To evaluate the cardio-metabolic events occurring in the first 24 months after the initiation of atypical AP treatment.

**RESULTS**

Among the 11,052,262 adults, 39,263 atypical AP new users were selected (57% female, median age 70 years). The 99.2% of the cohort received monotherapy with atypical AP at study entry, and the most prescribed drugs were quetiapine (46.2%), olanzapine (20.1%) and risperidone (13.8%). The 22.7% of patients resulted already affected by cardio-metabolic diseases (group A), 14.9% had predisposing conditions (group B) and 62.4% had none of these (group C) (Fig. 3-4). After 24 months, 11.5% of group B developed a cardio-metabolic event, compared to 8.7% of controls (p<0.01) (Fig. 5). These events occurred into 5.0% of group C in comparison with 2.1% of controls (p<0.01) (Fig. 6).

**CONCLUSIONS**

This real-world study showed that patients treated with atypical AP had a significantly higher likelihood to develop cardio-metabolic diseases or their predisposing conditions in the first two years after treatment initiation. Clinicians should pay attention to early cardio-metabolic occurrences before and during treatment with atypical AP drugs, especially in terms of presence of predisposing factors for adverse events.