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DRUG INDUCED MOOD DISORDER - A CASE REPORT

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Abstract : Anti-depressant medications SSRIs and TCAs are drugs of choice in treatment of Obsessive compulsive disorders. Antidepressant induced mood changes in Obsessive compulsive disorders have been mostly reported following use of Clomipramine. Very few cases of Mania following use of Fluoxetine for Obsessive compulsive disorders have been reported. We are presenting here a case of 30 years old female, Mrs. P, with Obsessive Compulsive Disorder of 17 years duration, started on Fluoxetine 20mg initially then, on further followup, raised to 40mg. Patients obsessive symptoms reduced but subsequently she presented with Manic episode after 6 weeks of starting on Fluoxetine. Manic symptoms responded well with Risperidone and Sodium valproate and patient became Euthymic within 2 weeks. But her Obsessive symptoms started reappearing after 2 months and she was started on Escitalopram as the obsessive symptoms were distressing.

Keyword: Obsessive Compulsive Disorder, Fluoxetine, Mania

Introduction:
Antidepressant medications are the main stay of treatment in obsessive compulsive disorders. Fluoxetine induced Mania/ hypomania have been reported in patients with unipolar depression1-3 and in panic disorder4. Fluoxetine induced mania in patients with obsessive compulsive disorder has been rarely reported. An inverse relationship has been postulated between obsessive compulsive disorder and mania5. Obsessive compulsive symptoms remitting during manic episode and reappearing once manic symptoms remitted has been reported. 5-6 Warren Steiner reported such a case of Obsessive-Compulsive disorder7. In this case the dose of fluoxetine was raised and clonazepam was added as adjuvant. Her manic and obsessive symptoms remitted. We present here a similar case where obsessive-compulsive symptoms disappeared with onset of Mania, but reappeared in Euthymic state.

Case Presentation:
Mrs. P, a 30 year old female presented with 17 years history of Obsessive thoughts of male sex organs whenever she worshipped god or saw some male. Initially it occurred occasionally but for past 4 years, she started getting obsessive thoughts of male sex organs more frequently most part of the day and even on seeing vegetables like carrot. She would become intensely anxious and distressed. She also had obsessive thoughts to have sexual intercourse with some male. She felt distressed because of those thoughts. She tried to avoid those thoughts by going to church and praying. For past 4 years she also had obsessive doubts regarding daily activities like whether she closed the door, switched off the gas and if she carried enough money while travelling. Since her obsessive thoughts of male sexual organs and urge to have sexual intercourse with other males caused severe distress to the patient she consulted a psychiatrist in 2010. she was started on Clomipramine 25 mg, raised subsequently to 75 mg, which she took irregularly for past 4 years. During this period, her symptoms did not improve much but she remained Euthymic and did not experience sad mood or elevated mood. Her maternal uncle had psychiatric illness, nature of which was not known and he died due to suicide by hanging. She was started on Fluoxetine 20mg per day, subsequently increased to 40mg per day. She reported reduction in her obsessive symptoms and hence same dose of Fluoxetine was continued. 6 weeks after starting Fluoxetine, she presented with excessive speech, spending sprees, decreased need for sleep, increased desire to have sex with multiple partners, with no distressing obsessive thoughts. On Mental state examination, her psychomotor activity and speech were increased, grandiose ideas were present, desire to have sex with other males with no associated distress was present. Her affect was elated with no perceptual disturbances. A diagnosis of Fluoxetine induced mania was made. Patient was admitted; Fluoxetine was stopped and she was started on Risperidone 8 mg, Sodium valproate 1200mg, Clonazepam 1.5 mg. Her manic symptoms remitted in 2 weeks and she was discharged with anti-psychotics and mood stabilisers. Patient was followed up in OPD during which there were no manic symptoms. But, by the end of 2 months, patient developed Obsessive symptoms and felt very distressed. Her antipsychotic dose was reduced and she was started on Escitalopram 10mg in morning along with mood stabilizer Sodium valproate.

Discussion:
Anti-depressant induced mania is more frequent with tricyclic antidepressants (11.2%) than with SSRIs (3.7%)8. In our case though she was on Clomipramine for 4 years, she did not have manic symptoms. But she developed mania with fluoxetine. It has been postulated that Obsessive-Compulsive symptoms remits with Manic episode, but reappears when Manic symptoms are remitted and anti-depressants are reduced.8 In our case also

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during the manic episode she did not have obsessive thoughts and those obsessive thoughts reoccurred within two months of remission of manic symptoms. Successful treatment of both mania and obsessive symptoms were impossible at the same time. The switch process in obsessive-compulsive disorders and mood disorders are different. The process of occurrence of mania is different for various antidepressants and also different between Obsessive-Compulsive disorder and Mood disorder. With fluvoxamine Jefferson et al, found 25% switch in Obsessive-Compulsive disorder patients and 0.6% in mood disorder patients. This shows that Obsessive-Compulsive disorder is of greater risk for drug induced mania. But other antidepressants like Sertraline which has greater selectivity for serotonin reuptake blockade than to noradrenaline reuptake blockade have been found to be ineffective in Obsessive-Compulsive disorder and also had low risk of occurrence of mania. It is possible that certain minimum of noradrenaline reuptake blockade is essential for treatment of obsessive-compulsive disorder as well as for development of mania in these patients. A report of reversal of clomipramine-induced mania in Obsessive-Compulsive disorder with metergoline leads us to think that serotonin antagonists could reverse antidepressant induced mania in Obsessive-Compulsive disorder. Further research is necessary to support this. If so, the hypothesis of inverse relationship between mania and Obsessive-Compulsive disorder would be supported.

References:
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