

SIBUTRAMINE-ASSOCIATED PSYCHOSIS (CASE REPORT)

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SIBUTRAMIN SZEDÉSÉHEZ KAPCSOLÓDÓAN KIALAKULT PSZICHOTIKUS ÁLLAPOT (ESETISMERTETÉS)

Bevezetés. A fogyasztószerként 10 éve törzskönyvezett sibutramin szedéséhez társulón kialakult pszichotikus állapotokról összesen 4 beszámoló található az irodalomban.

Célkitűzés. A szerzők közleményükben háromheti sibutramin szedést követően pszichotikus állapotba került páciens esetéről számolnak be.

Esetleírás. 39 éves kaukázusi rasszhoz tartozó nő súlycsökkentés céljából kezdett sibutramint szedni 10mg/nap adagban. Kétheti szedés után viselkedése jelentősen megváltozott, feladatait elhanyagolta, irreális gondolatai jelentek meg. Erre az időszakra utólag úgy emlékezett vissza, mintha álmodott volna. A szer szedésének spontán abbahagyását követően a tünetek 2 hét alatt, kezelés nélkül eltűntek. Az elvégzett vizsgálatok mind a tünetek szervi eredetét, mind a pszichiátriai betegség fennállását kizárták.

Megbeszélés. A pszichológiai vizsgálat alapján valószínűsíthető, hogy a kóros állapot kialakulását megelőző időben halmozottan előfordult élethelyzeti nehézségek meggyengítették a páciens pszichés védekező rendszerét, sérülékennyé téve őt ez által a gyógyszer pszichózt provokáló hatására. A tünetek és a sibutramin szedés közötti összefüggés a Naranjo ADR skála szempontjai alapján „valószínű”-nek tartható.

Következtetés. Mindezek alapján a sibutramin szedése megterhelő élethelyzetben lévő, fokozott stresszhatásnak kitett, vagy a pszichózis szempontjából bármilyen egyéb okból veszélyeztetett személyeknél csak fokozott óvatossággal javasolható.

KULCSSZAVAK: sibutramin, étvágycsökkentő, pszichózis, stressz, vulnerabilitás

SUMMARY

Introduction. There are altogether four reported cases in the literature about psychotic episodes associated with sibutramine, which has been registered as an appetite suppressant for 10 years.

Objective. Authors review the case of a patient who, after being on sibutramine for three weeks, passed gradually into a psychotic state.

Case summary. A 39-year-old white woman started to take sibutramine to lose weight at a dosage of 10mg/day. After taking the pill for two weeks her behavior changed basically, she neglected her tasks and unrealistic thoughts appeared in her mind. Later, she recalled these weeks as if they had been a dream. In two weeks time after spontaneous abrupt of sibutramine intake symptoms disappeared without any treatment. The examination did not reveal organic disturbances or psychiatric illnesses.

Discussion. The result of the psychological examination rendered it probable, that the multitude of severe difficulties the patient had experienced in her life before she developed a pathological condition had weakened her psychic defense mechanism, making her vulnerable to the drug's psychosis-inducing properties. The correlation between the symptoms and sibutramine intake according to the Naranjo ADR scale is "probable".

Conclusion. On the basis of this case, authors suggest that those persons exposed to increased stress or being vulnerable to psychosis in any other way should take sibutramine with extra caution and under close supervision only.

KEYWORDS: sibutramine, appetite suppressant, psychosis, stress, vulnerability

INTRODUCTION

Obesity causes increasing public health problem in more and more developed countries (Heymsfield et al. 2004). One possible way to fight against weight gain is the use of antiobesity drugs (Leung et al. 2003, Hamann 2007). Sibutramine, which is an anorectic compound, was originally synthesized as an antidepressant. It was FDA approved as an antiobesity drug in 1997. The molecule inhibits both the reuptake of serotonin and norepinephrine and even - to a lesser extent - the reuptake of dopamine (McNeely and Goa 1998). Sibutramine - after intestinal adsorption - metabolizes in a short time to N-desmethyl-sibutramine and N-bidesmethyl-sibutramine. Its frequent (>5%) side effects are: nausea, constipation, dry mouth, vertigo, headache, insomnia. Less frequently can occur: tachycardia, palpitation, hypertension, sweating (Nisoli and Carruba 2003). Reversible hepatotoxicity caused by sibutramine was also reported (Chounta et al. 2005).

Different psychic disturbances associated to sibutramine use were also reported. Binkey and Knowles presented a case of sibutramine related panic attacks (Binkey and Knowles 2002), while Cordeiro and Vallada's case sibutramine triggered a manic relapse in a bipolar patient (Cordeiro and Vallada 2002). These side-effects can be linked to the serotonergic and norepinephrinergic effects of sibutramine. Dopaminergic effect of the compound can be responsible for those cases, in which sibutramine associated psychoses were reported. In two patients psychotic symptoms appeared one or two weeks (Yuen et al. 2007, Fernandez and Peiró 2007), in another two cases 2-3 months after starting sibutramine (Rosenbohm et al. 2007), and in a next case few days after cessation of sibutramine treatment (Taflinski and Chojnacka 2000).

Authors review the case of a patient who, after being on sibutramine for three weeks, passed gradually into a psychotic state.

CASE REPORT

The 39-year-old GP nurse volunteered for an outpatient psychiatric evaluation, because on the grounds of the events in the preceding weeks, she was afraid that she went mad.

She went on sibutramine (Reductil) to lose weight two months before the examination, at a dosage of 10mg/day. At first, she experienced anorexia and increased insomnia. Her environment (her husband, coworkers) noticed a change in her behavior about two weeks thereafter. Although she had formerly been very reliable at her job, from one day to another she stopped going to work. First, she asked for a one-week holiday, but did not take up work once that week passed. At home, she spent almost the whole day in bed, did not tend to the household, she even made her 11-year-old son go shopping. She did not answer the phone, did not reply to SMS's, did not communicate over the Internet either.

To have her ovarian cyst checked, she saw a gynecologist. After this examination she believed that she had been diagnosed with a twin pregnancy. She became disoriented in time, she could not recall actual events or recalled them erroneously. Later, she recalled these weeks as if they had been a dream.

One and a half months after she had gone on sibutramine, she went on a vacation with her son and her girlfriend by car. Subsequently, she could not even recall how she had driven her car to the holiday resort. She also forgot to take her medication along, so during the vacation she was already not taking sibutramine. As soon as her coming back from the vacation, her environment sensed an improvement in her psychic condition.

At the time the patient asked for the examination, she had already been off sibutramine for two weeks. She had no known chronic illness and did not take any medication regularly. The blood, the liver and kidney tests, the thyroid hormone levels showed normal values. The results of the urine drug tests were negative. A CT scan of the brain showed a normal condition as well. During the psychological evaluation, a Rorschach and an MMPI test were conducted.

Results of the psychological evaluation

The diagnostic scales of the Rorschach and the MMPI tests indicated no manifestation of psychiatric disorder, no psychosis. According to the tests, the patient has an average level of intelligence, has a maladaptive attributional style, her emotional relations are of low intensity, she has few sources of delight. At the time of the examina-

tion she was weary, had few reserves left. Her mental controls have slackened up, not to a pathological extent yet, but disciplined thinking was difficult for her. In an average situation, she controls her behavior satisfactorily, but in extreme situations, due to her rigid behavioral controls based on stereotypic schemes, she fails easily. Because of this, she may have trouble managing her temper that may result in inadequate actions. However, her reality functions work properly.

The examined individual is basically active, confident, dominant, likes to be in control of situations. It is important for her to make a good impression, she is helpful. She is oversensitive, often distrustful, she is used to facing difficult situations and that she has to overcome them.

In her current situation, she is probably suffering from environmental conflict. She might lose control, even to the point of emerging psychosis.

Antecedents

Her 11 years old son was born with hydrocephalus, and went through a successful shunt implantation. In later years once he had to be re-operated, and the necessity of further operations is likely.

The family company of her husband went down four years ago and since that time she is the sole breadwinner.

During the months preceding the use of sibutramine, the patient's workload was excessive. Besides her job as a GP nurse, she spent 5-6 nights a month on duty, while doing home care for a cancer patient in terminal condition every day for weeks, till that patient's death. She had a lot of car trouble creating logistical difficulties.

The patient's father, with whom she had not been in contact for 35 years, died a month before the examination. She became acquainted with her half-sibling at the funeral. She had high hopes for meeting him, but he showed no interest in establishing a relationship with her. Moreover, a last will and testament turned up, in which her father accused her of an immoral lifestyle and that 30 years before she had made an attempt on his life; and therefore he disinherited her.

DISCUSSION

The examination did not reveal organic disturbances or psychiatric illnesses. However, the multitude of severe difficulties the patient had experienced in her life before she developed a psychotic condition (husband's, son's illnesses, problems caused by car's hidden flaw, as well as what had been happening in her family during the weeks before she went on sibutramine) may have weakened her psychic defense mechanism, making her vulnerable to the drug's psychosis-inducing properties. After cessation of sibutramine the symptoms of psychosis slowly disappeared. One month after the first examination the patient was medication- and symptom free, back to work. The correlation between the symptoms and sibutramine intake according to the Naranjo ADR scale is "probable" (Naranjo et al. 1981).

There are two more cases in the literature supporting the hypothesis that sibutramine can trigger psychiatric symptoms in vulnerable persons. In these two cases sibutramine induced relapses in previously diagnosed psychiatric patients. In one case manic relapse was provoked in a bipolar patient (Cordeiro and Vallada 2002), in the other case psychotic relapse occurred in a patient suffering from delusional disorder (Fernandez and Peiró 2007). In these cases the previously diagnosed psychiatric disorder was the source of the vulnerability which contributed to the development of the acute psychiatric state.

CONCLUSION

On the basis of this case, we suggest that those persons exposed to increased stress or in danger of psychosis in any other way should take sibutramine with extra caution and under close supervision only.

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