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REPEATED CONFUSIONAL STATES FOLLOWING DISCONTINUATION OF PROXETINE IN A 51-YEAR-OLD WOMEN SUFFERING FROM PSYCHOTIC DEPRESSION

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A 51-year-old women suffering from depression with psychotic symptoms including a history of meningitis and epilepsy since childhood was treated with paroxetine, olanzapine and lamotrigine for years. In the periods she interrupted paroxetine administration, she developed each time a confusional state requiring intensive psychiatric care. She recovered in a few days after re-administration of paroxetine. Clinicians should be aware of severe withdrawal reactions after discontinuation of SSRI, particularly in patients with neurological history. *Acta Medica Medianae 2015;54(3):51-53.*

***Key words**: discontinuation syndrome, paroxetine, confusional state, neurological disease*

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Introduction

Discontinuation syndromes or withdrawal phenomena following abrupt interruption of SSRIs (selective serotonin reuptake inhibitor) are not uncommon (1-3). The complaints normally start within a few days after stopping medication and include agitation, anxiety, insomnia with vivid dreams, dizziness, vertigo, headaches or gastrointestinal and flu-like symptoms including chills or myalgia. Occasionally, sensory complaints such as paresthesia, burning or electric shock-like sensations or even neurological deficits (ataxia) or hypertension may occur. Rarely, more serious psychiatric disorders including delirum, crying spells or mania are observed (4-6). Most discontinuation phenomena are transient – they last for a few days, and need no more than an adequate care. Sometimes, it may be wise to recontinue administration and to taper the dose carefully. SSRIs with long half-lives may have advantages – e. g. fluoxetine – but bear an intrinsic risk of inducing withdrawals (7). The pathophysiological mechanism has not been elucidated yet, although receptor polymorphisms or pharmacokinetic properties may play a role with regard to individual sensitivity developing withdrawal phenomena (8).

Case report

The case of a 51-year old women suffering from depression with psychotic symptoms (ICD 10 F33.3) underlines the importance of medical history with regard to SSRI discontinuation phenomena. She had experienced meningitis with 4 years of age which was followed by a slight left-sided hemispasticity and complex focal fits for years. The corresponding technical findings were tiny lesion in the right capsule in the MRI and intermittent fit-like potentials in the EEG. Due to the severity of the depression, she was taking paroxetine in the dose of 20 to 40 mg for years and lamotrigine (50 mg bid) for a few weeks. Initial antipsychotic treatment with olanzapine was successfully replaced by aripiprazole (10-15 mg sid). Clinical laboratory, ECGs and drug monitoring were within normal limits. Being in good health with this medication, the patient tended to suddenly discontinue the medication. According to her husband she developed echolaly, perseverations, wide pupils with confusion and "alien-like" behavior within days. She had to be admitted to the psychiatric intensive care unit. She was treated for a few days with haloperidol and benzodiazepine and recovered within a week. Paroxetine was re-administered (20 mg sid). She was transferred to a general psychiatric ward within a few days and was discharged two weeks later. Additional interviews and chart evaluations

showed that the patient had suffered twice a similar withdrawal phenomenon 2 and 6 years before, which had been treated analogously with good results. Although we are not able to predict discontinuation symptoms of other antidepressants we recommended SSRIs with longer half-lives; however, the patient insisted on maintaining her otherwise effective and well tolerated medication.

Discussion and conclusion

Confusional states after interruption of SSRI intake on the one hand and apathy following SSRI intake (SSRI-associated apathy syndrome) on the other hand (9) appear to be the extreme manifestations of serotoninergic drug sensitivity. In addition, the history of the patient (meningitis and epilepsia) must be taken into consideration. These observations support theories about underlying pharmacodynamic or pharmacokinetic polymorphisms but we know little about the molecular mechanisms. Up to date, the take-home message of this brief case in practice is that patients with positive neurological history may have an increased risk to develop delirium or confusional states after sudden discontinuation of SSRIs, particularly in compounds with short half-lives. However, I would not support the conclusion of Fava et al. (2015) (10), who range SSRIs on the same level as benzodiazepines as criteria of dependence are not met. Nevertheless, it is important to be aware of the risk and to inform the patient in time to taper the dose or change medication if necessary. As SSRIs are important drugs, further research to understand effect and side-effects including treatment options is absolutely warranted (10).

Conflict of interests: No conflicts of interest.

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PONOVLJENA KONFUZNA STANJA NAKON PREKIDA TERAPIJE PAROKSETINOM U SLUČAJU PEDESETJEDNOGODIŠNJE BOLESNICE SA PSIHOTIČNOM DEPRESIJOM

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Pedesetjednogodišnja bolesnica koja je bolovala od depresije sa psihotičnim simptomima, uključujući i istoriju meningitisa i epilepsije iz perioda detinjstva, godinama je lečena paroksetinom, olanzapinom i lamotriginom. Svaki put kada je prekidala terapiju paroksetinom razvijala je konfuzno stanje koje je zahtevalo intenzivnu psihijatrijsku negu. Bolesnica se oporavljala nekoliko dana nakon ponovnog uvođenja terapije paroksetinom. Kliničari bi trebalo da imaju u vidu pojavu ozbiljnih reakcija nakon prekidanja selektivnih inhibitora preuzimanja serotonina, naročito kod bolesnica sa istorijom neuroloških bolesti. *Acta Medica Medianae 2015; 54(3):51-53.*

***Ključne reči**: sindrom diskontinuiteta, paroksetin, konfuzno stanje, neurološka bolest*