AR-20261027-FEATURE-07 · original printed page 20

06 / Moderate Exercise Doses Linked to Best Executive Function Gains in MCI

More exercise is not always better for the aging brain. A new analysis of trials in older adults with mild cognitive impairment found that moderate amounts of exercise were linked to the most reliable gains in executive function, while higher amounts levelled off or even slipped. The finding concerns improvement in test performance, not protection against future decline, and the certainty of the evidence was only low to moderate.

The work, published in PeerJ in 2026, is a Bayesian network meta-analysis. That means it pooled the results of many randomized controlled trials and used a statistical model to compare different types of exercise, even when trials had not tested them head to head. It included 38 studies of adults aged 60 and older with mild cognitive impairment, a stage of memory and thinking decline that falls short of dementia. The authors are not listed in the abstract, which was the only part of the paper available to us.

The researchers looked at executive function, which covers three skills: working memory (holding information in mind while using it), cognitive flexibility (switching between tasks or ideas) and inhibitory control (holding back automatic responses). They searched four databases through 10 November 2025. They excluded people with dementia or other neurological conditions affecting cognition, and trials that scored below 4 on the Physiotherapy Evidence Database quality scale.

To compare programmes, the team converted every exercise dose into a common unit: metabolic equivalents multiplied by minutes per week, written as METs·min/week. The unit reflects both how hard and how long someone exercises. For all three skills, the dose-response curves were not straight lines. Gains rose with dose and then flattened. According to the abstract, moderate doses, roughly 300 to 1,000 METs·min/week, were associated with the most reliable improvements. Higher ranges showed plateaus or modest declines.

The best dose range also depended on the type of exercise and the thinking skill. Exercise combined with cognitive training, which the authors call Exercise Joint Cognitive Training, gave the most consistent gains in working memory. Comprehensive Physical Training and Walking Aerobic Exercise showed more stable effects on cognitive flexibility and inhibitory control. The abstract does not describe what each programme involved, so those labels should be read with care.

There are limits. The certainty of the evidence ranged from low to moderate. The authors report minimal publication bias and say sensitivity analyses supported the stability of their models. Because this pools trials rather than running one new experiment, the dose windows are estimates built from differing studies. The authors themselves call for future trials that test several doses within the same study to confirm the ranges.

The authors say the results offer a basis for more precise exercise prescriptions for cognitive health. The abstract does not give effect sizes, so how large the benefits are cannot be judged here.

Trials with multi-dose gradient designs, which would test directly whether the moderate window holds up. Anyone considering changing their exercise habits, especially with memory concerns, should first talk to their own clinician.

Sources: PeerJ (2026), PeerJ



Original issue inset. Read alongside the study design and limitations above.

Source edition: October 27, 2026 · AR-20261027-FEATURE-10 · original printed page 26

07 / Review of 12 Trials Finds Exercise Eases Depression and Mood in Menopause

Women in midlife often face low mood, anxiety and poorer quality of life, and not every woman can or wants to use drug or talking treatments. A new pooled analysis of randomized trials suggests that physical activity may help. 12 trials

The work is a systematic review and meta-analysis, published in the journal Menopause in 2026. It combined 12 randomized controlled trials with 1,003 women aged 40 to 65, in perimenopause (the years around the final period) or early postmenopause. Randomized trials are the strongest design for testing an intervention, and pooling them gives a broader picture than any single trial. The review is only as strong as the trials inside it.

The authors searched five research databases up to April 2025. Activity programs were compared with another activity program or with treatment as usual. The team pooled the results and checked each trial for risk of bias. The results are reported as effect sizes, a standard way to compare outcomes measured on different scales. According to the abstract, physical activity significantly improved depression (g = -1.37, 95% CI -1.96 to -0.79). A negative number here means less depression. It also improved mood (g = 0.84), psychological quality of life (g = 0.66) and overall quality of life (g = 1.10). The confidence intervals are wide, so the true size of the benefit is uncertain.

Depression fell in both stages. The figure was g = -1.57 in perimenopause and g = -1.14 in early postmenopause. The abstract says the other outcomes improved in early postmenopausal women.

The team also split the trials by type. Aerobic-based programs improved mood (g = 1.05) and overall quality of life (g = 1.41). Mind-body programs improved psychological quality of life (g = 0.80). Sensitivity analyses, which test whether results hold up under different assumptions, largely supported the findings. The authors conclude that both types may be beneficial.

According to the University College London press coverage carried by News-Medical, the aerobic group included walking, Zumba, dance and Taekwondo. The mind-body group included yoga, tai chi, Pilates and stretching. The coverage said aerobic programs had the strongest effects on depressive symptoms. It gave examples such as walking for 30 minutes three times a week, and reported that most programs were group-based. Senior author Aimee Spector, as quoted there, called physical activity "an effective, accessible, non-pharmacological strategy" for well-being in midlife. Lead author Simone Saidel said clinicians may recommend it as an early intervention or alongside medical or psychological treatment.

The limits matter. The authors write that further high-quality trials with clearer menopause staging are needed, and their wording is cautious: activity "may seem to improve" these outcomes. The coverage adds that studies varied widely and many were judged at high risk of bias. The trials compared activity with other activity or usual care. They did not test it head to head against hormone therapy or psychological treatment. The review also cannot say which activity, how much, or for how long works best.

This review looks at a different group from the frailty review The Arising reported on October 21. That one concerned older adults and muscle and function. Both point toward exercise as a benefit, but in different people and for different outcomes. Larger, better-designed trials that define menopause stage clearly and compare specific types and amounts of activity. Anyone considering a change in activity or in menopause treatment should talk to their own clinician before starting or stopping anything.

Sources: Menopause (New York, N.Y.) (2026), Menopause (UCL), via News-Medical

Source edition: October 27, 2026 · AR-20261027-FEATURE-12 · original printed page 30

08 / Cortisol Strengthened Emotional Memories by Linking Brain Networks, Yale Study Finds

Stress is usually treated as something to avoid. A new brain-imaging study suggests the hormone cortisol may also help the brain hold on to experiences that matter.

The work appeared in the peer-reviewed journal Science Advances. It is a human experiment that combined a drug with functional MRI, a scan that tracks brain activity. The abstract, which was the only part of the paper available to us, does not state how many people took part. We cannot report a sample size or effect sizes.

Cortisol is already known to strengthen memory for emotionally arousing events. What was unclear was which brain networks are involved. The researchers introduced a method they call dynamic connectome-based predictive modeling. It uses whole-brain connectivity, meaning how closely activity in different regions rises and falls together, measured at high time resolution. Per the ScienceDaily coverage of the work, each measurement covered a single trial of about five seconds. Traditional approaches need several minutes of data.

Using this method, the team found that separate networks predicted two things. One set, involving the salience network, predicted how arousing a person found each image. Another set, involving visual, frontoparietal and default mode networks, predicted whether the image was later remembered.

Cortisol changed how these networks behaved. According to the abstract, the networks for arousal and for memory overlapped more under cortisol, in both structure and function. The arousal networks were more consistent and more strongly engaged. The memory networks were more specialized for emotional material. The authors conclude that cortisol amplifies arousal-related networks while tuning memory-related networks to prioritize emotionally salient information.

ScienceDaily, reporting on the Yale University study, supplies further detail on the design. Participants took either hydrocortisone, a form of cortisol, or a placebo, and viewed pictures in the scanner. Memory was tested the next day. Each person did both conditions, and neither participants nor experimenters knew which was given. The coverage says people remembered emotionally significant images better under cortisol. The abstract we reviewed does not report that result directly.

The coverage also says stress "rewires" brain networks. The abstract is more modest. It describes statistical models linking network patterns to arousal and memory, and shifts in those patterns under cortisol. That is not proof of physical rewiring.

Corresponding author Elizabeth Goldfarb, of Yale, told ScienceDaily: "Stress responses are fundamentally adaptive and can help you form strong memories — but this is specific to experiences that you find to be emotionally intense or meaningful." She suggested that someone learning something new under stress might focus on exciting elements or strong feelings tied to it. The study did not test that strategy.

What does this mean for healthy aging? That is our interpretation, not a finding. A short-lived stress response can serve the brain, so the aim of resilience is likely recovery from stress rather than never feeling it. The study did not measure recovery. The abstract does not address chronic stress or aging, and cortisol was given as a drug rather than arising from a real-life stressor. Nothing here is a reason to take hydrocortisone or any corticosteroid, and readers should not start or stop any medication, including corticosteroids, without talking to their clinician. Next, watch for the full paper's participant numbers, for independent replication, and for tests in older adults and in people under repeated or long-lasting stress.

Sources: Science advances (2025), ScienceDaily (Yale University; Science Advances)

Source edition: October 27, 2026 · AR-20261027-FEATURE-15 · original printed page 36

09 / Phase III Trial of Inhaled Cromolyn Plus Ibuprofen Fails in Early Alzheimer's

A large trial of a drug pair built around ibuprofen, a common anti- inflammatory painkiller, did not slow decline in people with early Alzheimer's disease.

The study was a Phase III randomised, double-blind, placebo-controlled trial, the most rigorous kind of human test for a treatment. It was published in 2026 in the Journal of Alzheimer's Disease. It enrolled 619 people with early Alzheimer's. The treatment, called ALZT-OP1, combines two drugs: inhaled cromolyn (17.1 mg) and oral ibuprofen (10 mg). Both act on inflammation. The idea is that inflammation in the brain may contribute to Alzheimer's. The trial tested whether calming it could help.

Participants had early disease. This was defined by a low level of amyloid-β 42 in the fluid around the brain and spinal cord, and a Clinical Dementia Rating-Global score of 0.5. They were assigned at random, in equal numbers, to one of four groups: cromolyn alone, ibuprofen alone, both drugs together, or placebo. Treatment lasted 72 weeks.

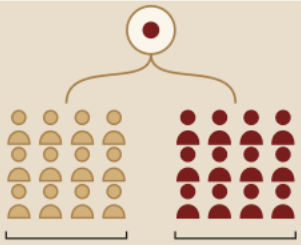
The main measure was change in the Clinical Dementia Rating-Sum of Boxes, a score of how much memory and daily function have declined. The trial asked whether the combination beat each single drug. Results covered 594 people in the modified intent-to-treat analysis.

It did not. The combination was not significantly different from cromolyn alone (difference 0.16, 95% CI −0.58 to 0.90; p = 0.675). It was also not significantly different from ibuprofen alone (difference 0.40, 95% CI −0.32 to 1.13; p = 0.276). The primary endpoint was not met. In the authors' words, ALZT-OP1 did not demonstrate efficacy in an unselected early Alzheimer's population.

The researchers also looked at subgroups, including people who carry the APOE4 gene variant, a known genetic risk factor for Alzheimer's. Among people without APOE4, those on the combination did numerically better than those on placebo (least-squares mean difference −0.96; 95% CI −2.00 to 0.08; p = 0.069). That result was not statistically significant. It came from an exploratory analysis, so it cannot be read as a benefit. The authors say it warrants testing in a trial that sorts people by genotype.

The drug was safe and well tolerated over 72 weeks, according to the abstract. Whether a genotype-stratified trial is run to test the signal in people without APOE4. Readers should not start or stop any medicine, including painkillers, without talking to their own clinician.

Sources: Journal of Alzheimer's disease : JAD (2026), Journal of Alzheimer's Disease



AT A GLANCE · CLINICAL TRIAL

619 people

Journal of Alzheimer's disease : JAD

Original issue inset. Read alongside the study design and limitations above.

Source edition: October 27, 2026 · AR-20261027-FEATURE-17 · original printed page 40

10 / Weight and Blood Sugar Rose Fastest in the First 90 Days After Starting Antipsychotics, Study Finds

Weight and blood sugar rose far faster in the first three months after people with severe mental illness started antipsychotic treatment than at any other point the researchers tracked, according to a large study in The Lancet Psychiatry.

This is an observational study, not a trial. The researchers used electronic health records from England's Clinical Practice Research Datalink Aurum database, covering January 2000 to June 2023. They included 96,849 people aged 18 to 59 with severe mental illness. All had at least a second prescription for an oral second-generation antipsychotic within 90 days of their first. People with dementia or type 2 diabetes were excluded. So were those prescribed antipsychotics before age 18.

The team used an interrupted time-series design. It compares each person's trend before treatment with their trend afterward. The study measured HbA1c, a blood test that reflects average blood sugar over recent weeks to months, and body weight. Before treatment, HbA1c rose by 0.01 mmol/mol per week and weight by 0.02 kg per week. In the first 90 days after starting, HbA1c rose by 0.12 mmol/mol per week and weight by 0.21 kg per week. From day 91 to two years, HbA1c returned to its pre-treatment rate of 0.01 mmol/mol per week. Weight continued to rise, but more slowly, at 0.03 kg per week.

The drugs differed. Increases were largest for olanzapine: HbA1c rose 0.18 mmol/mol per week and weight 0.28 kg per week. Quetiapine was linked to weight gain of 0.19 kg per week but little change in HbA1c (0.02 mmol/mol per week, with a confidence interval that included zero). Rises were generally higher in women, at 0.14 mmol/mol and 0.22 kg per week. Weight and blood sugar did not always move together.

Starting blood sugar mattered too. Among 918 people with prediabetes at baseline, 126 (13.7%) developed type 2 diabetes. The estimated two-year cumulative incidence was 19.0%. Among 9,171 people with normal baseline HbA1c, 152 (1.7%) did, an estimated 3.0% over two years.

There are limits. Only 24.9% of participants had at least one recorded HbA1c measurement, and 76.6% had at least one weight measurement. Because the data come from routine care, the study shows association and timing. It cannot prove that the drugs alone caused each change. The abstract does not describe other factors, such as diet or other medicines, so those remain unverified here.

The authors conclude that the imperfect match between HbA1c and weight supports checking both at baseline and at 12 weeks, followed by monitoring based on each person's risk. In coverage by Medical Xpress, study author Magnus Boman of Karolinska Institutet said the greatest changes occur early after treatment begins, so both measures need watching from the start. The work was funded by the UK's National Institute for Health and Care Research and other UK bodies.

Whether monitoring schedules like the one the authors propose are adopted, and whether they change outcomes. Anyone taking or considering an antipsychotic should not start, stop or change a medicine without talking to their own clinician.

Sources: The lancet. Psychiatry (2026), Medical Xpress (The Lancet Psychiatry)



Original issue inset. Read alongside the study design and limitations above.

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The public Atlas connects questions across topics. The book and game pages introduce projects in development.

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